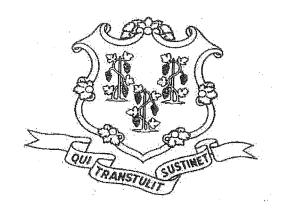
State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2019

Name of Facility (as I	licensed)								
Sheltering Arms						,			
Address (No. & Stree	et, City, State, Z	Cip Code)							
165 McKinley Avenu	ie, Norwich, Cl	Γ 06360							
Type of Facility									
Chronic and C	Convalescent		Rest Home wit	h Nursing					
☐ Nursing Home	only		Supervision on	ly		Residenti	al Car	re Home	
(CCNH)	•		(RHNS)						
Report for Year Begi	nning		Report for Yea	r Ending					
10/1/2018	· ·		9/30/2019						
License Numbers: CCNH		CCNH	RHNS	Reside	Residential Care Home 1268			Medicare Provider N/A	
Medicaid Provider N	umhara	CC	CNH RI		HNS		ICF-IID		
Medicald Flovider in	uniocis.				1113		101	N/A	
For Department Us	e Only								
Sequence Number	Signed and	Date	Sequence N	lumber	Signed	nd Notari	7ed	Date Received	
Assigned	Notarized	Received	Assign	ed	Signed and Notarized		zcu	Date Received	
				<u>~_</u> -					
					L				

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2019	_1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Sheltering Arms [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) Janis Davis			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				/ /

(Notary Seal)

Table of Contents

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	3
Gene	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gen	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule 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
В.	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
F. G. G. G. G. G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
Н.	Changes in Total Net Worth	36
Ī.	Preparer's/Reviewer's Certification	37

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of 37			
Name of Facility	Period Covered:			From	То
Sheltering Arms				10/1/2018	9/30/2019
Address of Facility					
165 McKinley Avenue, Norwich, CT 06360		,			
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	1/3/2020	
Item		Total	CCNH	RHNS	Residentia 1 Care Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$		****		
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$_				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page	of
			-889-2375		9/30/2019		2	37
Name of Facility (as shown on license)			Address (No	o. & S	Street, City, Sto	te, Zip)		
Sheltering Arms			165 McKinl	ey A	venue, Norwic	h, CT 06	360	
	CCNH				dential Care He		Medicare F	rovider N
License Numbers:					1	268	N/A	
Type of Facility (Check appropriate box(es)))							
Chronic and Convalescent		Res	t Home with	Nursi	ing	D and d	ial Com III-	••
Nursing Home only (CCNH)			ervision only		- 1/1	Kesiaent	ial Care Hon	пс
Type of Ownership (Check appropriate box)							
		_	Dun fit Com	6	Non Profit Co-	n	Coxiommont	O Trus
O Proprietorship O LLC O	Partnership		Profit Corp.		Non-Profit Cor		Government	O Trus
				Date	e Opened	Date Clo	sed	
If this facility opened or closed during repo	rt year provid	e:			*			
Has there been any change in ownership		_	***	_	27	TC 1137 "	1.* C 11	_
or operation during this report year?		0	Yes	<u> </u>	No	ii "Yes,"	explain full	у.
N/A								
Administrator								
Name of Administrator					Nursing Ho			
Janis Davis					Administra		000708	
					License 1	No.:		
Other Operators/Owners who are assistant	administrator	s (ful	l or part time) of t		- 1		
Name					License 1	No.:		
N/A								

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of		
Sheltering Arms		1268	9/30/2019		3 37		
Legal Name of Partnership/LLC		Business A	Address		e(s) and/or Town(s) in Which Registered		
N/A							
Name of Partners/Members	Business Ac	ddress	,	Γitle	% Owned		
N/A			-				
		·					
		an and an					
-							
				2000			
,							
4/80							
					1		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.			Page	of	
Sheltering Arms	1268	9/30/2019		3A	37	
If this facility is owned or operated as a corp						
Legal Name of Corporation		ss Address	State(s) in Whi	ch Incorp	orated	
Sheltering Arms	165 McKinley A 06360	65 McKinley Avenue, Norwich, CT CT 06360				
Name of Directors, Officers	Busine	ss Address	Title	No. Sl Held by		
Please refer to attached listing.						
Names of Stockholders Owning at Least 10% of Shares						



Board of Directors September 2019

Officers	Members
Chair: Dr. Robert Strick	Irene Bessette
First Vice Chair: Patrick McCormack	Nicholas Caplanson
Second Vice Chair: Abby I. Dolliver	Leo Chupaska
Secretary: Deborah Kievits	Caroline (Cari) Fortin
Treasurer: Paul Mathieu	Lee-Ann Gomes
Immediate Past Chair: Connie Hilbert	Charlene Jones
	Jaqueline (Jacki) Patenaude
	Jessica Quinn
	Dr. Mark Tramontozzi
	Jocelyn Williams

State of Connecticut **Annual Report of Long-Term Care Facility** CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Sheltering Arms	1268	9/30/2019	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:
Owi	ner(s) of Facility		
27/4			
N/A			
	1.00	545.14	

		A STATE OF THE STA	

			· · ·
	A STATE OF THE STA		

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Sheltering Arms			1268		9/30/2019		4	37
Are any individuals reco	eiving compensation from the f	acility r	elated th	nrough		If "Yes," provide th	le Name/Ad	dress and
marriage, ability to cont	rol, ownership, family or busin	ess asso	ciation	0	Yes • No	complete the inform	nation on Pa	age 11 of the report.
						-		
Are any individuals or c	companies which provide goods	or serv	ices,	· · · · · · · · · · · · · · · · · · ·				
including the rental of p	property or the loaning of funds	to this f	facility,					
related through family a	ssociation, common ownership	, contro	l, or bus	siness				
association to any of the	e owners, operators, or officials	of this	facility?			If "Yes," provide th	e following	information:
	, P					11 100, pro 1100 to		
		Als	so Provi	des		Indicate Where		
			ls/Servi			Costs are Included		
Name of Related	Business		Related 1		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	1	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
United Community &	34 East Town Street, Norwich, CT	0	0					
Family Services, Inc.	06360		<u> </u>		Management / Administrative	16/m12	125,361	125,361
United Community &	34 East Town Street, Norwich, CT	0	l ⊙ l					
Family Services, Inc.	06360				Health Insurance	15/1a5	84,852	84,852
United Community & Family Services, Inc.	34 East Town Street, Norwich, CT 06360	0	•		Pensions	15/1a7	42,088	42,088
United Community &	34 East Town Street, Norwich, CT				rensions	13/14/	42,000	42,000
Family Services, Inc.	06360	0	0		Disability Insurance	15/1a2	1,702	1,702
United Community &	34 East Town Street, Norwich, CT	0	0					
Family Services, Inc.	06360		•		Telephone	15/1h1	8,309	8,309
United Community &	34 East Town Street, Norwich, CT	0	•				ĺ	
Family Services, Inc.	06360				Unemployment Insurance	16/m12		Included in Mgmt Fee
United Community &	34 East Town Street, Norwich, CT	0	•		W. dead. Commenting	16/10		To also do disa Manast To a
Family Services, Inc.	06360	ļ			Worker's Compensation	16/m12		Included in Mgmt Fee
		0	•				1	
		0	•					

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	•	Report for Year Ended	Page	of	
Sheltering Arms	1268	9/30/2019		5	37	
If the facility is licensed as CDH and/or RCH o	as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs					
must be allocated to CCNH and RHNS as follo	ws:					
Item			Method of Allocation	1		
Dietary		Number of	meals served to residents			
Laundry			pounds processed			
Housekeeping			square feet serviced			
			hours of routine care provide			
Nursing			classification, i.e., Director (o			
		Registered	Nurses, Licensed Practical N	urses, Aid	des and	
		Attendants				
Direct Resident Care Consultants	1		hours of resident care provid	ed by EA	.CH	
		specialist	(See listing page 13)			
Maintenance and operation of plant		Square fee	The state of the s			
Property costs (depreciation)		Square fee				
Employee health and welfare	.,	Gross salar				
Management services			e cost center involved			
All other General Administrative expenses			irect and Allocated Costs			
The preparer of this report must answer the following	lowing quest	ions applic				
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why su	ich alloca	tion was	
costs allocated as required?	O 1 Cs	O 110	not made.			
N/A- Only one level of care.						
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting da	ita.		
Medical, Dental & FICA are charged directly t	o employees	. All other	expenses are allocated to the	appropria	te	
departments in accordance with OPA standards	S.					
3. Did the Facility appropriately allocate and s	elf-disallow	direct and	indirect costs to non-nursing	home cos	t centers?	
(e.g., Assisted Living, Home Health, Outpat						
			If "No," explain fully why s	uch alloca	ntion was	
	• Yes	O No	not made.			
N/A			nov muuvi			
17/12						

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 Y	Year Ended		Page	of
Sheltering Arms			1268	9/30/2019			6	37
	1	ed * to ners,						
	Oper	ators,		Date of	Term of	Annual Amount	Amo	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
Crystal Rock, 1050 Buckingham Street, Watertown, CT	0	0	Water Cooler	N/A	Month to Month	9	9	
Leaf, PO Box 742647, Cincinnati, Ohio	0	•	Copier and Supplies	07/01/18	12 Months	1,199	1,199	
	0	•						
	0	•						
	0	•				:		
	0	•					-	
	0	•						
	0	•						
	0	•						
	0	0						
Is a Mileage Log Book Maintained for All I	eased V	ehicles	? O Ye	es O	No	Total ***	1,208	

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.

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Sheltering Arms	1268	9/30/2019		7	37
	period covered by this report	were maintained on the following basis:	<u> </u>	<u> </u>	
		_			
	Modified Cash				
Is the accounting basis for this					
1*	Yes	If "No," explain.			
<u> </u>	No				
N/A					
Independent Accounting Firm		Address Olic County City County 7th County			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT	00311		
2 3					
4					
Services Provided by This Firm (de	escribe fully)				
`					
1 Medicaid cost report, consulting, Me	dicaid audit representation	Be-111	\$	3,606	
2			\$		
3			\$		
4			\$		
			Charge fo	r Services Pi	rovided
			\$	3,606	
Are These Charges Reflected in the Exper	nditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.			***************************************
• Yes O No	Page 15, Line 1d				
Legal Services Information					
Name of Legal Firm or Independer	nt Attorney		Telephone		
1 Robinson & Cole LLP			860-275-8	3309	
2					
3					
4					
5					
Address (No. & Street, City, State,	- /				
1 280 Trumbull Street, Hartford	, C1 06103-3597				
$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$					
3 4					
5					
Services Provided by This Firm (de	escribe fully)				
1 General Representation			. \$	2,937	
2			\$		
3			\$		
4			\$		
5			\$		
			Charge fo	r Services P	rovided
			\$	2,937	
Are These Charges Reflected in the Exper	nditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	Ι Ψ	-3	
	Page 15, Line 1e				
• Yes • No	J ,				

Schedule of Resident Statistics

Name of Facility			License 1				Report for Year Ended					of
Sheltering Arms			1	268			9/30/201	9			8	37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	Period 10,	/1 Thru 6/ RHNS	Residential Care Home	Total	Period 7/	1 Thru 9/1 RHNS	Residential Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	30			30	30			30	30			30
B. On last day of THIS report period	30			30	30			30	30			30
Number of Residents A. As of midnight of PREVIOUS report period	22			22	22			22	27			27
B. As of midnight of THIS report period	28			28	27			27	28			28
3. Total Number of Days Care Provided During Period A. Medicare												
B. Medicaid (Conn.)	7,949			7,949	5,565			5,565	2,384			2,384
C. Medicaid (other states)												
D. Private Pay	1,210			1,210	1,026			1,026	184			184
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	9,159			9,159	6,591			6,591	2,568			2,568
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	435			435	379			379	56			56
B. Other Bed Reserve Days	21			21	21			21				
5. Total Resident Days (3G + 4A + 4B)	9,615		L	9,615	6,991		1	6,991	2,624	l		2,624

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	ise No.				Report	for Year			Page	of
Sheltering Ar	ms			1	1268					9/30/201	9		9	37
	•	_	in the certified b		pacity du	ring t	he repo	ort yea	r?	0	Yes	•	No	
11 1115			f Change	tion.	Cl	ange	in Bed	e		Car	pacity Afte	er Change		
		1 face of	Residential			iange	III Dea				pacity 7 Ht	or Change		
Date of	CCNH	RHNS	Care Home		Lost			Gaine	d					
Change			(2)	/43	(2)	(0)	(4)		(2)	G GD TIT	DIDIG	Residential	D C	CI.
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason fo	or Change
								 						
								 						
								<u> </u>						
1	-	_	in certified bed 90 days folfowing	_	-	the r	eport y	ear (a	s repor	ted in iter	n 4 above)	provide the nur	mber of	
KESIDI	SINT DE	113101	30 days lollowii	ig the	change.					1			Residen	tial Care
			Change in R	esider	nt Davs					l cc	CNH	RHNS		me
1st chan	ge		Change in K	CSIGCI	n Days)1 (11	Idnis		
2nd char														
3rd chan														
4th chan														
6. Number	of Resi	dents an	d Rates on Septe	ember			ar							
			Medicare		Medi	caid		 		Se	elf-Pay	1	Other Sta	te Assisted
	Item		CCNH	C	CNH	R	HNS	C	CNH	RI	INS	Residential Care Home	R.C.H.	ICF-MR
No. of R	esident	S										2	26	
Per Dier	n Rate													
a. One l												141.37	116.92	
b. Two	bed rms			<u> </u>		ļ								
c. Three		e				l								
bed	rms.					<u> </u>		<u> </u>						
		f Physic are - Pai	al Therapy Trea	tment	S					TO	TAL	CCNH	RHNS	Residential Care Home
			clusive of Part B)										
			e Treatments	,										
	2. Res	storative	Treatments											
	Other								.,					
			Therapy Treat											
		f Speeci are - Pai	n Therapy Treati	nents										
			clusive of Part B	1					· · · · · · · · · · · · · · · · · · ·					
]		,	ce Treatments	,								ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT		
			Treatments	-										
C	. Other													
D.	. Total .	Speech	Therapy Treatm	ients										
			ational Therapy	Treat	ments					100		10.00		
		are - Pa			····									
B			clusive of Part B)										
			e Treatments										ļ	1
<u> </u>	2. Res	storative	reauments											
		Occupa	tional Therapy	Treat	ments									
<u>_</u>												<u> </u>	<u> </u>	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year		Page	of
Sheltering Arms	1268		9/30/2019	1211404	10	37
Are time records maintained by all individuals receiving cor	nnensation?	•	Yes	0	No	
The time records manufacture by an individuals recording so			Total Cost a			
			Total Cost u	id Hours		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1) 2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					74,839	1,068
3. Assistant Administrator (Complete also Sec. IV					74,037	1,000
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)					2,567	520
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor					148,076	11,690
c. Dietary Workers 6. Housekeeping Service					146,070	11,090
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						-
b. Other Maintenance Workers					30,952	1,793
8. Laundry Service						
a. Supervisor b. Other Laundry Workers	+					
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services					100	
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents			250			
a. Directors and Assistant Director of Nurses						
b. RN1. Direct Care						
2. Administrative**		<u> </u>				1,77
c. LPN						
Direct Care					62,194	#REF!
2. Administrative**						11.00
d. Aides and Attendants					242,290	14,28
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					79,951	1,76
i. Physicians						
Medical Director					<u> </u>	ļ
2. Utilization Review		ļ				
Resident Care*** Other (Specify)						
4. Other (Specify)						
j. Dentists					†	
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management		1				
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures	 	 	 	 	640,869	32,89

^{*} 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)

	CC	CNH	RH	NS	Residential Care Home			
Position	\$	Hours	\$	Hours	\$	Hours		
					0			
		-						
		Maria Maria						
Total	\$ -	-	\$ -		S -	_		

Schedule of Other Fees (Page 13)

C	CNH	Rì	HNS	Residential (Care Home
\$	Hours	\$	Hours	\$	Hours
				0	
					WWW.
e e		l e		g <u>.</u>	
			S Hours S	S Hours Hours	S Hours S O O O O O O O O O O O O O O O O O O

CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility				License No.	tions and other	Report for	Page	of		
Sheltering Arms				1268		9/30/2019			11	37
onerwing i timo	<u> </u>	Salary Pai	ď							
Name	CCNH	RHNS	Residential Care Home	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
Section I - Operators/Owners										
Section 1 - Operators Owners										
1										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

^{**} Include all employment worked during the cost year.

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 Y	ear Ended		Page	of
Sheltering Arms				1268		9/30/2019			12	37
Name	CCNH	Salary Pai	d Residential Care Home	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
Section III - Administrators***										
Janis Davis, 28 Carter Avenue, Norwich, CT 06360			1	Non Discriminatory	Executive Director	1,068	A2			
Section IV - Assistant Administrators										

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	CS - 1 1 01	Report for Y		Page	of
Sheltering Arms	126	58	9/30/2019	ear Ended	13	37
Shellering 74 ms	120		Total Cost	and Hours		
			Total Cost i	ila Houis		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee	CCIVII	Hours	TGHAS	HOUIB	Cure Home	Trears
for service basis in lieu of salary						
(For all such services complete Schedule B1)				44		
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care		7,000,000,000,000,000,000,000,000,000				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review	46170			3.75		
(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			1			
(Once annually)						
e. Other (Specify)						100
9. Speech Therapist	100000					
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care			<u> </u>			
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						<u> </u>
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
* Do not include in this section management consultants or services whi	<u> </u>	<u> </u>	1 12 1 1 1	<u> </u>		<u> </u>

^{*} 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 Sheltering Arms	License No. 1268		Report for Y 9/30/2019	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** Operator Yes	to Owners, rs, Officers	Explai		elationship
N/A		O	• • • • • • • • • • • • • • • • • • •			
		0	0	1.00		
		0	0			
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		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

^{*} 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 Y	ear Ended	Page	of
Sheltering Arms	1268	9/30/2019		15	37
				<u></u>	
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					est comments and
1. Workmen's Compensation		\$			
2. Disability Insurance		\$ 1,702			1,702
3. Unemployment Insurance		\$ 			
4. Social Security (F.I.C.A.)		\$ 46,369			46,369
5. Health Insurance		\$ 84,852			84,852
6. Life Insurance (employees only)		100			
(not-owners and not-operators)		\$ 674			674
7. Pensions (Non-Discriminatory)		\$ 42,088			42,088
(not-owners and not-operators)			110		
8. Uniform Allowance		\$ 128			128
9. Other (Specify)		\$ 2,894			2,894
See Attached Schedule			176		TA EST
b. Personal Retirement Plans, Pensions, an	ıd	\$			
Profit Sharing Plans for Owners and					1.575%
Operators (Discriminatory)*			12.0		100
c. Bad Debts*		\$			
d. Accounting and Auditing		\$ 3,606			3,606
e. Legal (Services should be fully describe	ed on Page 7)	\$ 2,937			2,937
f. Insurance on Lives of Owners and		\$			
Operators (Specify)*					
g. Office Supplies		\$ 2,271			2,271
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 8,309			8,309
2. Cellular Phones		\$ 878			878
i. Appraisal (Specify purpose and		\$			
attach copy)*				1000	
				The Carlo	Table 1
j. Corporation Business Taxes (franchise	tax)	\$			
k. Other Taxes (Not related to property - S	See Page 22)			100	
1. Income*		\$			
2. Other (Specify)		\$			
See Attached Schedule					
3. Resident Day User Fee		\$ 			
Subtotal		\$ 196,708			196,708

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home		
				0	
Physicals and Background Checks			\$	2,894	
		Hallow the state of the state o			
Total	\$ -	\$ -	\$	2,894	

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
			0
			Particular Constitution
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Sheltering Arms 1268			9/30/2019		16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
	ls Brought Forwa	rd:	196,708			196,708
1. Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	1,065			1,065
5. Education Expenses Related to Seminars an	nd Conventions	\$	(816)			(816)
6. Automobile Expense (not purchase or depr	reciation)	\$	3,799			3,799
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses		-				
1. Advertising Help Wanted (all such expense	es)	\$	1,123			1,123
2. Advertising Telephone Directory (all such	expenses)***	\$	309			309
3. Advertising Other (Specify)***		\$	5,099			5,099
See Attached Schedule	1			100		
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	ce)***					
7. Postage		\$	284			284
* 8. Dues and Membership Fees to Professional		\$	705			705
Associations (Specify)			-			-19
See Attached Schedule				10.75		
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$	104			104
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	-	\$				
Schedule C-2, Page 21 for each firm or inc	lividual)					
12. Administrative Management Services**		\$				125,361
13. Other (Specify)		\$	15,392			15,392
See Attached Schedule						
* Do not include Subscriptions, which should go		\$	349,133			349,133

^{*} Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
			0
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

			Residential
Description	CCNH	RHNS	Care Home
			-0
Promotional Advertising			
Total Other Advertising	\$ -	\$ -	e = = = = = = = = = = = = = = = = = = =

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
			0
CT Association of Residential Care Homes			\$ 650
BJ's Wholesale Club			\$ 55
Total Dues	\$ -	\$ -	\$ 705

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
			(
Total Contributions	\$		\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
			0
License Fees		and the contract of	\$ 549
Fees/Charges			\$ 169
Non Allowable GA Allocation			\$ 14,674
Total Other Administrative and General	\$.	s -	\$ 15,392

Schedule C-1 - Management Services*

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
United Community & Family Services, Inc., 34 East Town Street, Norwhich, CT 06360	I .	Management and general services. Note: Includes unemployment insurance and worker's compensation	Page 16 Line m12
	,		

^{*} In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

				irage 3)	ln .c x	- D 1 1	l n	c
Name of Facility					Report for Y		Page	of
Shel	tering Arms			1268	9/30/2019		18	37
								ntial Care
	Item			Total	CCNH	RHNS	H	ome
2.	Dietary			100				
	a. In-House Preparation & Service							
	1. Raw Food		\$					72,213
	2. Non-Food Supplies		\$	11,693				11,693
	3. Other (Specify)		. \$					
				19 3				1985
				100				
	b. Purchased Services (by contract other		\$					
	than through Management Services)					1000		
	(Complete Schedule C-2 att. Page 21)							
	c. Other (Specify)		_ \$					
1	Other Dietary Supplies							
<u></u>								
2D.	Total Dietary Expenditures $(2a + b + c + d)$		\$	83,906				83,906
							Reside	ntial Care
2E.	Dietary Questionnaire			Total	CCNH	RHNS	H	ome
F.	Resident Meals: Total no. of meals served per	r da	y:*					
G.	Is cost of employee meals included in 2D?		Yes	•	No			
						If yes, specify		
H.	Did you receive revenue from employees?	0	Yes	•	No	amt.		
-	Where is the revenue received reported in the	Co	ot Dano	rt? (Paga/Lina	Itam)	CELLIES		
I.	· · · · · · · · · · · · · · · · · · ·	CO	st Kepo	it: (Lage/Line	item)			
	Is cost of meals provided to persons other	0	Vac	0	No	If yes, specify		
J.	than employees or residents (i.e., Board	U	Yes	O	NO	cost.		
	Members, Guests) included in 2D?					1C :C		
K.	Is any revenue collected from these people?	0	Yes	0	No	If yes, specify		\$258
						amt.		
L.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)		Page 30	, Line IV 1
	Is cost of food (other than meals, e.g.,							
M.	snacks at monthly staff meetings, board	0	Yes	•	No	If yes, specify		
141.		neetings) provided to employees included		Ü	- 10	cost.		
	in 2D?							
N.T.	In any mayonya collected from ampleyees?	\circ	Yes	<u> </u>	No	If yes, specify		
N.	Is any revenue collected from employees?	J	168	•	110	amt.		
O.	Where is the revenue received reported in the	Co	st Repo	ort? (Page/Line	ttem)			
<u> </u>	1		1					

^{*} 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 Sheltering Arms		License		Report for Y 9/30/2019		Page of 19 37
Snei	tering Arms		1268	9/30/2019		
	Item		Total	CCNH	RHNS	Residential Care Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.				
	washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	4. Repair and/or purchase of linens.***	Amt. \$ Lbs.				
		Amt. \$				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$		er state of the st	a	
	c. Other (Specify) Other Laundry Supply	\$				1,268
3D. 3E.	Total Laundry Expenditures (3a + b + c) Laundry Questionnaire	\$	1,268		<u> </u>	1,268
F.		Yes	•	No	If yes, specify cost.	
G.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
Н.	Where is the revenue received reported in the Cost	Report?		(Page/Line	e Item)	
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.	
J.	, i	Yes		No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost	Report?		(Page/Line	e 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)

1 · · · · · · · · · · · · · · · · · · ·		License No.	Rep	ort for Year E	Ended	Page	of
		1268		9/30/2019		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$				
	pails, brooms, etc.)		Ţ				
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	*****			
	Page 21)	1					
	C. Other (Specify)		\$	3,821	3000		3,821
	Housekeeping Supplies						\$5.00 (a) 1.00 (b)
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	3,821			3,821
5.	Resident Care (Supplies)**						Lander
	a. Prescription Drugs***				1000		
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
<u> </u>							
	b. Medicine Cabinet Drugs		\$	1,986			1,986
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$			ļ	
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***	7. 7. 1 7	Φ.		125		
	g. Dental (Not dentists who should be inc	ciuaea unaer	\$				
	salaries or fees)		Φ.				
	h. Laboratory***		\$	5.524		 	5.524
	i. Recreation		\$	5,534			5,534
	j. Direct Management Services* k. Indirect Management Services*		<u>\$</u>				
	k. Indirect Management Services*l. Other (Specify)****		<u> </u>				
	See Attached Schedule		Ф				
5 N/I	Total Resident Care Expenditures (5a - 5	5;)	\$	7.520			7.520
2171	. Totat Kestaeni Care Expenditures (3a	JJ/	Φ	7,520	l		7,520

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

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

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

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

Schedule of Other Resident Care

Description		CCNH	RHNS	Residential Care Home
				0
	10FE (12 pg. 17			
Total Other Resident Care		\$ -	\$ -	\$ -

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

Name of Facility Sheltering Arms				License No. 1268	Report for Year Ended 9/30/2019				Page 0 21 3	
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
Otis Elevator Company	242 Ptkin Street, East Hartford, CT 06108	0	•	N/A	Elevator service and maintenance			10,038	22	6f
Diversifed Building services	PO Box 4658	0	•	N/A	Cleaning			25,086	22	6f
		0	•							
		0	0		2002454	4-1				
		0	0							
		0	0			***				
		0	•							
		0	0							
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		0	0					-		
		0	0							
		0	0							
		0	0							<u> </u>
		0	0							

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Ye	ear Ended		Page of
Sheltering Arms	1268	9/30/2019			22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	11,595			11,595
b. Heat	\$	16,141			16,141
c. Light & Power	\$	36,721			36,721
d. Water	\$	13,268			13,268
e. Equipment Lease (Provide detail on p	page 6) \$	1,208			1,208
f. Other (itemize)	\$	76,649			76,649
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a	- 6f) \$	155,582			155,582
7. Depreciation (complete schedule page 23	3*)				
a. Land Improvements	\$	41			41
b. Building & Building Improvements	\$	59,259			59,259
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	9,485			9,485
*7e. Total Depreciation Costs $(7a + b + c + c)$	1) \$	68,785			68,785
8. Amortization (Complete att. Schedule Po	age 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$,
*8e. Total Amortization Costs (8a + b + c + 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	\$				1200
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	1,709			1,709
11. Total Property Expenses (7e + 8e + 9 +	10) \$	70,494			70,494

^{*} 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	Residential Care Home
			0
Small Equipment			\$ 5,495
Elevator Services			\$ 9,197
Cleaning Supplies			\$ 8,700
Pest Control			\$ 1,341
Fire Suppression			\$ 4,969
AC and Refrigeration Repairs			\$ 2,346
Rental Equipment			\$ 40
Tree Removal			\$ 500
Electrical Contractor			\$ 551
Glass Repair at Front Entry			\$ 520
HVAC			\$ 1,885
Cleaning Company			\$ 25,085
Direct TV Repairs			\$ 225
Lawn Mower Repair			\$ 52
Generator Service			\$ 1,157
Security System			\$ 1,577
Contractor			\$ 4,848
Sewer Cleaned			\$ 250
HVAC			\$ 265
Tool Rental Company			\$ 1,352
Electrical Supplier			\$ 831
Bulk Waste			\$ 534
Fire Equipment Contractor			\$ 74
Pressure Gauge			\$ 2,161
Grease Barrel Service			\$ 402
Equipment Safety Checks			\$ 298
Trash Removal			\$ 1,994
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 76,649

Depreciation Schedule

						ation Sc	Heuule	D + C 37 E	. 1 1		Dogo	of
			License No.	0		Report for Year E 9/30/2019	nded		Page 23	37		
Sheltering Arms			126	8					23	57		
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
Acquired prior to this report period					46,461		45,611	45,510	S/L	Various	41	
Disposals (attach schedule)						*******						65 (46 (5) 46 (47 (5) (5) (5)
3. Acquired during this report period (attack)	h sche	dule)										
A-4. Subtotal								100				41
B. Building and Building Improvements												and the second
1. Acquired prior to this report period					2,479,724		2,350,524	1,782,303	S/L	Various	58,852	
2. Disposals (attach schedule)							w					1,500
3. Acquired during this report period (attack	ch sche	dule)	_		8,120		8,120		S/L	20 Years	407	50.250
B-4. Subtotal								1000				59,259
C. Non-Movable Equipment					55.100		55 100	55 100	c /r			100000
Acquired prior to this report period					55,192		55,192	55,192	S/L	Various		0.00
2. Disposals (attach schedule)		1.1.			<u> </u>							
3. Acquired during this report period (attact.) C-4. Subtotal	en sene	auie)										
C-4. Subtotal	T				1							- Vi-
	logi	nileage book ained?		e of	Historical Cost	Less	Carta	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle)	100 MI								Here is a second of the second	10 <u>15 82</u> 18 2 18 2 18 2 18 2 18 2 18 2 18 2 18 2		
a. b.												
C.												100
d.												
2. Movable Equipment						4 (00	0.50.655	100 1 67	C.t.	77.	0.495	100
a. Acquired prior to this report period		,	Var	Var	252,340	1,688	250,652	189,167	S/L	Various	9,485	
b. Disposals (attach schedule)												
c. Acquired during this report period			Var	Mari								appropriately.
(attach schedule)	-		Var	Var								9,485
D-3. Subtotal								660-19	100		1888	68,785
E. Total Depreciation		<u> </u>						L	1	1	1	1 55,700

Schedule of Land Improvements Acquired during this report period

s Acquired during this report period		Useful	
Description of Item	Cost	Life	Depreciation
vements	\$ -		\$ -
vements	8 -		\$ -
	Description of Item vements	Description of Item Cost wements \$	Description of Item Cost Life wements \$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

senedule of Bullons	g improvements Acquired during this report period		Useful		
Acquisition Date	Description of Item	Cost	Life	Depre	ciation
Additions:					
4/1/2019	Repair Front Steps	\$ 4,110	20 Years	\$	206
4/1/2019	Repair Front Steps	\$ 4,010	20 Years	\$	201
				7	
Fotal additions for	Building Improvements	\$ 8,120		\$	407
Deletions:					
				1111	
Fotal deletions for .	Building Improvements	- 8 -		8	4

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
				4 10 10 10 10 10 10 10 10 10 10 10 10 10
Total additions for I	Non-Movable Equipment	\$ -		\$ -
Deletions:				
Total deletions for I	Non-Movable Equipment	\$ -		S -

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

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

				-
Total deletions for M	Iovable Equipment	\$ ===		\$

^{*}Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
er e				
karangan bangan ban				
Total additions for Leasehold	Improvement	S -		\$ -
Deletions:				
Total deletions for Leasehold I	[mprovement	\$ -		\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

09/30/19												
	Acquisition	Historical	SA Portion	RD Portion	Cost to Be		Method	<u>2018</u>	2018	<u>2019</u>	2019	N/DV/
Property	<u>Year</u>	<u>Costs</u>			<u>Depreciated</u>	<u>Life</u>	<u>Life</u>	Deprc.	Accum.	Deprc.	Accum.	NBV
												
Movable Equipment		05.070			65,276	Var	S/L	_	65,276	-	65,276	-
Acquired prior 2000	Var	65,276			65,270	vai	O/L		55,275		,	
A	2001											
Acquisition 2001:	2001	1,739			1,739	N/A	S/L	-	1,739	-	1,739	-
Storage Bins Muscarella Adapter/Filters/Tubing	2001	1,266			1,266	N/A	S/L	-	1,266	-	1,266	-
Rinse Unit/Faucet	2001	250			250	N/A	S/L	-	250	-	250	-
Dishwasher Lift Gate	2001	5,857			5,857	5	S/L	-	5,857	-	5,857	-
Rollaway Table	2001	1,844			1,844	N/A	S/L	-	1,844	-	1,844	-
2 Dishwasher Tables	2001	1,402			1,402	N/A	S/L	-	1,402	-	1,402	-
Acquisition 2002:	2002	1,085			1,085	N/A	S/L	-	1,085	-	1,085	-
Computer drops for RD	2002	1,892			1,892	N/A	S/L	-	1,892	-	1,892	-
Desk Floor Cleaning machine	2002	1,804			1,804	N/A	S/L	-	1,804	-	1,804	-
Furniture for SA	2002	13,821			13,821	5	S/L	-	13,821	-	13,821	-
Installation of Dishwasher	2002	405			405	N/A	S/L	-	405	-	405	-
Medication Cart	2002	1,227			1,227	N/A	S/L	-	1,227	-	1,227 725	-
Slicer	2002	725			725	N/A	S/L S/L	-	725 222	-	222	-
Storage cabinet	2002	222			222 520	N/A N/A	S/L	-	520	-	520	-
Toaster Conveyor	2002	520			520	IN/A	0/L		020			
Acquisition 2005												
Chairs	2005	2,668			2,668	10	S/L	-	2,668	-	2,668	-
Cildiis	2000	,			,							
Acquisition 2006											0 /55	
Side chairs	2006	3,455			3,455	10	S/L	-	3,455	-	3,455	-
Recliners/chairs etc.	2006	5,200			5,200	10	S/L	-	5,200	-	5,200	-
Acquisition 2008	2000	4 505			4,525	10	S/L	_	4,525	-	4,525	_
Fumiture	2008	4,525			4,525	10	0/2		.,		.,	
Acquisition 2009												
2 dressers, 6 twin beds & frames	2009	1,222			1,222	7	S/L	-	1,222	-	1,222	-
Window Shades	2009	280			280	5	S/L	-	280	-	280	-
												_
Acquisition 2010					4644	5	S/L	_	4,644	_	4,644	-
7 recliners 100% SA	2010	4,644			4,64 4 1,711	5	S/L	-	1,711	_	1,711	=
10 Hospital Mattresses	2010 2010	1,711 1,100			1,100	3	S/L	-	1,100	-	1,100	-
LCD TV & mounting bracket Viatal signs monitor & stand	2010	1,052			1,052	5	S/L	-	1,052	-	1,052	-
Viatai signs monitor a stand	2010	1,000										
Acquisition 2011												
SA Renovations	2011	120			120	5	S/L	-	120	-	120	-
Furniture - chairs & Loveseat	2011	1,689			1,689	5	S/L	-	1,689	-	1,689 3,506	- -
Furniture - chairs & Loveseat	2011	3,506			3,506	5 3	S/L S/L	-	3,506 6,575	_	6,575	-
Satellite System	2011	6,575 1,689			6,575 1,689	5 5	S/L	_	1,689		1,689	_
Furniture - chairs & Loveseat	2011 2011	3,506			3,506	5	S/L	-	3,506	-	3,506	-
Furniture - chairs & Loveseat**	2011	6,575			6,575	3	S/L	-	6,575	-	6,575	-
Satellite System**		5,570			-1							
Acquisition 2012												
Fiber Data Link Service	2012	4,063		9 691	3,372	5	S/L	-	3,372	-	3,372	-
Sofa and Chairs	2012	5,222			5,222	5	S/L	-	5,222	-	5,222	-
Acquisition 2014	2014	1,153	1,153		1,153	2.5	S/L	_	1,153	-	1,153	_
Toro Snow Blower	2014	3,695			3,695	5	S/L	739	2,956	739	3,695	-
Lawn Tractor/Mower Controller based Antenna	2014	1,557			1,137	5	S/L	227	1,137	-	1,137	-
Fabric to Refurbish 30 Arm Chairs	2014	2,464			2,464	10	S/L	246	1,232	246	1,479	986
Refurbish 30 Arm Chairs	2014	10,464	10,464	1	10,464	10	S/L	1,046	5,232	1,046	6,279	4,186
Under-Counter Ice Machine	2014	1,877	1,558	319	1,558	7	S/L	223	1,113	223	1,335	223
Acquisition 2015	2015	3 5 4 4	4.000	2 257	1,256	7	S/L	179	718	179	897	359
Install 4 Cat - Wireless WAPS	2015 2015	1,514 (2,464			(2,464)	,	S/L	(493)	(1,972)	(493)	(2,464)	(0)
Returned fabric to re-do chairs	2015	2,022			2,022	7	S/L	289	1,156	289	1,445	578
Locking beverage storage cart Stacking arm chairs	2015	763			763	10	S/L	76	305	76	381	381
Gracking and Grans	2010	700			•							

Property	Acquisition <u>Year</u>	Historical Costs		RD Portion	Cost to Be Depreciated	<u>Life</u>	Method <u>Life</u> S/L	2018 Deprc. 487	2018 Accum. 1,948	2019 Deprc. 487	2019 Accum. 2,435	<u>NBV</u> 2,435
Furniture - 2 lounge chairs/2 loveseats Gas range stove	2015 2015	4,869 4,795	4,869 4,795	-	4,869 4,795	10 7	S/L S/L	685	2,740	685	3,425	1,370
Acquisition 2016 CT Elevator Contractor's License	2016	4,844	4,844	-	4,844	3	S/L	1,614.54	4,844	-	4,844	(0)
Acquisition 2017 Satellite Installation	2017	12,600	12,600	-	12,600	10	S/L	1,260	2,520	1,260	3,780	8,820 1,020
Installation of camera system	2017	3,071	2,549	522	2,549 3,241	5 15	S/L S/L	510 216	1,020 432	510 216	1,529 648	2,592
Cabinets for resident attendant office	2017 2017	3,241 10,982	3,241 10,982	-	10,982	15	S/L	732	1,464	732	2,196	8,786
New furniture-(9) scarlet chairs & loveseat Carrier Chiller compressor motor boards	2017	5,264	4,369	895	4,369	10	S/L	437	874	437	1,311	3,059
Acquisition 2018 Commercial Refrigerator/Freezer	2018	7,790	7,790	-	7,790	10	S/L	779	779	779	1,558	6,232
Deposit for Tent	2018	2,825	2,825	-	2,825	8	S/L	353	353 444	353 444	706 888	2,119 2,663
Tent	2018	3,550	3,550	-	3,550 4,011	8 5	S/L S/L	444 802	802	802	1,604	2,407
Additional Security Cameras 5 Scarlet Chairs	2018 2018	4,011 4,735	4,011 4,735	-	4,735	10	S/L	474	474	474	947	3,788
Total	=	253,757	96,581	2,949	250,652			11,326	189,167	9,485	198,653	52,000
Building and Building Improvements Acquired prior 2000	Var	1,011,268			1,017,092	Var	S/L	-	963,865	-	963,865	53,227
A Court double manage	2000	7,886			7,886	10	S/L	_	7,886	_	7,886	-
Acquired during 2000 Acquired prior 2000	2000 _	1,019,154			1,024,978	10	٠.	-	971,751	-	971,751	53,227
Painting of Exterior Current year Acquisition 2002:	2001	26,350			26,350	10	S/L	-	26,350	-	26,350	-
Dining Room Remodel (Painting/Blinds)	2002	10,687			10,687	5	S/L	-	10,687	-	10,687	-
Work on SA electrical Panel	2002	4,250			4,250	5	S/L	-	4,250	-	4,250	-
Renovate Bathrooms 2003	2003	50,619			50,619	15	S/L	-	50,619	-	50,619	-
Metal Door	2004	2,558			2,558	10	S/L	•	2,558 3,550	-	2,558 3,550	-
Shed (Shared Item with Ross)	2004	3,550			3,550 9,000	10 10	S/L S/L	-	9,000	-	9,000	-
Entrance	2005 2005	9,000 5,500			5,500	20	S/L	275	3,850	275	4,125	1,375
Skylights Plumbing (SHARED WITH ROSS)	2005	4,118			4,118	5	S/L	-	4,118	-	4,118	· -
Gold Room Carpet	2005	2,970			2,970	5	S/L	-	2,970	-	2,970	-
Acquisition 2006												
Stairwell patch and paint	2006	9,000			9,000	5	S/L	-	9,000	-	9,000	-
Painting & Courtyard Renovations	2006	8,536			8,536	5	S/L	-	8,536	-	8,536	-
Acquisition 2007	2007	2,531			2,531	5	S/L	<u>-</u>	2,531	-	2,531	-
Window sashes Men's room alterations	2007 2007	36,100			36,100	15	S/L	2,407	28,880	2,407	31,287	4,813
Carpet for Atrium 2nd Floor	2007	3,111			3,111	5	S/L	-	3,111	· -	3,111	•
Gas water heater	2007	7,950			7,950	10	S/L	-	7,950	-	7,950	-
Drain Piping replacement	2007	3,300			3,300	10	S/L	-	3,300	-	3,300	-
2nd floor corridor carpet	2007	4,117			4,117	. 5	S/L	-	4,117	-	4,117	-
Acquisition 2008	2000	7.646			7,616	30	S/L	254	2,793	254	3,046	4,570
Roof work proposal 3538 2 new Pole Lights	2008 2008	7,616 1,300			1,300	15	S/L	87	953	87	1,040	260
∠ new Pole Lights Ladies Room	2008	20,078			20,078	15	S/L	1,339	14,724	1,339	16,062	4,016
CL Wood Invoices	2008	3,044			3,044	15	S/L	203	2,232	203	2,435	609
Kitchen renovations	2008	2,200			2,200	15	S/L	147	1,613	147	1,760	440
HVAC system*	2008	826,060			826,060	20	S/L	41,303	454,333	41,303	495,636	330,424
Acquisition 2009	2009	6,024			6,024	20	S/L	301	3,012	301	3,313	2,711
Valcor Communications - Outdoor cable/wiring upgrade Outdoor Signage for SA	2009	825			825	7	S/L	-	825	-	825	-
Lighting for Sheltering Arms	2009	7,900			7,900	7	S/L	-	7,900	-	7,900	-
Acquisition 2010						_	~ "		0.100		0.400	
Chimney repair 83% SA	2010	3,000			2,490	5 5	S/L S/L	-	2,490 3,411	-	2,490 3,411	-
Chimney repair 83% SA	2010	4,110	3,411	699	3,411	5	5/L	-	3,411	•	<i>3₁</i> ₩11	-

Non-Movable Equipment

Acquired prior 2000

Property	Acquisition <u>Year</u>	Historical <u>Costs</u>	SA Portion	RD Portion	Cost to Be <u>Depreciated</u>	<u>Life</u>	Method <u>Life</u>	2018 Deprc.	2018 Accum.	2019 Deprc.	2019 Accum.	<u>NBV</u>
New membrane in lieu of pavers 83% SA	2010	1,995	1,656	339	1,656	5	S/L	=	1,656	-	1,656	-
1st floor bathroom remodel 100% SA	2010	11,484	11,484	-	11,484	5	S/L	-	11,484	-	11,484 374	-
Wireing for alarm system 83% SA	2010	450 3.000	374 3.000	77	374 3,000	5 5	S/L S/L	-	374 3,000	-	3,000	-
Emergency unlocking device 100% SA *Adjustment to previously purchased asset 2008	2010	(1,500)	(1,245)	(255)	(1,245)	3	S/L	-	(1,245)	-	(1,245)	-
Acquisition 2011												
Lumber for Attic	2011	1,091			1,091	15	S/L	73	582	73	654	436
Gutters Work	2011	6,551			6,551	3	S/L	-	6,551	-	6,551	-
Repoint Boiler Chimney	2011	12,800			12,800	5	S/L	-	12,800	-	12,800	-
Dishwasher Installation	2011	2,304			2,304	5	S/L	-	2,304	-	2,304	-
Chimney Work	2011	681			681 3,292	5 5	S/L S/L	-	681 3,292	-	681 3,292	-
Chimney Work	2011 2011	3,292 4,500			3,292 4.500	15	S/L	300	2,400	300	2,700	1,800
Grease Trap Installation Drainage	2011	120			120	10	S/L	12	96	12	108	1,000
New Carpet in Front Lobby	2011	2,010			2,010	5	S/L	- '-	2,010		2.010	
Kitchen Cabinets	2011	16,566			16,566	5	S/L	_	16,566	-	16,566	_
Gutters, windows, painting - Final payment	2011	26,203	21,748	4,455	21,748	10	S/L	2,175	17,399	2,175	19,574	2,175
					-							
Acquisition 2012	2012	5,390			5,390	15	S/L	359	2,515	359	2,875	2,515
Shower Stall Replacement 2 New Toilets	2012 2012	5,390 1,512			5,390 1,512	15	S/L	101	705	101	2,875 806	705
2 New Tollets Windows	2012	47,000	39,010	7,990	39,010	20	S/L	1,951	14,053	1,951	16,004	23,007
Acquisition 2013												
Upgrade Voice Cable for VOIP	2013	8,516	7,068	1,448	7,068	20	S/L	353	2,193	353	2,546	4,522
Flooring in Lower Dining Room	2013	1,300		1,300	-	7	S/L	-	-	-	-	-
New Circulator for Boiler**	2013	1,151	956	196	956	5	S/L	-	956	-	956	
New Flooring in SA Dining Room	2013	6,032	6,032		6,032	10	S/L	603	3,619	603	4,222	1,810
2nd Floor Roof Replacement	2013	3,950	3,279	672	3,279	20	S/L	164	1,017	164 240	1,181	2,097 3,077
Upgrade Voice Cable for VOIP	2013 2013	5,794 3,100	4,809 2,573	985 527	4,809 2,573	20 20	S/L S/L	240 129	1,492 798	240 129	1,732 927	1,646
Repair Front of Building	2013	3,100	2,073	521	2,575	20	3/L	123	750	123	321	1,040
Acquisition 2014 Garage-Flat roof replacement	2014	4,985	4,985		4,985	20	S/L	249	1,246	249	1,496	3,490
Concrete repair on Handicap ramp	2014	5,325	2,663	2,663	2,663	10	S/L	266	1,598	266	1,864	799
Install circulating pump and piping	2014	1,256	1,256		1,256	20	S/L	63	314	63	377	879
Deposit on new roof	2014	16,950	14,069	2,882	14,069		S/L	-	-	-	•	14,069
Acquisition 2015			40.450		40.450		0.0	200	0.040	000	2.040	0.040
Sprinkler	2015	15,000	12,450	2,550	12,450	20	S/L	623	2,618	623 703	3,240	9,210
Remining work on new roof	2015	16,950 15,000	14,069	2,882	14,069	20 10	S/L S/L	703	2,958	703	3,661	10,407
Generator**	2015 2015	68,375	-	-	-	10	S/L	-	_	-	-	-
Generator** Generator**	2015	17,853	1,019	3,035	1,019	10	S/L	102	408	102	510	510
Generator**	2015	26,779	22,227	4,552	22,227	10	S/L	2,223	8,891	2,223	11,113	11,113
Generator - Gas piping	2015	2,041	1,694	347	1,694	10	S/L	169	678	169	847	847
Acquisition 2016												
Installation of New Hot Water Heater	2016	8,076	8,076	-	8,076	10	S/L	807.64	2,423	808	3,231	4,845
Installed new Trap in Laundry Room	2016	3,500	3,500	-	3,500	10	S/L	350	1,050	350	1,400	2,100
Glass Hip Roof Replacement	2016	3,650	3,650	-	3,650	10	S/L	365	1,095	365	1,460	2,190
Acquisition 2017 Installed wiring for new nurses station - 2nd Floor	2017	3,135	3,135	_	3,135	20	S/L	157	313	157	470	2,664
Acquisition 2019	2010		4440		4.440	20	C.II			200	206	3 005
Repair Front Stairs	2019	4,110	4,110	-	4,110	20	S/L	-	-	206		3,905 3,810
Repair Front Stair	2019	4,010	4,010	-	4,010	20	S/L			201	201	3,810
Total	-	2,487,844	207,556	37,851	2,358,644			58,852	1,782,303	59,258	1,841,561	517,083
Note**: The Facility received a \$100,000 grant from	m OPM to add the g	enerator. Therefo	ore, for reimbu	rsement purp	oses, only the costs	in excess of t	the \$100,000 will be de	epreciated.			·	

55,192

Var

S/L

55,192

55,192

55,192

Var

United Community & Family Services d/b/a Sheltering Arms Depreciation Schedule 09/30/19

Property	Acquisition <u>Year</u>	Historical <u>Costs</u>	SA Portion	RD Portion	Cost to Be Depreciated	<u>Life</u>	Method <u>Life</u>	2018 Deprc.	2018 Accum.	2019 Deprc.	2019 Accum,	NBV
Total	=	55,192			55,192			-	55,192	-	55,192	-
Land Improvement												
Acquired prior 2000	Var	25,793			25,793	Var	S/L	-	25,793	-	25,793	-
Tree Services	2001	4,216			4,216	5	S/L	-	4,216	-	4,216	-
Various Land Improvements	various	7,227			7,227	Var	S/L	41	6,276	41	6,317	911
Acquisition 2006 Tree Services Acquisition 2010	2006	3,025			3,025	5	S/L	-	3,025	-	3,025	-
Parking lot renovations	2010	5,000	4,150	850	4,150	5	S/L	-	5,000	-	5,000	(850) {a}
Acquisition 2011 Parking lot pavement and extension	2011	1,200			1,200	5	S/L	-	1,200	-	1,200	-
Total	-	46,461			45,611			41	45,510	41	45,551	61
Total Depreciation For Period Total Historical Cost	=	2,843,255	:	=	2,710,100		•	70,219	2,072,172	68,783	2,140,956	569,145

^{138,385} **69,602**

Amortization Schedule*

Name	e of Facility		License No.		Report for Yea	r Ended		Page	of	
	ering Arms			126	58	9/30/2019			24	37
	Date of Acquisition					Accumulated Amort. to Beginning of	Basis for			
	Item	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**		Amortization for This Year	Totals
A.	Organization Expense 1.							•		
	2. 3.				7700000		i t			
A-4.	Subtotal				No. of Calebratic		and the second			
В.	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)				201/00					
C-4. D.	Subtotal Total Amortization									

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

		f Facility	License No		Report for Year En	ded		Page	of
Shelt	eri	ng Arms	120	68	9/30/2019			25	37
11.	Pro	operty Questionnaire							
		rt A							
	s t	the property either owned by th	ne Facility	0	V 7	0	NT-	If "Yes," compl	lete Part B.
		leased from a Related Party?*	-	•	Yes	U	No	If "No," comple	ete Part C.
		*If any owner or operator of this fa	cility is related	by family, n	narriage, ownership, abi	lity to control or			
		business association to any person	or organization	n from whom	buildings are leased, th	en it is considered			
		a related party transaction.			TP-4-1				
	1	Description Description			Total	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Date Land Purchased Date Structure Completed	•		01/01/16 01/01/26				
		If NOT Original Owner, Date	e of Purchas	e	01/01/20 N/A				
	3. 4.	Date of Initial Licensure	c of 1 dictias		N/A				
	1. 5.				30				4.2
		Square Footage			N/A	1			
		Acquisition Cost			1,47		100 mg/s 100 mg/s		
	•	a. Land			16,205				
		b. Building	····- <u>·</u> ··· · · · · · · · · · · · · · · · ·		144,430				
	Pa	rt B - Owner and Related Pa	ırties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	tgage
		Financing						100	
		a. Type of Financing (e.g., f	ixed, variab	le)					
		b. Date Mortgage Obtained							
		c. Interest Rate for the Cost							
		d. Term of Mortgage (numb							
		e. Amount of Principal Born							
		f. Principal balance outstand							
		Complete if Mortgage was						110	
		During Current Cost Yo		1				10.00	
		g. Type of Financing (e.g., f	ixed, variab	le)					
-		h. Date of Refinancing							
		i. New Interest Rate							
		j. Term of Mortgage (numbk. Amount of Principal Born						-	
		Amount of Principal Born Principal Outstanding on)ff					
	_	Part C - Arms-Length Leas			Improvements Onl	 v	1		
		Name and Address of Lesso					Term of Lease	Annual Amou	nt of Lease
		Taine and Fadress of Desse			prity named				
			NO						
					100				
							· · · · · · · · · · · · · · · · · · ·		

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 Ye	ar Ended		Page of
Sheltering Arms	1268		9/30/2019			26 37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest						
A. Building, Land Improve	ement & Non-Movab	le				
Equipment 1. First Mortgage		\$				
Name of Lender		Rate		_		
Address of Lender						
					10.00	
2. Second Mortgage		\$				
Name of Lender		Rate				Market of the American State of the Control of the
Address of Lender				13		
radiess of Lender			11. 11.			
3. Third Mortgage		\$				
Name of Lender		Rate				
			6.00	100		
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender		•				
				200 miles		
B. CHEFA Loan Informat	•					
1. Original Loan Amou	ınt	\$				
2. Loan Origination Da	ite					
3. Interest Rate %						
4. Term						100 March 100 Ma
5. CHEFA Interest Exp	ense					
12 B7. Total Building Interest Exp		\$			İ	
		, *		y Subtotals	forward to v	pert nage)

(Carry Subtotals forward to next page)

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

Name of Facility	License No. 1268			Report for Y	ear Ended		Page of
Sheltering Arms	126	8		9/30/2019			27 37
							Residential
	Item			Total	CCNH	RHNS	Care Home
	Subto	tals Brou	ght Forward:				
12. C. Movable Equipment							
1. Automotive Equip	oment		\$				
A. Item		Rate	Amount		Laboratoria		
Lender							
Address of Lender							
2. Other (Specify)			9				
A. Item		Rate	Amount				建
Lender							
Address of Lender							
							Control Co
B. Item		Rate	Amount				
Lender							
Address Classics				-			
Address of Lender							
12. C. 3. Total Movable Eq	uipment Inter	est					
Expense $(C1 + 2)$			9	3			
12. D. Other Interest Expen			9	22,285			22,285
Interest Expense - Ca	apital						777
13. Total All Interest Expens	se (12B7 + 12	C3 + 12I	D)	\$ 22,285			22,285
14. Insurance							
a. Insurance on Propert		nly)		8			
b. Insurance on Automo				3,820	1		3,820
c. Insurance other than		pecified		10.7-0			10.750
1. Umbrella (Blanke				10,750			10,750
2. Fire and Extended	d Coverage				-		
3. Other (<i>Specify</i>)			ì	6			
14d. Total Insurance Expend	litures (14a +	h+c		\$ 14,570			14,570
15. Total All Expenditures (1,349,448			1,349,448
10. I dent it it imperement to	10 0 1	/					,- ,- ,- ,-

D. Adjustments to Statement of Expenditures

Name	of Fa	cility		Lie	cense No.	Report for Ye	ar Ended	Page	of
	ering A				1268	9/30/2019		28	37
				•	Total				
Item	Page	Line			Amount of			Reside	ntial Care
	No.		Item Description		Decrease	CCNH	RHNS	Н	ome
			es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	33,128				33,128
Page	13 - I	Profes	sional Fees			1 1 1	200		
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
Page	s 15 &	2 16 -	Administrative and General		10				
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$					
10.	15	1e	Accounting	\$					
10a.			Legal	\$					
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or			100	76.0		
			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 *	\$	5,408				5,408
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m10	Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	22,784				22,784
Page	18 - 1	Dietar	y Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$	258				258
Page	<u> 19</u> - 1	Launa	lry Expenditures						
25.			Laundry services to employees, guests		all suits				
			and others who are not residents	\$	<u> </u>				
Page	20 - 1	House	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$	S		2000000		
			Subtotal (Items 1 - 26)) \$	61,578				61,578

^{*} 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 R	ef Description	CCNH	RHNS	Residential Care Home
10 12c1	Non-allowable LPN Salaries (See attached calculation)			\$ 33,128
Total Other Salari	es Adjustment	\$ -		\$ 33,128
Schedule of Fees A	djustments			
Schedule of Fees A	djustments ef Description	CCNH	RHNS	Residential Care Home
		CCNH	RHNS	

Schedule of Other A&G Adjustments

Ref	Line Ref	Description	CCNH	RHNS	Care Hom
16	M13	Non Allowable GA Allocation			\$ 14,67
16	M13	Cable Revenue			\$ 7,74
16	M12	Over Stated GA Allocation (See attached)			\$ 19
20	5i	Disallowed Cable Payment (See Attached)			\$ 17
Othe	r A&G Ao	ljustments	\$ -	\$ -	\$ 22,78

United Community & Family Services d/b/a Sheltering Arms LPN Salary Disallowance 09/30/19

PURPOSE: The purpose of this calculation is to allow LPN salaries to the extent of the aides average wage rate.

LPN Aides Total Salary Expenditures	Salary 62,194 242,290	Hours* 1,778 14,821	Wage per Hour 34.98 16.35
LPN Aides Variance		Wage per Hour 34.98 16.35 18.63	
Variance LPN Hours Disallowance		18.63 1,778 33,128	.

^{*} Per client questionnaire.

28b

GA Allocation Disallowance Sheltering Arms September 30, 2019

Audit Reserve per TB	15,000
Disallowed %	1.30%
Disallowed Amount	195
GA Allocation per TB	125,361
Disallowed Amount	(195) 🗸
Allowable GA Allocation	125,166

Pg. 28c

Sheltering Arms Disallowance Schedule for Cable TV 9/30/2019

	<u>Am</u>		
Total Cable TV Expense acct #8351.680	\$	3,770	
reclassed to Marcum 105			
Monthly Allowable amount	ď	200	
Monthly Allowable amount	\$	300	
Months in Cost Report Year		12	
Total Allowable Cost	\$	3,600	
Disallowed Cable TV	\$	170	

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

			D. Adjustments to Statemen					Page	
Name of Facility				Lic	ense No.	se No. Report for Year Ended			of
Shelte	ering A	Arms			1268	1268 9/30/2019			37
					Total				
Item	Page	Line			Amount of			Reside	ntial Care
No.		No.	Item Description		Decrease	CCNH	RHNS	Н	lome
			Subtotals Brought Forward	\$	61,578				61,578
Page	20 - I	Reside	nt Care Supplies***						
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.	20	5h	Laboratory	\$					
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
Page	22 - 1	Mainte	enance and Property			100			
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous						
42.			Other - Indirect	\$	7,026				7,026
43.	29a	IV 5	Interest Income on Account Rec.	\$	5				5
44.			Other - Miscellaneous Administrative	\$					
45.		,	Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$					
Not .	For P	rofit I	Providers Only						
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					89
49.	Tota	l Amo	unt of Decrease (Items 1 - 48)	\$	68,698				68,698

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
X					
Total Othe	r Ancillar	y Costs	\$ -	\$ -	S -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	\(\frac{1}{2}\)				
Total Exce	ss Movable	e Equipment Depreciation	\$ -	\$ -	\$

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	6 0 0 0 0				
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Schedule of Other - Indirect Adjustments

				Residentiai
Page Ref Line Ref	Description	CCNH	RHNS	Care Home
	Rental of Televisions and Cable Services			\$ 7,021
	Interest Income			\$ 5

				l'a _i
			Committee of the Commit	
Total Other Adjustm	ents	\$ -	\$ -	\$ 7,026

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Adjustm	ents	\$ -	\$ -	\$ -

Residential

Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
/ · · · · · · · · · · · · · · · · · · ·					
1172 3007/2004/04 41100000					
Total Othe	r Adjustm	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

e Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Unallowable Depreciation (See attached schedule)			\$ 89
l Unal	lowable B	uilding Interest	\$ -	\$ -	S 89

United Community & Family Services d/b/a **Sheltering Arms** Shared Depreciation Expense/Auto Disallowance 09/30/19

the commentations of the comment of	20 30 .5
2000 D CW 1	5
2008 Roof Work 254 10% 3	
2008 Two new pole lights for front steps 87 10% 1	
2007 Water Heater (Fully Depreciated) - 10% 1	0
2007 Drain Piping (Fully Depreciated) - 10% 1	0
Various Land Improvements 41 10% 1	0
Total 683	
Total 10% Shared Depreciation 382	
(Less) None 10% Items	
Revised Amount 382	
Percent Shared 10%	
Depreciation/Amt Disallowed (1) 38	
Total 17% Shared Depreciation 301	
(Less) None 17% Items	
Revised Amount 301	
Percent Shared 17%	
Depreciation/Amt Disallowed (2) 51	
Total Disallowance 89	

^{*} Effective for assets additions after 9/30/2008 the percentage of shared assets allocated to Ross Adult Day Care changed from 10% to 17%.

^{**35%} due to amount of loan outstanding.

F. Statement of Revenue

Nome of Facility	F. Statement of Re	Report for Y	ear Ended		Page	of
Name of Facility Sheltering Arms	License No. 1268	 9/30/2019	car Ellucu		30	37
Cherening / mino	1200	 				ntial Care
	Item	Total	CCNH	RHNS		Iome
I. Resident Room, Board &	· · · · · · · · · · · · · · · · · · ·					
a. Medicaid Residents		\$ 961,066				961,066
	ad Board Contractual Allowance **	\$ 701,000				,,,,,,,,,
2. a. Medicaid (All other		\$ 				
	and Board Contractual Allowance **	\$ 				
3. a. Medicare Resident		\$ 				
	ad Board Contractual Allowance **	\$ 				## ###
4. a. Private-Pay Reside		\$ 175,496				175,496
	and Board Contractual Allowance **	\$				
II. Other Resident Revenu						
1. a. Prescription Drugs	- Medicare	\$				
	- Medicare Contractual Allowance **	\$ 				
c. Prescription Drugs		\$ 				
	- Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies -		\$				
	Medicare Contractual Allowance **	\$				
c. Medical Supplies -		\$				
	Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy -	- Medicare	\$				
b. Physical Therapy -	- Medicare Contractual Allowance **	\$				
c. Physical Therapy -	- Non-Medicare	\$				
d. Physical Therapy	Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy -	Medicare	\$				
b. Speech Therapy - I	Medicare Contractual Allowance **	\$				
c. Speech Therapy -	Non-Medicare	\$				
d. Speech Therapy -	Non-Medicare Contractual Allowance **	\$ 				
5. a. Occupational The	*	\$ 				
b. Occupational The	rapy - Medicare Contractual Allowance **	\$ 				
c. Occupational The		\$ 			ļ	
d. Occupational The	rapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - I		\$ 				
b. Other (Specify) - I		\$ 				
	e (Section I. thru Section II.)	\$ 1,136,562				1,136,562
IV. Other Revenue*						
1. Meals sold to guests,	employees & others	\$ 				258
2. Rental of rooms to no	on-residents	\$ 				
3. Telephone		\$				
4. Rental of Television a	and Cable Services	\$	ļ			7,745
5. Interest Income (Spec		\$ 	1		-	5
6. Private Duty Nurses'		\$ -				
7. Barber, Coffee, Beau	ty and Gift shops	\$ +			1	
8. Other (Specify)		\$ 				61,997
V. Total Other Revenue (1	thru 8)	\$ 70,005			<u> </u>	70,005
VI. Total All Revenue (III	+V)	\$ 1,206,567				1,206,567

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
			0
Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
			0
Total Other Resident Revenue	\$ -		\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Care Home
					0
	Interest Income on Account Rec.				\$ 5
	rest Income			\$ -	\$ 5

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
				0
30 IV 8	Unrestricted Donations			\$ 61,997
4,				
Total Oth	er Revenue	\$ -	\$ -	\$ 61,997

G. Balance Sheet

Name of Facility		Facility	License No. Report for Year Ended			Page		of
Shel	terin	ig Arms	1268	9/30/2019		31		37
			Account			Aı	mount	
Asse	ets							
A.	Cu	rrent Assets						
		Cash (on hand and in banks)		445	\$			
		Resident Accounts Receivab	`		\$			
	3.	Other Accounts Receivable (Excluding Owners or	r Related Parties)	\$			
	4	Inventories			\$			
	5.	Prepaid Expenses			\$			
		a.						
		b						
		d. See Schedule		MATTER TO THE TOTAL THE TOTAL TO AL TO THE T				
		Interest Receivable			\$	·····		
		Medicare Final Settlement R			\$			
	8.	Other Current Assets (itemize	e)		\$			
			· · · · · · · · · · · · · · · · · · ·					1000
		See Schedule						
		tal Current Assets (Lines A1	thru 8)		\$			
B.		ked Assets						
		Land			\$			
	2.	Land Improvements	*Historical Cost	_	\$			
			Accum. Depreciati	on Net	1			
İ	3.	Buildings	*Historical Cost		\$			
			Accum. Depreciati	on Net				
	4.	Leasehold Improvements	*Historical Cost	NT .	\$			
			Accum. Depreciati	on Net				
	5.	Non-Movable Equipment	*Historical Cost		\$			
			Accum. Depreciati	on Net				
	6.	Movable Equipment	*Historical Cost		\$			
			Accum. Depreciati	on Net	Φ.			
	7.	Motor Vehicles	*Historical Cost	1 T /	\$			
<u> </u>			Accum. Depreciati	on Net	Φ.			Parent live and the live and th
	8.	Minor Equipment-Not Depre	eciable		\$			
	9.	Other Fixed Assets (itemize))		\$			
					_			
D 1		See Schedule	1 thm, (1)					
B-1	υ.	Total Fixed Assets (Lines B	1 ulfu 9)		\$			

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

Schedule o	f Prepaid E	xpenses Page 31 Line A5	
Page Ref	Line Ref	Description	
Total Prep	aid Expens		\$ -
Schedule o	f Other Cu	rrent Assets (itemized) Page 31 Line A8	
Page Ref	Line Ref	Description	
Total Oth	er Current	Assets (Hemize)	5 -
Schedule o	of Other Fix	sed Assets (Itemize) Page 31 Line B9	
Page Ref	Line Ref	Description	
711			
		xed Assets (Hemize)	\$ -
	•		
		sets Page 32 Line D7	
Page Ref	Line Ref	Description	
		Market and the Street of the Control	
		Provide the second seco	
# 1			
Total Oth	er Assets		S
Schedule	of Notes Pa	yable (Itemize) Page 33 Line A2	
Page Ref	Line Ref	Description	
Visit Carlos and St.			
Total M-	tes Payable		S -
120191740	,,, a a japie		
Schedule	of Other C	urrent Liabilities (Itemize) Page 33 Line A12	
Page Ref	Line Re	f Description	
4			
Total Or	her Curren	t Liabilities (Itemize)	\$ -
LEATH MA			

Page Ref	Line Ref	
Total Otho	r Current	Liabilities (Itemize)

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

G. Balance Sheet (cont'd)

Name of Facility		Facility	License No. Report for Year Ended			Page		of
Sheltering Arms			1268	9/30/2019		32		37
			Account			A	mount	
				Total Brought Forward:	\$			
C.	Lea	asehold or like property record	1					
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	Net	\$			
	3.	Buildings	*Historical Cost	150				
			Accum. Depreciation	Net Net	\$			
	4.	Non-Movable Equipment	*Historical Cost	m				
			Accum. Depreciation	Net Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	Net Net	\$			
	6.	Motor Vehicles	*Historical Cost		١.			
			Accum. Depreciation	n Net	\$			
	7.	Minor Equipment-Not Depre			\$			
C-8		tal Leasehold or Like Proper	ties (C1 thru 7)	-	\$			
D.		vestment and Other Assets						
		Deferred Deposits			\$			
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	n Net	\$			
		Goodwill (Purchased Only)			\$			
	5.	Investments Related to Resid	lent Care (<i>itemize</i>)		\$			
				1.50 mg , 1	4			
			D		<u>_</u>			
	6.	Loans to Owners or Related		T D	\$			
		Name and Address	Amount	Loan Date	4			
					+			
	7. Other Assets (itemize)							
				100	4			
		G G 1 1 1	-					
E 6	7 3 1	See Schedule	ranta (Lines D1 dlam 7)		Φ			
		otal Investments and Other As			<u> \$</u> \$			
ν -9.	D-9. <i>Total All Assets</i> (Lines A9 + B10 + C8 + D8)							

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

G. Balance Sheet (cont'd)

Name of Facility		License No. Report for Year Ended		Ended	Page		of	
Sheltering Arr	ms		1268	9/30/2019		33		37
	_		Account			Ar	nount	
Liabilities								
A.		rrent Liabilities						
		Trade Accounts Payable				\$		
	2.	Notes Payable (itemize)				\$		
							12	
		C C-1 - 1 1				200		
		See Schedule	sout (Comment of the	(itomina)		\$		
	3.	Loans Payable for Equipm		Amount	Date Due	Φ		
		Name of Lender	Purpose	Amount	Date Due			
						34		
	4.	Accrued Payroll (Exclusive	ve of Owners and/or .	Stockholders only)		\$		
	5.	Accrued Payroll (Owners	and/or Stockholders	only)	A	\$		
	6.	Accrued Payroll Taxes Pa	ıyable			\$		
	7.	Medicare Final Settlemen				\$		
	8.	Medicare Current Financi	ing Payable			\$		
	9.	Mortgage Payable (Curre	nt Portion)			\$		
	10.	. Interest Payable (Exclusiv	e of Owner and/or R	elated Parties)		\$		
	_11.	. Accrued Income Taxes*				\$		
	12.	Other Current Liabilities	(itemize)			\$		
						-		
			41.1 (0)	See Schedule		φ.		
A-13.		<i>tal Current Liabilities</i> (Li	nes A1 thru 12)			\$		

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page		of
Sheltering Arms	1268	9/30/2019		34		37
	Account			An	nount	
		Total Brough	t Forward:			
Liabilities (cont'd)						
B. Long-Term Liabilities						
1. Loans Payable-Equipment			\$			
Name of Lender	Purpose	Amount	Date Due			
2. Mortgages Payable			\$			
3. Loans from Owners or Rel	ated Parties (itemize)	\$			
Name and Address of Lender	Amount	Loan D				
				1		
4. Other Long-Term Liabiliti	es (itemize)		\$			
	,					
				10.0		
See Schedule				100	No.	
B-5. Total Long-Term Liabilities (\$			
C. Total All Liabilities (Lines A-	-13 + B-5)		\$			

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

Nan	ne of Facility	License No.		eport for Yo	ear Ended	Page	of
Shel	tering Arms	1268	9/	30/2019		35	37
	Account						Amount
A.	Reserves						
	1. Reserve for value of leased	land				\$	
	2. Reserve for depreciation va	lue of leased build	ings a	nd appurter	nances		
	to be amortized					\$	W-1
	3. Reserve for depreciation va	lue of leased perso	nal pr	operty (Eq	uity)	\$	No.
	4. Reserve for leasehold real p	properties on which	n fair r	ental value	is based	\$	
	5. Reserve for funds set aside	as donor restricted	<u> </u>			\$	
	6. Total Reserves					\$	
В.	Net Worth						
	1. Owner's Capital					\$	
	2. Capital Stock					\$	
	3. Paid-in Surplus			and the control of th	A STATE OF THE STA	\$	18817
	4. Treasury Stock			***************************************		\$	
	5. Cumulated Earnings					\$	(2,342,585)
	6. Gain or Loss for Period	10/1/2	018	thru	9/30/2019	\$	(212,483)
	7. Total Net Worth			The second of		\$	(2,555,068)
C.	Total Reserves and Net Worth				teritorio i	\$	(2,555,068)
D.	Total Liabilities, Reserves, an	d Net Worth	AV3/			\$	(2,555,068)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Sheltering Arms	1268	9/30/2019		36	37
Account					mount
				\$	(2,342,585)
B. Total Revenue (From Statement of				\$	1,206,567
C. Total Expenditures (From Statem	ent of Expenditures	s Page 27)		\$	1,419,050
D. Net Income or Deficit				\$	(212,483)
E. Balance				\$	(2,555,068)
F. Additions					
Additional Capital Contribute					
Total Expenses per Pg 27					
CR vs. FS Depreciation	69,602				
Total Expenses	\$1,419,050				Maria Baranda
2. Other (itemize)					
					200 PM (400 PM)
ļ				1000	
				Δ.	
F-3. Total Additions				\$	
G. Deductions	/D : (G :C	,		١	
1. Drawings of Owners/Operato			1 4	\$	
Name and Address (No., Cit	ty, State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)			\$	
Purpose		Amo	ount		
				1.54	22.00
3. Total Deductions				\$	
H. Balance at End of Period	09/3	0/19		\$	(2,555,068)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	. 1268	9/30/2019		37
	Check appropriate category	·		
Chronic and Convalescent Nursing Home only (CCNH)				
	Preparer/Reviewer Certifica	tion		
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 Proparer	Title Peincipae	Date Signed		
Printed Name of Preparer				
Matthew S. Bavolack Addres Address		Phone Number		
555 Long Wharf Drive, New Haven, CT 06511		203-781-9600	203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
William Rush		860-822-4153		
Contact Email Address				
vymych @vyofa ora	·		-	



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Sheltering Arms 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 Sheltering Arms. 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 Sheltering Arms 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 6, 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	Sheltering Arms
Complete the additional she	following check list. Provide an explanation for any "No" answers. Attach eets to explain further, if necessary.
X Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No x Explanation:	Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.
Yes No Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation. No Allocation - only one level of care
Yes No x Explanation	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.

Yes No x Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No X Explanation:	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? N/A
Yes No x Explanation:	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? N/A
Yes No x Explanation:	 Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated. N/A
Yes No x Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No x Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No X Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No x Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No x Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?
Yes No x Explanation:	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?
Yes No x Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No x Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Yes No	17. Have all contractual allowances been properly reported on Page 30?
Explanation:	
Yes No x Explanation:	18. Were all discrepancies on the Error Page addressed?
Yes No x Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No x Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No x Explanation:	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?
Yes No x Explanation:	Has all required documentation been submitted to the Annual Report review and audit contractor?