February 15, 2019

Mr. Chris LaVigne, Director Department of Social Services 55 Farmington Ave Hartford, CT 06105 Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2018 Medicaid Cost Report for Bethel Health Care Center. Bethel operates a CCNH, RCH, and Assisted Living. The operations of the Assisted Living are shown in the Annual Report of Long-Term Care Facility in the RHNS column and should not be considered for reimbursement.

As of January 1, 2018, Bethel Health Care Center and Bethel Realty separated into separate entities. Therefore, \$9,226,602 in assets of transferred to Bethel Realty as of this date and were treated as disposals on the facility's books. These assets are now recorded on the balance sheet, page 32. Bethel Health Care Center now leases the facility from Bethel Realty. Expenses relating to Bethel Realty such as depreciation and interest expense are included in the cost report for the period of October 1, 2017 through December 31, 2017.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. There were no Cascades asset additions in the current year. Depreciation on Cascades assets placed into service in prior years has been disallowed. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed)									
Bethel Health and Rehabilitation Center, LLC									
Address (No. & Street, City, State, Zip Code)									
13 Park Lawn Drive, Bethel, CT 06801									
Type of Facility									
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home							
Report for Year Beginning	Report for Year Ending								
10/1/2017	9/30/2018								

License Numbers:	CCNH 2138-C	RHNS	Residential Care I 1868	Home Medicare Provider 07-5400			
Medicaid Provider Numbers: CCNH RHNS ICF-IID							

21387

For Department Use	e Only				
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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Name of Facility (as licensed)	General In License N		ear Ended	Page	of
Bethel Health and Rehabilitation Center, LLC	2138-C	9/30/2018		1 age	37
Adminis MISREPRESENTATION OR FALSIF COST REPORT MAY BE PUNISHAE FEDERAL LAW.	ICATION OF				
I HEREBY CERTIFY that I have read Cost Report and supporting schedules p [facility name], for the cost report period that to the best of my knowledge and be the books and records of the provider(s	prepared for Bo od beginning C elief, it is a true	ethel Health and Rehabilitation (october 1, 2017 and ending Sept e, correct, and complete stateme	Center, LL ember 30, 2	C 2018, and	
I hereby certify that I have directed the pre Schedule of Resident Statistics, Statement Balance Sheet of this Facility in accordance year ended as specified above.	s of Reported E	xpenditures, Statements of Revenu	es and the r	elated	
I have read this Report and hereby cert my knowledge under the penalty of per presented in this Report as a basis for s residents were incurred to provide residents recorded have been retained as required request.	jury. I also ce ecuring reimbu dent care in thi	rtify that all salary and non-sala arsement for Title XIX and/or o s Facility. All supporting record	ry expenses ther State a ls for the e	s issisted xpenses	
Signed (Administrator)	Date	Signed (Owner)	I	Date	
Printed Name (Administrator) Rich DeMio		Printed Name (Owner) Marvin Ostreicher			
Subscribed and Sworn State of to before me:	Date	Signed (Notary Public)		Comm. Exp	ires /
Address of Notary Public					

General Information

(Notary Seal)

State of Connecticut Department of Social Services 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
			1Å	37
Name of Facility	Period Cov	ered:	From	То
Bethel Health and Rehabilitation Center, LLC	10/1/2017	9/30/2018		
Address of Facility				
13 Park Lawn Drive, Bethel, CT 06801	•		•	
Report Prepared By	Phone Num	ıber	Date	
Blum, Shapiro & Company P.C.	203-944-21	.00	2/15/2019	
				Residential
				Care
Item	Total	CCNH	RHNS	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. <i>Total Wages and Salaries Paid</i> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

	Phone No. of Fac	ility	Report for Yea	ar Ended	Page	of
	203-830-4180		9/30/2018		2	37
Name of Facility (as shown on license)	Address (No). & S	Street, City, Sta	te, Zip)		
Bethel Health and Rehabilitation Center, LLC			ive, Bethel, Cl		1	
CCNH	RHNS	Resi	dential Care Ho			Provider No.
License Numbers: 2138-C			18	868	07-5400	
Type of Facility (Check appropriate box(es))						
 ✓ Chronic and Convalescent Nursing Home only (CCNH) 	Rest Home with I Supervision only			Resident	ial Care Hor	ne
Type of Ownership (Check appropriate box)						
O Proprietorship O LLC O Partnership	O Profit Corp.	0	Non-Profit Corj		Government	O Trust
If this facility opened or closed during report year provid	e:	Date	Opened	Date Clo	sed	
Has there been any change in ownership						
or operation during this report year?	• Yes	\cap	No	If "Vec "	explain full	
As of January 1, 2018 Bethel Health Care Center and Be					<u> </u>	у.
Administrator			1			
Name of Administrator			Nursing Ho			
Rich DeMio			Administrate		1740	
	(0.11		License N	0.:		
Other Operators/Owners who are assistant administrator Name	s (full or part time) of t	License N	I.a.		
Ivanie			License N			

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	Report for Year Ended		
Bethel Health and Rehabilitation	on Center, LLC	2138-С	9/30/2018		Page 3	37
Legal Name of Part Bethel Health and Rehabilitation		s Address Drive, Bethel,	Which	e(s) and/or Town(s) in Which Registered		
		CT 06801				
Name of Partners/Members	Business A	ddress		Title	% Ow	ned
Bethel Investors, LLC	850 Silas Deane High Wethersfield, CT 0610	-			0.51	1
Ronald C. Butler	89 Troon Way Mashpee, MA 02649				0.365	52
Grace L. Flight	2 Judd Avenue Bethel, CT 06801				0.07	7
Various other (6 people)					0.054	48

General Information and Questionnaire Corporate Owners

Name of Facility Bethel Health and Rehabilitation Center, LLC	License No. 2138-C	Report for Yea 9/30/2018	r Ended	Page of 3A 37
If this facility is owned or operated as a corpor			nation:	<u> </u>
Legal Name of Corporation		ess Address		Which Incorporated
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of								
Bethel Health and Rehabilitation Center, LLC	2138-С	9/30/2018	3B 37								
If this facility is owned or operated as an individual	proprietorship, pro	ovide the following information	1:								
Owner(s) of Facility											

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
Bethel Health and Rehabi	ilitation Center, LLC		2138-C		9/30/2018		4	37
Are any individuals receiv	ving compensation from the fac	ility rel	ated thro	ugh		If "Vog " provide th	a Nama/A d	hange and
•	• •	•		-	N O N	If "Yes," provide th		
marriage, ability to contro	ol, ownership, family or busine	ss associ	lation?	•	Yes O No	complete the inform	hation on Pag	ge 11 of the report.
Are any individuals or con	mpanies which provide goods of	or servic	es.					
	operty or the loaning of funds to							
č 1	sociation, common ownership,		•	ess	• Yes O No			
association to any of the c	owners, operators, or officials of	of this fa	cility?			If "Yes," provide th	e following	information:
							~	
		Als	so Provi	des		Indicate Where		
		Good	ls/Servi	ces to		Costs are Included		
Name of Related	Business	Non-F	Related 1		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
See Attachment		0	\odot					
		0	۲					
		0	۲					
		0	۲					
		0	۲					
		0	۲					
		0	۲					
		0	٥					
		0	۲					

* Use additional sheets if necessary.

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

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General Information and Questionnaire Related Parties*

Name of Facility Bethel Health Care Center		License 2138-C	No.		Report for Year Ended 9/30/2018			Page 4	of 37
	eiving compensation from the fa rol, ownership, family or busine			rough	☑ Yes □ No	· 1	provide the Name/ he information or		he report.
	ompanies which provide goods	on comri	0.00						
-	roperty or the loaning of funds t								
related through family a	ssociation, common ownership, owners, operators, or officials	control	, or bus	iness	✓ Yes 🗌 No	If "Yes," pi	ovide the following	g information:	
			so Provi ls/Servi			Indicate	Where Costs are		Actual Cost to the
Name of Related Individual or Company			Related No		Description of Goods/Services Provided		n Annual Report e # / Line #	Cost Reported	Related Party
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109 6851 Jericho Turnpike, Suite 150	7		45%	PT,OT,ST Services/Consulting	13	5a,9a,10a,12	2,210,943	2,166,741
NOA Diagnostics	Syosset, NY 11791 850 Silas Deane Hwy Wethersfield,	~		63%	Radiology	20	5f	63,128	58,960
Aetna VEBA	Ct		\checkmark		Health Insurance	16	12	1,083,961	1,083,961
Bethel Realty National Health Care	13 Parklawn Dr, Bethel, CT 06801 20 East Sunrise Highway, Valley		\checkmark		Lease of Facility	22	9	1,344,000	1,344,000
Associates	Stream, NY 11581		\checkmark		Shared Expenses	16	12	906,751	906,751
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581		\checkmark		Banking Transactions	16	13	24,043	24,043
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109		\checkmark		Rent/Other Exp	16	12	2,944	2,944
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581		\checkmark		Rent/Other Exp	16	12	26,358	26,358
Roland Butler	89 Troon Way Mashpee, MA 02649		~		Administrator / Compensation with bonus	10	A2	125,008	125,008
Preferred Professional Services	850 Silas Deane Highway, Wethersfield, Ct 06109		~		RN/ LPN/ CNA Agency	13	A1, B1, C	19,583	19,583
Cambridge Manor	2428 Easton Turnpike, Fairfield, CT 06825		\checkmark		Dietary Fees	13	A7	358	358
Procare LTC Pharmacy of MA	155 Northboro Rd STE 4, Southborough, MA 01772	\checkmark			Drugs/OTC's/Consultant	20/13	5a2,b/B3	392	366
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	~			Drugs/OTC's/Consultant	20/13	5a2,b/B3	1,047,813	976,800

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Bethel Health Care Center		License 2138-C	No.		Report for Year Ended 9/30/2018		Page 4	of 37			
	iving compensation from the fa rol, ownership, family or busine			ough	☑ Yes □ No	rovide the Name/ he information or	/Address and n Page 11 of the report.				
including the rental of p	ompanies which provide goods roperty or the loaning of funds ssociation, common ownership,	to this fa	cility,	ness							
association to any of the	owners, operators, or officials	of this fa	acility?		✓ Yes □ No	If "Yes," pro	ovide the following	ng information:			
Name of Related Individual or Company	Business Address	Good	so Provi ls/Servi Related No	ces to	Description of Goods/Services Provided	Included in	Where Costs are n Annual Report e # / Line #	Cost Reported	Actual Cost to the Related Party		
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	7			Due to Related			393,588	393,588		
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	\		37%	Due from Related	32	D6	410,408	410,408		
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	~		82%	Due to Related	34	В3	23,017	23,017		
Aetna VEBA	850 Silas Deane Hwy Wethersfield, Ct		7		Due from Related	32	D6	126,313	126,313		
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581		7		Due to Related	34	B3	32,973	32,973		
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581		~		Due from Related	32	D6	118,002	118,002		
Procare LTC Pharmacy of MA	155 Northboro Rd STE 4, Southborough, MA 01772		~		Due to Related	34	В3	13,259	13,259		
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	~			Due to Related	34	B3	917,970	917,970		
Cambridge Manor	Cambridge Health and Rehabilitation Center		7		Due to Related	34	В3	413	413		
Roland Butler	125 Periwinkle Drive, Middlebury, CT 06762		\checkmark		Due to Related	34	В3	139,000	139,000		

* 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						
Bethel Health and Rehabilitation Center, LLC	2138-C	,	9/30/2018	5	37						
If the facility is licensed as CDH and/or RCH or p	provides AII	OS or TBI s	ervices with special Medicaid ra	tes, 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								
			hours of routine care provided b	-							
Nursing		employee o	classification, i.e., Director (or Cl	harge Nu	rse),						
		Registered	Nurses, Licensed Practical Nurs	es, Aides	s and						
		Attendants									
Direct Resident Care Consultants			hours of resident care provided	by EACI	H						
		specialist (See listing page 13)									
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			rect and Allocated Costs								
The preparer of this report must answer the follow	wing questio	ns applicab	le to the cost information provid	ed.							
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	allocatio	on was not						
costs allocated as required?	© Tes	O NO	made.								
Costs were allocated between all cost centers on a	a consistent l	oasis as in t	he prior cost years which have be	een revie	wed and						
accepted by the Department of Social Services the	rough the fie	eld audit pro	ocess.								
2. Explain the allocation of related company exp	enses and at	tach copy o	f appropriate supporting data.								
3. Did the Facility appropriately allocate and self			÷	cost cent	ers?						
(e.g., Assisted Living, Home Health, Outpatien	nt Services,	Adult Day	Care Services, etc.)								
	• Yes	O No	If "No," explain fully why such made.	allocatio	on was not						

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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	lear Ended		Page	of		
Bethel Health and Rehabilitation Center, LLC	2		2138-С	9/30/2018	3		6	37		
	Relate	ed * to								
		ners,								
	-	ators,				Annual				
		cers	-	Date of	Term of	Amount	Amo			
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed			
Pitney Bowes, 225 American Drive Neenah , WI 54956- 1005	0	Θ	Postage Meter	09/20/11	Ongoing	1,160	1,160			
Wescom Solutions, P.O. Box 674802, Detroit, MI 48267	0	۲	Software	04/15/16	Ongoing	43,007	43,007			
Wells Fargo, P.O. Box 10306, Des Moines, IA 50306	0	۲	Copiers	08/17/17	60 Months	56,906	56,906			
Wells Fargo, P.O. Box 10306, Des Moines, IA 50306	0	۲	Cascade Copier - Disallowed	04/18/18	60 Months	5,041	2,968			
	0	۲								
	0	۲								
	0	۲								
	0	۲								
	0	۲								
	0	۲								
Is a Mileage Log Book Maintained for All Le	eased Ve	hicles ?	, O Yes		No	Total ***	104,041			

* 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.

A Program for Equipment Supplied by:

Delivery & Acceptance Certificate

Wells Fargo Financial Leasing, Inc. | 800 Walnut, 4th floor | Des Moines, Iowa 50309 | Phone: 800-247-5083

Title of lease, rental or other agreement:

(the "Agreement")

The Customer named above hereby unconditionally represents and certifies to Wells Fargo Financial Leasing, Inc. ("Wells Fargo"), and agrees, that:

1. The equipment, other personal property and software, if any, described below (collectively, the "Goods") which have been leased or otherwise provided to Customer or otherwise constitutes collateral under the above-referenced Agreement, has been fully delivered and installed at Customer's place of business, has been inspected and tested by Customer and is operating in good working order to Customer's complete satisfaction, meets all of Customer's requirements and specifications, and is hereby irrevocably accepted by Customer:

Quantity	Make or other description	Model name (if any)	Serial # (if any)
1	Kyocera 8002i BW Copier System	TA-80021	
<u> </u>			
_			

	· · ·		
	-		

Attach additional page if necessary

Customer (identified above). Bethei Health and Dobabilitation Contar

2. There are no side agreements between Customer and any third party relating to the subject matter of the Agreement, and no cancellation rights have been granted to Customer by Wells Fargo or any third party. There is no "free demonstration" or "test" period for the Goods.

3. Customer has reviewed and understands all of the terms of the Agreement, and Customer agrees that the Agreement cannot be revoked or cancelled or terminated early for any reason.

Customer hereby directs Wells Fargo to pay the vendor/supplier of the Goods. Customer agrees that (i) Wells Fargo may insert the Agreement number (and Master Agreement Number, if applicable) and the date below if either is missing following the Customer's signature below, and (ii) a facsimile or other copy of this document containing your faxed, copied or electronically transmitted signature may be treated as an original for all purposes.

Instruction to Customer: Do NOT sign this Certificate until ALL of the Goods have been delivered, installed, inspected and tested to your satisfaction.

By: Charles	Date: / /	
Print name: Michael Bobow	Title:	
greement Number:		



Equipment Lease Agreement



Wells Fargo Financial Leasing, Inc. | 800 Walnut, 4th floor | Des Moines, Iowa 50309 | Phone: 800-247-5083

Customer	er Information: 's Full Legal Name ("You" and "Your"): alth and Rehabilitation Center		r Information: Name ("Supplier"): Tomorrows Office							
Address: <u>13 Park La</u> City/State <u>Bethel, CT</u> Telephone (516) 705	/Zip Code: 06801 Number:	Federal Tax ID#	Address: 134 W. 26th Street City/State/Zip Code: New York, NY 10001							
Equipmer	ached Equipment Schedule		Equipmen	nt Location (if different than address shown above):						
Quantity	Equipment Make, Model & Serial Number		Quantity	Equipment Make, Model & Serial Number						
1	Kyocera 8002i BW Copier System									
	Payment Information: Initial Term: 60 months	Payment*:	395	(*plus applicable taxes)						
	eriod is "Monthly" unless otherwise noted here:	Security	/ Deposit:	\$0 Documentation/Processing Fee: \$75.00						

applied to: □ 1st Payment □ Last Payment □ 1st and Last Payments

Purchase Option (shall be Fair Market Value unless another option is checked): 🛛 Fair Market Value 📋 \$1.00 📋 Other:

You acknowledge and agree that this agreement (as amended from time to time, the "Lease") represents the complete and exclusive agreement between You and Us regarding the subject matter herein and supersedes any other oral or written agreements between You and Us regarding such matters. This Lease can be changed only by a written agreement between You and Us. Other agreements not stated herein (including, without limitation, those contained in any purchase order or service agreement between You and the Supplier) are not part of this Lease. To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for You: When You open an account or add any additional service, We will ask You for Your name, address, federal employer identification number and other information that will allow Us to identify You. We may also ask to see other identifying documents.

 LEASE OF EQUIPMENT. You agree to lease from Us the personal property listed above (together with all existing and future accessories, attachments, replacements and embedded software, the "Equipment") upon the terms stated herein. This Lease is binding on You as of the date You sign it. You agree that after You sign, We may insert or correct any information missing on this Lease, including Your proper legal name, serial numbers and any other information describing the Equipment, and change the Payment by up to 15% due to a change in the Equipment or its cost or a tax or payment adjustment. 2.

TERM; AUTOMATIC RENEWAL. The term of this Lease will begin on the date that it is accepted by Us or any later date that We designate (the "Commencement Date") and will continue for the number of months shown above (the "Initial Term"). As used herein, "Term" means the term presently in effect at any time, whether it is the Initial Term"). As used herein, "Term" means the term presently in effect at any time, whether it is the Initial Term or a Renewal Term (defined below). Unless You have a \$1.00 Purchase Option, You shall notify Us in writing at least 60 days but not more than 120 days before the end of the Term (the "Notice Period") that You intend to purchase or return the Equipment at the end of such Term or: (a) this Lease will

before the end of the Term (the "Notice Period") that You intend to purchase or return the Equipment at the end of such Term or: (a) this Lease will automatically renew for an additional one-year period (a "Renewal Term"), and (b) all terms of this Lease will continue to apply. If You do notify Us in writing within the Notice Period that You intend to purchase or returm the Equipment at the end of the Term, then You shall (i) purchase the Equipment by paying the purchase option amount (and all other amounts due hereunder) within 10 days after the end of the Term, or (ii) return the Equipment pursuant to Section 12. For any "Fair Market Value" Purchase Option, the fair market value shall be determined by Us in Our sole but commercially reasonable judgment. This Lease is non-cancelable for the full Term. **3.** UNCONDITIONAL OBLIGATION. You agree that: (i) We are a separate and independent company from the Supplier, manufacturer and any other vendor (collectively, "Vendors"), and the Vendors are NOT Our agents; (ii) No representation or warranty by any Vendor is binding on Us, and no Vendor has authority to waive or alter any term of this Lease; (iii) You, not We, selected the Equipment and the Vendors based on Your own judgment; (iv) Your obligations hereunder are absolute and unconditional and are not subject to cancellation, reduction or setoff for any reason whatsoever; (v) If You are a party to any maintenance, supplies or other contract with any Vendor, We are NOT a party thereto, such contract is NOT part of this Lease (even though We may, as a convenience to You and a Vendor, bill and collect monies owed by You to such Vendor), and no breach by any Vendor will excuse You from performing Your obligations to Us hereunder; and (vi) If the Equipment is unsatisfactory or if any Vendor fails to provide any service or fulfill any other you you shall not make any claim against Us and shall continue to fully perform under this Lease. **4.** PAYMENTS. You agree to pay Us an interim rent charge as reasonably calculated

Commencement Date. The payment for this interim period will be based on the Payment prorated on a 30-day calendar month and will be added to Your first invoice. Each Payment Period, You agree to pay Us, by the due date set forth on Our invoice to You (I) the Payment, and (ii) applicable taxes and other charges provided for herein. Restrictive endorsements on checks will not be binding on Us. All payments received will be applied to past due amounts and to the current amount due in such order as We determine. Any security deposit that You pay is non-interest bearing, may be commingled with Our funds, may be applied by Us at any time to cure any default by You, and the unused portion will be returned to You after You have satisfied all of Your obligations hereunder. If We do not receive a payment in full on or before its due date, You shall pay a fee equal to the greater of 10% of the amount that is late or \$29,00 (or the maximum amount permitted by applicable law if less). You shall pay Us a returned check or non-sufficient funds charge of \$20.00 for any returned or dishonored check or draft. You acknowledge that We may increase the Lease Payment then in effect by up to 10% fee that such Vendor charges for shipning supplies to You. fee that such Vendor charges for shipping supplies to You. 5. INDEMNIFICATION. You shall indemnify and hold Us harmless from and against, any and all claims, actions, damages, liabilities, losses and costs (including but not

 INDEMNIFICATION. You shall indemnify and hold Us harmless from and against, any and all claims, actions, damages, liabilities, losses and costs (including but not limited to reasonable attorneys' fees) made against Us, or suffered or incurred by Us, arising directly or indirectly out of, or otherwise relating to, the delivery, installation, possession, ownership, use, loss of use, defect in or malfunction of the Equipment. This obligation shall survive the termination of this Lease. We shall not be liable to You for any damages of any kind, including any liability for consequential damages, arising out of the use of or the inability to use the Equipment.
 NO WARRANTIES. WE ARE LEASING THE EQUIPMENT TO YOU "AS IS". WE HAVE NOT MADE AND HEREBY DISCLAIM ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, ARISING BY APPLICABLE LAW OR OTHERWISE, INCLUDING WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The parties hereto agree that this Lease is, or shall be treated as, a "finance lease" under Article 2A of the UIC "UCC". You hereby waive any and all rights and remedies conferred upon You by Article 2A of the UCC. If this Lease is deemed to be a security interest in the Equipment and all proceeds thereof. You authorize Us to record UCC financing statements to protect Our interests in the Equipment. You may be entitled under Article 2A of the UCC to the promises and warranties (if any) provided to Us by the Supplier(s) in connection with or as Interests in the Equipment. You may be entitled under Article 2A of the UCC to the promises and warranties (if any) provided to Us by the Supplier(s) in connection with or as part of the contract (if any) by which We acquire the Equipment, which warranty rights We assign to You for the Term (provided You are not in default). You acknowledge that You are aware of the name of the Supplier of each item of Equipment and You may contact the Supplier(s) for an accurate and complete statement of those promises and warranties (if any), including any disclaimers and limitations of them or of remedies. DELIVERY; LOCATION; OWNERSHIP; USE AND MAINTENANCE. We are not responsible for delivery or installation of the Equipment. You are responsible for

BY SIGNING BELOW, CUSTOMER ACKNOWLEDGES RECEIPT OF PAGE 2 OF THIS ACREEMENT AND ACREES TO THE TEDASC ON DOTH DACCO 1 & 2

Customer: (identified above) Bethel Health and Rehabilitation Center	Wells Fargo Financial Leasing, Inc. ("We," "Us," "Our" and "Lessor")						
By: Date: 1 / 17/ 18	By:	Date://					
Print name: Michael Bokowsitle:	Print name:	Title:					
	Agreement Number:						

#2417256 v1 OA-AR (10/02/13)

Equipment maintenance. You will not remove the Equipment from the Equipment Location unless You first get Our permission. You shall give Us reasonable access to the Equipment Location so that We may inspect the Equipment, and You agree to pay Our costs in connection therewith. We will own and have title to the Equipment (excluding any software) during the Lease. If the Equipment includes any software: (i) We don't own the software, (ii) You are responsible for entering into any necessary software license agreements with the owners or licensors of such software, (iii) You shall comply with the terms of all such agreements, if any, and (iv) any default by You under any such agreements shall also constitute a default by You under this Lease. You agree that the Equipment is and shall remain personal property and without Our prior written consent, You shall not permit it to become (i) attached to real property or (ii) subject to liens or encumbrances of any kind. You represent that the Equipment will be used solely for commercial purposes and not for personal, family or household purposes. You shall use the Equipment in accordance with all laws, operation manuals, service contracts (if any) and insurance requirements, and shall not make any permanent alterations to it. At Your own cost, You shall keep the Equipment in good working order and warrantable condition, ordinary wear and tear excepted ("Good Condition").

any) and insurance requirements, and shall not make any permanent alterations to it. At four own cost, fou shall keep the Equipment in good working order and warrance condition, ordinary wear and tear excepted ("Good Condition"). **8.** LOSS; DAMAGE; INSURANCE. You shall, at all times during this Lease, (i) bear the risk of loss and damage to the Equipment and shall continue performing all Your obligations to Us even if it becomes damaged or suffers a loss, (ii) keep the Equipment insured against all risks of damage and loss ("Property Insurance") in an amount equal to its replacement cost, with Us named as sole "loss payee" (with a lender's loss payable endorsement if required by Lessor or an Assignee), and (iii) carry public liability insurance covering bodily injury and property damage ("Liability Insurance") in an amount acceptable to Us, with Us named as an additional insured thereunder. You have the choice of satisfying these insurance requirements by providing Us with satisfactory evidence of Property and Liability Insurance ("Insurance Proof"), within 30 days of the Commencement Date. Such Insurance Proof must provide for at least 30 days prior written notice to Us before it may be cancelled or terminated and must contain other terms satisfactory to Us. If you do not provide Us with Insurance Proof within 30 days of the Commencement Date, or if such insurance terminates for any reason, then (a) You agree that We have the right, but not the obligation, to obtain such Property Insurance and/or Liability Insurance in such forms and amounts from an insurer of Our choosing in order remumers advanced by Us to purchase Other Insurance, billing and tracking fees, charges for Our processing and related fees associated with the Other Insurance, and a finance charge of up to 18% per annum (or the maximum rate allowed by law if less) on any advances We make for premiums (collectively, the "Insurance Charge of you for agents may receive a portion of the Insurance Charge, which may include a profit. We are not obligat

9. ASSIGNMENT. You shall not sell, transfer, assign or otherwise encumber (collectively, "Transfer") this Lease, or Transfer or sublease any Equipment, in whole or in part, without Our prior written consent. We may, without notice to You, Transfer Our interests in the Equipment and/or this Lease, in whole or in part, to a third party (an "Assignee"), in which case the Assignee will, to the extent of such Transfer, have all of Our rights and benefits but will not have to perform Our obligations (if any). Any Transfer by Us will not relieve Us of Our obligations hereunder. You agree not to assert against the Assignee any claim, defense or offset You may have against Us.

by Us will not relieve Us of Our obligations hereunder. You agree not to assert against the Assignee any claim, defense or offset You may have against Us. **10. TAXES AND OTHER FEES.** You are responsible for all taxes (including, without limitation, sales, use and personal property taxes, excluding only taxes based on Our income), assessments, license and registration fees and other governmental charges relating to this Lease or the Equipment (collectively "Governmental Charges"). Sales or use taxes due upfront will be payable over the Initial Term, with a finance charge. You authorize Us to pay any Governmental Charges as they become due, and You agree to reimburse Us promptly upon demand for the full amount. You agree to pay Us a fee for Our administration of taxes related to the Equipment. You also agree to pay Us on demand (i) for all costs of filing, amending and releasing UCC financing statements, and (ii) a documentation/processing fee in the amount set forth on Page 1 (or as otherwise agreed to). You also agree to pay Us a fee for additional services We may provide to You af Your request during this Lease. If You so request, and We permit the early You agree to pay Us any Governmental Charges accrued or assessed but not yet due and payable, or Our estimate of such amounts. You agree that the fees and other amounts payable under this Lease may include a profit to Us and/or the Supplier.

11. DEFAULT; REMEDIES. You will be in default hereunder if: (1) You fail to pay any amount due hereunder within 15 days of the due date; (2) You breach or attempt to breach any other term, representation or covenant herein or in any other agreement now existing or hereafter entered into with Us or any Assignee; (3) an event of default occurs under any obligation You may now of hereafter owe to any affiliate of Us or any Assignee; and/or (4) You and/or any guarantors or sureties of Your obligations hereunder (i) die, (ii) go out of business, (iii) commence dissolution proceedings, (iv) merge or consolidate into another entity, (v) sell all or substantially all of Your or their debts, (vii) make an assignment for the benefit of Your or their rentinto a similar arrangement), (viii) file, or there is filed against You or them, a bankruptcy, reorganization or similar proceeding or a proceeding or the appointment of a receiver, trustee or liquidator, or (ix) suffer a material adverse change in Your or their financial condition. If You default, we may do any or all of the following: (A) cancel this Lease, (B) require You hor proputy return the Equipment pursuant to Section 12, (C) take possession of and/or render the Equipment (including any software) unusable (and for such purposes You hereby authorize Us and Our designees to enter Your premises, with or without prior notice or other process of law), and sell, lease or otherwise dispose of the Equipment on such terms and in such manner as We may in Our sole discretion determine, (D) require You to pay to collect and pay such amounts (ii) the existival value of the Equipment estimated by Us at the inception of this Lease (as shown in Our books and records), discounted at a rate of 6% per annum, (iii) the residual value of the Equipment estimated by Us at the inception of the acte (as there will be obligate to collect and pay such amounts to a third party (such amounts specified in sub-clauses "i" through "i" and "iii" above from the date of demand to the date paid

12. RETURN OF EQUIPMENT. If You are required to return the Equipment under this Lease, You shall, at Your expense, send the Equipment to any location(s) that We may designate and pay Us a handling fee of \$250.00. The Equipment must be properly packed for shipment, freight prepaid and fully insured, and must be received in Good Condition (defined in Section 7). All terms of this Lease, including Your obligation to make Payments and pay all other amounts due hereunder shall continue to apply until the Equipment is received by Us in accordance with the terms of this Lease. You are solely responsible for removing all data from any digital storage device, hard drive or other electronic medium prior to returning the Equipment or otherwise removing or allowing the removal of the Equipment from Your premises for any reason (and You are solely responsible for selecting an appropriate removal standard that meets Your business needs and complies with applicable laws). We shall not be liable for any losses, directly or indirectly arising out of, or by reason of the presence and/or use of any information, images or content retained by or resident in any Equipment returned to Us or repossessed by Us.

APPLICABLE LAW; VENUE; JURISDICTION; SEVERABILITY. This Lease shall be deemed fully executed and performed in the state of Iowa and shall be governed and construed in accordance with the laws of the state of Iowa. If Lessor or its Assignee shall bring any judicial proceeding in relation to any matter arising under this Lease, You hereby irrevocably agree that any such matter may be adjudged or determined in any court or courts in the state of Iowa or the state of Lessor's or its Assignee's principal place of business, or in any other court or courts having jurisdiction over You or Your assets, all at the sole election of Lessor or its Assignee. You hereby irrevocably agree that any such action of any such court so elected by Lessor or its Assignee in relation to such matters and irrevocably waive any defense of an inconvenient forum to the maintenance of any such action or proceeding. YOU AND WE HEREBY WAIVE YOUR AND OUR RESPECTIVE RIGHTS TO A TRIAL BY JURY IN ANY LEGAL ACTION. If any amount charged or collected under this Lease is greater than the amount allowed by law (an "Excess Amount"), then (i) any Excess Amount collected under this Lease is greater than the amount allowed by law (an "Excess Amount"), then (i) any Excess Amount charged by Us and (ii) any Excess Amount collected will be refunded to You or applied to any other amount then due hereunder. Each provision hereof shall be interpreted to the maximum extent possible to be enforceable under applicable law. If any provision is construed to be unenforceable, such provision shall be ineffective only to the extent of such unenforceability without invalidating the remainder hereof.
 DOLLAR PURCHASE. This Section only applies if You have a \$1.00 Purchase Option. At the end of the Initial Term, You shall purchase the Equipment "AS IS, WHERE IS" for one dollar (\$1.00); provided, however, We shall not be required our transfer Our interest in the Equipment to You will You have paid to Us all amounts then owing hereunder, Horn ano dol

14. DOLLAR PURCHASE. This Section only applies if You have a \$1.00 Purchase Option. At the end of the Initial Term, You shall purchase the Equipment "AS IS, WHERE IS" for one dollar (\$1.00); provided, however, We shall not be required to transfer Our interest in the Equipment to You until You have paid to Us all amounts then owing hereunder, if any. You agree that prior to entering into this Lease, You could have purchased the Equipment from the Supplier for a specific cash amount, but instead You hereby choose and agree to pay a higher amount (the "Time Price") to Us in installments over the Initial Term. The Time Price equals the Payment amount shown above multiplied by the total number of Payments to be paid over the Initial Term, plus \$1.00. You agree that the Time Price represents only a higher purchase price and does not include an interest component or finance charge. However, if the Time Price should be determined or adjudicated to include an interest component or finance charge, then you agree that (i) each Payment shall be deemed to include an amount of pre-computed interest, (ii) the total pre-computed interest scheduled to be paid over the Initial Term, is to be calculated by subtracting the amount We pay the Supplier ("Our Investment") from the Time Price, (iii) the annual interest rate deemed applicable to this transaction is the rate that will amortize Our Investment down to \$1.00 by applying all periodic Payments as payments (and this rate calculation method assumes that each periodic Payment is received by Us on the due date), and (by) none of the other frees or costs We may charge. You pursuant to this Lease (including but not limited to UCC filing fees, late fees, documentation or processing fees) shall be considered interest or a finance charge.

processing fees) shall be considered interest or a finance charge. **15. MISCELLANEOUS**. You shall furnish Us or an Assignee with current financial statements upon request by Us or an Assignee. You authorize Us or an Assignee to (a) obtain credit reports or make credit inquiries in connection with this Lease, and (b) provide Your credit application, information regarding Your Lease account to credit reporting agencies, potential Assignees, Vendors and parties having an economic interest in this Lease and/or the Equipment. This Lease may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute the same document; provided, however, only the counterpart which is marked "Original" and is in Our possession shall constitute chattel paper under the UCC. You acknowledge that You have received a copy of this Lease and agree that a facsimile or other copy containing Your faxed, copied or electronically transmitted signature may be treated as an original and will be admissible as evidence of this Lease. You waive notice of receipt of a copy of this Lease with Our original signature. You hereby represent to Us that this Lease is legally binding and enforceable against You in accordance with its terms.



CUSTOMERS THAT PURCHASE NEW EQUIPMENT FROM ATLANTIC AND REMAIN CONTINUOUSLY COVERED UNDER AND COMPLIANT WITH AN ATLANTIC MAINTENANCE AGREEMENT WILL BE ENTITLED TO: GUARANTEED RESPONSE TIME: Call for support and have a technician on-site within (4) business hours. GUARANTEED LOANER PROGRAM: After Atlantic's second service visit to Customer during a 30 day period for the same technical issue (on the same equipment), upon request, Atlantic will provide a loaner until covered equipment is repaired. GUARANTEED REDACEMENT PROGRAM: Atlantic will, upon request, replace covered equipment with a like unit (or comparable) if Atlantic determines, after a reasonable opportunity to cure, that such equipment is on tepairable to the manufacturer's published specifications. This program shall apply for three (3) years from the purchase date, or, for leased equipment, for the initial term of the lease.

 NEW YORK CITY
 WESTCHESTER
 BLOOMFIELD, NJ
 PRINCETON, NJ

 Tel: (212) 741-6400
 UPSTATE
 Tel: (366) 785-8475
 Tel: (368) 785-8475

 Tel: (718) 994-9199
 Tel: (314) 674-4500
 Fax: (973) 893-0015
 Fax: (609) 919-9783

 Fax: (212) 645-1518
 Fax: (914) 674-4477
 Tel: (345) 255-8900
 Tel: (345) 255-8900

*Guaranteed Replacment and Loaner Programs do not apply to production equipment, SPECIALIZING IN DIGITAL COPIERS/PRINTERS, IT SOLUTIONS, DOCUMENT MANAGEMENT, RECORD RETENTION AND BACKFILE CONVERSION

Th is Sales Order (the "Order," and, with all other incorporated agreements, the "Agreement") between Atlantic Tomorrow's Office ("Atlantic") and the below customer ("Customer") is made and entered into as of the date indicated below.

SAME AS INST	ALL LOCATION		LEASING COMPANY										
Bill To:	:				Ship To:								
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City St 7in			Bothal CT 0690		-	_							
City, St, Zip			Bethel, CT 06801		City, St, Zip					, CT 068	01		
	(516) 705-		Fax#		Phone #	_	(516) 705	480					
Contact Name			Michael Bokow		Contact Name			Mich	ael Bokow	1			
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					(other informati	ion)	Freight	\$					
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							Deposit	\$					
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							Check #	_					
							Total Due \$	\$ <u> </u>					
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COVERAGE: E	W See Below	Color	See Below copies / sca	n/ reception per:	Lease Term		Month	—	Other		_, whichever comes first.		
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INCLUDES:			nable) and Labor	Consumable Parts (co] Supplies	(e)	cept paper & stap	les)			
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Terms and Conditio	ns (Version 1.0	- Janua	tive of Customer agrees: (a) to ary 16, 2014), which are inco , which is incorporated herein	roorated herein by reference	e; and (c) to the e	ervie exte	ces described nt applicable,	abo to b	ve; (b) to be bound be bound by and co	by and com mply with t	ply with the Atlantic Maintenance he terms of the Network Support		
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Authorized by:	1		2	•	Atlantic:					71	1		
Printed Name:	T.J.			*	Sales Rep:					Z Larry W	reiss		
Title:		الكات			Rep #					YS1ZZ			
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Atlantic Maintenance Terms and Conditions

- 1. The initial term of the Agreement is the period indicated on the Sales Order Form (the "Order," collectively, with these Atlantic Maintenance Terms and Conditions and any other incomporated agreement's the period indicated on the Sales Order Form (the 'Order,' collectively, with these Atlantic Maintenance Terms and Conditions and any other incomporated agreements, the 'Agreement'). Thereafter, this Agreement shall automatically renew, at the then-current rate, for successive twelve (12) month periods, unless either party gives written notice of non-renewal at least thirty (30) days prior to expiration of the than-current term. Customer shall not (without Atlantic ('Atlantic')'s prior written consent): (a) assign or transfer its rights and/or obligations under this Agreement or (b) relocate equipment covered under the agreement (as indicated on the Order) ('Equipment'). Atlantic may terminate this Agreement if covered equipment ('Equipment') is sold, relocated (including to another Customer site) or assigned or transferred to a third party; and, upon such cancellation, all remaining payments shall become immediately due and payable.
- The pricing under this Agreement is based on the number of clicks and/or the term of this Agreement. This is a term agreement and may not be cancelled within any term. Early termination by Customer will be deemed a default, in which event, without limitation, all remaining charges shall become immediately due and payable. If this Agreement is calculated on a cost-per-click maintenance program, the early termination fee will be calculated using the average actual usage from the beginning date of the Agreement, multiplied by the remaining months of the then-current term. Atlantic reserves the right to charge a monthly fee to cover increased variable costs including, but not limited to fuel, shipping, and/or freight.
- 3.On supply inclusive agreements only, all toner and developer required for normal operation of the equipment will be provided by Atlantic based on manufacturer's stated yield on an 8 1/2" x 11" 20 lb bond page. Any additional toner and/or developer required due to greater image densities and/or otherwise reduced yield will be separately chargeable at Atlantic's then-current rates. For Customer's convenience, Atlantic may stock toner and/or supplies at Customer's location. Any such toner and supplies remains Atlantic's property until installed, and, if not returned to Atlantic, will be chargeable to Customer.
- 4. Copies made on 11" x 17" paper will be charged at double the rate of a single 8 ½ x 11" copy.
 5. Unless otherwise specified on the Order, this Agreement does not cover network support, including installation of print drivers and utilities, beyond the specific Equipment and included hardware listed on the Order. All network functionality support beyond the initial installation will be chargeable at Atlantic's then-current time
- and matching tails related an two order. An indexork instantiating support beyond the initial instantiation will be chargeable at Adamud's thereotherin time and matching support beyond the initial instantiation will be chargeable at Adamud's thereotherin time and matching support beyond the initial instantiation will be chargeable at Adamud's thereotherin time and matching support beyond the initial instantiation will be chargeable at Adamud's thereotherin time and matching support beyond the initial instantiation will be chargeable at Adamud's thereotherin time and matching support beyond the initial instantiation will be chargeable at Adamud's thereotherin time and matching support beyond the initial instantiation will be chargeable at Adamud's thereotherin.
 6.All charges arising hereunder, including, without limitation, monthly maintenance fees and any billable excess clicks, services, supplies, and all applicable taxes on such charges, are due net thirty (30) days from the invoice date. Atlantic may charge Customer interest on any overdue (not paid when due) charges at a rate equal to the lesser of 5% per month or the maximum rate permitted by law. Atlantic reserves the right to increase rates hereunder once annually.
- 7. Customer is responsible: (a) to provide: (i) all requested and/or required meter reads on a timely basis (Customer failure to comply will result in, without limitation, Atlantic using meter estimates to determine invoice amounts, subject to additional per-meter processing charges); (ii) adequate environmental conditions including proper ventilation and power; and (iii) Atlantic with full and free access to equipment; (b) to, at all times hereunder, operate Equipment properly, safely and in accordance with manufacturers' specifications; and (c) for ensuring compliance with its legal requirements, including, without limitation, those concerning data retention, protection and/or delation/removal. The parties acknowledge and agree that Atlantic shall have no obligation to remove, delete, preserve, maintain or otherwise safeguard any information, images or content retained by or resident in any Equipment.
- 8.All required preventive maintenance and repair services necessary to keep the Equipment operating in substantial conformity with applicable published specifications All required preventive framematics and repair services necessary to keep use equipment operang un subsemilar contormity wur approate provisites specifications is will be performed by Atlantic (or its assigned servicing agent) during regular business hours (8:30 a.m. - 5:00 p.m., Monday through Friday, except those holidays recognized by Atlantic) at no additional cost to Customer, provided that: (a) the Equipment is in good working order on the date of commencement of this Agreement; (b) the service is not an Excluded Service; and (c) Customer remains in compliance with its obligations hereunder and any other agreement with Atlantic. Customer agrees Atlantic shall not be required to use OEM parts and supplies, provided that parts or supplies meet or exceed manufacturers' specifications. Both installed and removed parts are deemed property of Atlantic.
- 9. Exclusions. Service calls for operator functions (e.g. adding or changing supplies, auto gradation/color calibration, or any other Customer responsibility) will be subject to a time and material service charge at Atlantic's then-current rates. Other services that are excluded from Atlantic's obligations and chargeable hereunder (collectively, "Excluded Services" or "Exclusions") include, without limitation:
 - (a)Repairs or other services resulting from or necessitated by: (i) causes other than normal use, including, without limitation: (1) Customer (or any third party): misuse, abuse, accidents, negligence, willful acts or use of supplies or spare parts that do not meet Atlantic's standards; (2) failure or variances of electrical power or other failure to provide proper operating environment (e.g. air conditioning, heat or humidity control); and (3) theft, fire, water, acts of god and/or any other damage resulting from causes outside of Atlantic's reasonable control (ii) performance of service or repairs on, or other modification of, Equipment by anyone other than Atlantic or its assigned servicing agent; (iii) unauthorized transportation and/or relocation of Equipment and/or (iv) operating system or application software, firmware or other programmed code, internal or external to Equipment; (b)Services or other performance outside of Atlantic's regular business hours;
 - (c)Wiping, erasing or otherwise removing hard drive(s) from Equipment (unless expressly set forth on the Order); and
 - (d)Other work and/or services beyond the scope of this Agreement.

All Excluded Services shall be invoiced in accordance with Atlantic's then-current rates and terms. If, in the Atlantic's opinion, Equipment cannot be maintained through Atlantic's routine preventive maintenance services (e.g. due to advanced age, excessive usage, an Exclusion or any other reason), any necessary services shall be deemed Excluded Services, and Atlantic will submit to Customer a cost estimate for such Excluded Services. If Customer declines to authorize the same, Atlantic reserves the right on at least ten (10) days' written notice, to terminate coverage under this Agreement for any or all Equipment and, upon such termination, Atlantic shall have no further obligations with respect to terminated Equipment. If the Exclusion that formed the basis for termination resulted, in whole or in part, from a Customer act or omission (e.g. Customer misuse, negligence, unauthorized servicing or other failure to meet its obligations), Customer shall remain liable for its payment obligations hereunder, and all payments shall be immediately due and payable. Neither Atlantic nor an assigned servicing agent shall be responsible for service delays or inability to perform service due to any 'cause' beyond its reasonable control (e.g. unavailability of parts, property manager demands); and, in any such event, Atlantic reserves the right to terminate this Agreement on not less than ten (10) days' notice. As long as Customer is not responsible, in whole or in part, for the "cause" that formed the basis for Atlantic's termination, Atlantic will credit Customer's for any pre-paid fees attributable to the balance of the then-current term. 10-Atlantic assumes no responsibility or liability whatsoever for: (a) Exclusions; (b) Customer's failure to meet its obligations (including those responsibilities under

- 10.Atlantic assumes no responsibility or flability whatsoever for: (a) Exclusions; (b) Customer's failure to meet its obligations (including those responsibilities under Section 7 hereinabove); and/or misuse of, or other damage to, Equipment; and Customer will indemnify, defend and hold harmless Atlantic from and against any claims and/or other liability arising from any of the foregoing.
 11.ATLANTIC'S TOTAL OBLIGATIONS AND ANY EXPRESS WARRANTIES UNDER THIS AGREEMENT, IF ANY, ARE IN LIEU OF: (A) ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING, WITHOUT LIMITATION, IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND INFRINGEMENT, WHICH ARE SPECIFICALLY WAIVED; AND (B) ALL OTHER OBLIGATIONS AND/OR LIABILITIES FOR DAMAGES, INCLUDING, WITHOUT LIMITATION, IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND INFRINGEMENT, WHICH ARE SPECIFICALLY WAIVED; AND (B) ALL OTHER OBLIGATIONS AND/OR LIABILITIES FOR DAMAGES, INCLUDING, WITHOUT LIMITATION, IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND INFRINGEMENT, WHICH ARE SPECIFICALLY WAIVED; AND (B) ALL OTHER OBLIGATIONS AND/OR LIABILITIES FOR DAMAGES, INCLUDING, WITHOUT LIMITATION: 1) PERSONAL INJURY AND PROPERTY (INCLUDING INTELLECTUAL PROPERTY); AND 2) LOST PROFITS, LOSS OF REVENUE, LOSS OF USE, LOST OR CORRUPTED DATA, AND ANY OTHER INDIRECT OR CONSEQUENTIAL DAMAGES ARISING FROM OR IN CONNECTION WITH THIS AGREEMENT OR ATLANTIC'S SERVICES. CUSTOMER AGREES THAT IF ATLANTIC CAUSED ANY INJURY OR DAMAGE TO CUSTOMER OR CUSTOMER'S PROPERTY, WHICH SAID CLAIM IS NOT OTHERWISE WAIVED HEREIN, ATLANTIC'S MAXIMUM CUMULATIVE LIABILITY FOR SAID INJURY OR DAMAGE TO CUSTOMER'S PROPERTY, WHICH SAID CLAIM IS NOT OTHERWISE WAIVED HEREIN, ATLANTIC'S MAXIMUM CUMULATIVE LIABILITY FOR SAID INJURY OR DAMAGE TO CUSTOMER'S PROPERTY, WHICH SAID CLAIM IS NOT OTHERWISE WAIVED HEREIN, ATLANTIC'S MAXIMUM CUMULATIVE LIABILITY FOR SAID INJURY OR DAMAGE VILLING THERY'S PROPERTY. OR DAMAGE WILL NOT EXCEED CUSTOMER'S PAYMENTS TO ATLANTIC DURING THE IMMEDIATELY PRECEDING SIX (6) MONTHS FOR THE SERVICE(S) RENDERED THAT CAUSED SAID INJURY OR DAMAGE.
- 32.This Agreement constitutes the entire agreement between the parties with respect to Equipment maintenance, superseding all previous proposals, oral or written.
 13.Customer will be in default if it fails to perform any of its obligations, including making prompt undisputed payments when due, under this Agreement, any other agreement with Atlantic or a third party lease of Equipment. Upon any default, Atlantic may (without notice): (a) withhold services, supplies and/or other products until the default is resolved; (b) declare all sums due and to become due to be immediately due and payable under this Agreement and any other agreement; (c) commence collection activities for all sums due and to become due hereunder, including, without limitation, costs and expenses of collection and reasonable attorneys' fees; (d) terminate this Agreement on ten (10) days' written notice; and/or (e) pursue any other remedies permitted by law. Customer will reimburse Atlantic for all reasonable costs and expenses incurred (including reasonable attorneys' fees, court costs, collection agency fees, etc.) in enforcing this Agreement. Attainties rights and remedies herein are cumulative and not exclusive of any other rights and/or remedies available to Atlantic at law, in equity, under statute or otherwise. Should either party commence a lawsuit arising out of or related to the terms and conditions of this Agreement, such lawsuit shall be filed exclusively in a state or federal court located in New York County. Further, this Agreement is governed by, and shall be interpreted exclusively under, the laws of the State of New York.

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended	Page of
Bethel Health and Rehabilitation C 2138-C	9/30/2018	7 37
The records of this facility for the period covered by this report		,,
Accrual O Cash O Modified Cash		
Is the accounting basis for this		
period the same as for the O Yes	If "No," explain.	
previous period? O No		
Independent Accounting Firm		
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	
1 Blum, Shapiro & Company, P.C.	29 South Main Street, West Hartford, CT	
2		
3		
4		
Services Provided by This Firm (describe fully)		
1 Annual audit, tax returns, cost report services, and benefit plan audits		\$ 95,131
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$ 95,131
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	es. Specify Expense Classification and Line No.	\$ 95,151
 O Yes O No Page 15, Line 1d 	es, speeny Expense classification and Enterno.	
Legal Services Information		
Name of Legal Firm or Independent Attorney		Telephone Number
1 See attachment		*
2		
3		
4		
5		
Address (No. & Street, City, State, Zip Code)		
1		
2		
3		
4		
5 Services Provided by This Firm (<i>describe fully</i>)		
1 See attachment		\$ 85,509
2		\$ 85,507
3		\$
4		\$
5		\$
		Charge for Services Provided
		\$ 85,509
Are These Charges Reflected in the Expenditure Portion of This Report? If Y Page 15, Line 1e	es, Specify Expense Classification and Line No.	
• Yes O No		

State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name	of Facility	License No.	Report for Year Ended		Page	of					
Bethe	l Health Care Center	2138-С	9/30/2018		7	37					
Legal	Services Information										
Name	of Legal Firm or Independent Attorney			Telephone	Number						
1	DELBELLO DONNELLAN WEINGARTEN			(914) 681-	0200						
2	ROGIN NASSAU, LLC			(860) 256-	5300						
3	SCHULTE ROTH & ZABEL (212) 756-2000										
4	WALKER & DUNLOP LLC (201) 947-2300										
5	GOLDMAN GRUDER & WOOD			(203) 899-	8900						
5	MURTHA CULLINA			(860) 240-							
7	TREASURER, STATE OF CT			(860) 702-2	3000						
Addre	ess (No. & Street, City, State, Zip Code)										
l	1 N Lexington Ave # 11, White Plains, NY 10601										
2	185 Asylum St # 22, Hartford, CT 06103										
	919 Third avenue, New York, NY 10022										
ł	180 Sylvan Ave, 1st Floor, Englewood Cliffs, NJ 07632										
5	200 Connecticut Ave, Norwalk, CT 06854										
5	185 Asylum St, 29th Floor, Hartford, CT 06103										
7	55 Elm St #2, Hartford, CT 06106										
Servic	ces Provided by This Firm (describe fully)										
	General - disallow			\$	4,000						
2	HUD Refinancing - disallow			\$	9,721						
;	Merger - disallow			\$	3,731						
ł	HUD Refinancing - disallow			\$	12,500						
5	Collections - disallow			\$	54,499						
5	General - disallow			\$	138						
7	General - disallow			\$	920						
				Charge for		'rovide					
				\$	85,509						
tre T	hese Charges Reflected in the Expenditure Portion of This Report? If Y	es, Specify Expense Classi	fication and Line No.								
	• Yes O No	Page 15 line 1e									

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License N	No.			Report fo		Page	of		
Bethel Health and Rehabilitation Center, LLC			21	38-C		9/30/2018						37
				Period 10/1 Thru 6/30 Period 7/						1 Thru 9/30		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	203	161	28	14	203	161	28	14	203	161	28	14
B. On last day of THIS report period	203	161	28	14	203	161	28	14	203	161	28	14
 Number of Residents A. As of midnight of PREVIOUS report period 	123	24	14	161	123	24	14	180	140	27	13	
B. As of midnight of THIS report period	178	137	27	14	180	140	27	13	178	137	27	14
3. Total Number of Days Care Provided During Period												
A. Medicare	19,433	19,433			14,867	14,867			4,566	4,566		
B. Medicaid (Conn.)	23,557	23,557			17,477	17,477			6,080	6,080		
C. Medicaid (other states)												
D. Private Pay	14,458	4,559	9,681	218	10,594	3,296	7,127	171	3,864	1,263	2,554	47
E. State SSI for RCH	4,762			4,762	3,641			3,641	1,121			1,121
F. Other (Specify) See attachment	2,227	2,227			1,655	1,655			572	572		
G. Total Care Days During Period (3A thru F)	64,437	49,776	9,681	4,980	48,234	37,295	7,127	3,812	16,203	12,481	2,554	1,168
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	3	3			3	3						
B. Other Bed Reserve Days	26	26			18	18			8	8		
5. Total Resident Days (3G + 4A + 4B)	64,466	49,805	9,681	4,980	48,255	37,316	7,127	3,812	16,211	12,489	2,554	1,168

***OTHER DAYS BREAKOUT:

Bethel Health Care Center 2018 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care 2,200

Hospice 27

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

Name of Facility Iterms Kn Report for Year Ended Page of 8. Were there any changes in the certified be cause in the vertified be cause. 2118-C 0.302018 0.802 0.802 0.902 <th></th> <th></th> <th></th> <th>Scl</th> <th>ned</th> <th>ule of</th> <th>Res</th> <th>sider</th> <th>nt S</th> <th>tatis</th> <th>tics (C</th> <th>Cont'd</th> <th>)</th> <th></th> <th></th>				Scl	ned	ule of	Res	sider	nt S	tatis	tics (C	Cont'd)		
Berhel Health and Rehabilitation Center, LLC 2138-C 9/30/2018 9 37 4. Were there my changes in the cettified bed capacity during the report year? If "YES", provide the following information. O Yes No Date of Change CCNII RINS Care Home Residential Capacity After Change Residential Residential Residential Residential Residential Residential Residential 0 (1) (2) (3)	Name of Faci	lity			License No. Report						t for Year	Ended		Page	of
If "VTS", provide the following information: Place of Change Place of Change Change in Bods Capacity After Change Residential Care Home Change (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3	Bethel Health	and Re	habilitat	tion Center, LLC	2	138-C				-	9/30/201	8		9	37
If "VTS", provide the following information: Place of Change Place of Change Change in Bods Capacity After Change Residential Care Home Change (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3															
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Date of Change CCNH RHNS Residential (1) Care Home (2) Cont RHNS Residential Care Home Residential Residential 1 0	If "YES"	', provid	e the fol	llowing informat	ion:						-				
Date of ChangeCCNIRINSCare HomeLowLowCaine HomeResidential Care HomeReson for ChangeI(1)(2)(3)(1)(2)(3)(1)(2)(3)CNIRHNSResidential Care HomeReson for ChangeIII <td< td=""><td></td><td></td><td>Place of</td><td></td><td></td><td>Cl</td><td>nange</td><td>in Bed</td><td>5</td><td></td><td>Ca</td><td>pacity Aft</td><td>er Change</td><td></td><td></td></td<>			Place of			Cl	nange	in Bed	5		Ca	pacity Aft	er Change		
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RESIDENT DAYS for 90 days following the change. CCNH RHNS Residential Care Home 1st change	Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
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Change in Resident Days CCNH RHNS Residential Care Home Ist change CONH RHNS Residential Care Home 3rd change	5. If there w	vas any	change	in certified bed c	apaci	ty during	the re	port ye	ar (as	reporte	ed in item	4 above) j	provide the num	ber of	
1st change 1000 1000 1000 1000 2nd change 1 1 1 1 1 3rd change 1 <td< td=""><td>RESIDE</td><td>ENT DA</td><td>YS for 9</td><td>90 days following</td><td>g the o</td><td>change.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	RESIDE	ENT DA	YS for 9	90 days following	g the o	change.									
1st change 1000 1000 1000 1000 2nd change 1 1 1 1 1 3rd change 1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>															
2nd change				Change in Re	esider	t Days					CC	NH	RHNS	Residential	Care Home
3rd change Image Image Image Image Image 4th change Medicare Medicaid Self-Pay Other State Assisted Item CCNH Medicaid Self-Pay Other State Assisted Item CCNH CCNH RHNS CCNH Residential Care Home Rec.H. ICF-MR No. of Residents 46 69 22 27 2 12 Per Diem Rate 26 22 27 2 12 12 a. One bed rm. Prs 267.35 495650 203.00 180.00 143.13 143.13 b. Two bed rms. Prs 267.35 495650 203.00 180.00 143.13 143.13 c. Three or more bed rms. Prs 267.35 495650 203.00 180.00 143.13 145.13 7. Total Number of Physical Therapy Treatments TOTAL CCNH RHNS Care Home A. Medicare - Part B 6.606 6.606 145.13 145.14 145.14 <td></td>															
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1. Maintenance TreatmentsImage: Construct															
C. Other2,4892,4863D. Total Speech Therapy Treatments3,1243,12139. Total Number of Occupational Therapy Treatments3,46844A. Medicare - Part B3,4683,4684B. Medicaid (Exclusive of Part B)44441. Maintenance Treatments44442. Restorative Treatments16316364C. Other59,07459,07459,07459,0745															
D. Total Speech Therapy Treatments3,1243,12139. Total Number of Occupational Therapy Treatments </td <td></td> <td></td> <td>torative</td> <td>Treatments</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>99</td> <td>99</td> <td></td> <td></td>			torative	Treatments								99	99		
9. Total Number of Occupational Therapy TreatmentsImage: Constraint of the second															
A. Medicare - Part B3,4683,468B. Medicaid (Exclusive of Part B)1. Maintenance Treatments2. Restorative Treatments163163C. Other59,07459,074												3,124	3,121	3	
B. Medicaid (Exclusive of Part B)Image: Constraint of the second sec			-		reatn	nents									
1. Maintenance TreatmentsImage: Constraint of the second seco												3,468	3,468		
2. Restorative Treatments 163 163 C. Other 59,074 59,074	B.														
C. Other 59,074 59,074												1(2	1/2		
D. Total Occupational Therapy Treatments 62,705 62,705	C		wiative	reatments											
	D.	Total (Occupat	ional Therapy T	reatm	ents									

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year	Ended	Page	of 27	
Bethel Health and Rehabilitation Center, LLC	2138-С		9/30/2018		10	37	
Are time records maintained by all individuals receiving con	mpensation?	\odot	Yes	0	No		
			Total Cost an	d 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)	165,695	2,080	67,823	1,373	34,889	70	
3. Assistant Administrator (Complete also Sec. IV	105,095	2,080	07,825	1,373	54,889	/0	
of Schedule A1)							
4. Other Administrative Salaries (telephone							
operator, clerks, receptionists, etc.)	449,945	18,231	144,097	7,045	74,124	3,62	
5. Dietary Service	119,915	10,251	111,057	7,015	7 1,12 1	5,02	
a. Head Dietitian	47,359	1,293	9,206	251	4,735	12	
b. Food Service Supervisor	56,299	2,176	37,180	1,437	19,125	73	
c. Dietary Workers	687,470	40,674	133,630	7,906	68,739	4,06	
6. Housekeeping Service							
a. Head Housekeeper	48,364	1,637	9,401	318	4,836	16	
b. Other Housekeeping Workers	407,575	31,495	79,224	6,122	40,754	3,14	
7. Repairs & Maintenance Services	(0.(12)	1 410	21.250	500	0.(51		
a. Engineer or Chief of Maintenance	60,612	1,418	21,359	500	9,651	22	
b. Other Maintenance Workers 8. Laundry Service	76,741	4,133	27,042	1,457	12,220	65	
a. Supervisor							
b. Other Laundry Workers	54,167	4,085	10,529	794	5,416	40	
9. Barber and Beautician Services	01,107	1,000	10,025		5,110		
10. Protective Services							
11. Accounting Services							
a. Head Accountant							
b. Other Accountants							
12. Professional Care of Residents							
a. Directors and Assistant Director of Nurses	225,014	4,160					
b. RN							
1. Direct Care	1,277,364	38,542	48,129	1,437	24,758	73	
2. Administrative**	517,538	12,855					
c. LPN	1.5(0.504	57.440	40,700	1.021	25.571	02	
1. Direct Care 2. Administrative**	1,568,584	57,440	49,709	1,821	25,571	93	
d. Aides and Attendants	2,279,674	134,353	163,411	9,631	84,060	4,95	
e. Physical Therapists	2,279,074	167	126,071	4,154	04,000	т,75	
f. Speech Therapists	2,177	107	120,071	1,151			
g. Occupational Therapists							
h. Recreation Workers	183,574	10,488	76,837	4,390	39,526	2,25	
i. Physicians							
1. Medical Director							
2. Utilization Review							
3. Resident Care***							
4. Other (Specify)							
j. Dentists							
k. Pharmacists							
1. Podiatrists							
m. Social Workers/Case Management	638,906	23,877	6,050	226	3,112	11	
n. Marketing		- ,~ . /	.,	0			
o. Other (Specify)							
See Attached Schedule	58,276	2,644					
A-13. Total Salary Expenditures	8,805,354	391,748	1,009,698	48,861	451,516	22,87	

* 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.

Bethel Health and Rehabilitation Center, LLC 9/30/2018

Schedule of Other Salaries and Wages (Page 10)

		CC	NH	RI	INS	Residential Care Home		
Position		\$	Hours	\$	Hours	\$	Hours	
Medical Services - Transportation	\$	3,300	150					
Respiratory	\$	19,216	872					
Respiratory	\$	916	42					
Medical Records	\$	34,844	1,580					
Total	\$	58,276	2,644	\$ -	-	\$ -	-	

Schedule of Other Fees (Page 13)

	CCNH			RH	NS	Residential	Care Home
Service		\$	Hours	\$	Hours	\$	Hours
Consulting Fees - Nursing	\$	17,272	Disallow	\$ 3,357	Disallow	\$ 1,727	Disallow
Consulting Fees - Rehabilitation Therapy	\$	4,821	Disallow				
Total	\$	22,093	Disallow	\$ 3,357	Disallow	\$ 1,727	Disallow

Attachment Page 10/13

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			License No. Report for Year Ended						Page	of
Bethel Health and Rehabilitation Ce	nton IIC			2138-C		-	I car Elided		1 age	37
Bether Health and Renabilitation Ce	mer, LLC			2138-0		9/30/2018	1		11	57
Name	CCNH	Salary Paie 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 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).										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				Same as employees	Supervises operations, deals with DNS & financial management	57		See attached		

* 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.

MARVIN J. OSTREICHER- OWNER TIME STUDY YEAR END SEPTEMBER 30, 2018

	DEDC	Tabalandar
• ·	BEDS	Total w/ Bnft
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
Total	5,002	2,064.62
Vacation		
Sick		

Personal

Holiday

Total

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*

		1	1551510111	. 1 tummisure	nors and Other	Related	1 di ties			
Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Bethel Health and Rehabilitation C	enter, LLC			2138-С		9/30/2018			12	37
		Salary Pai	d							
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 III - Administrators***										
Rich DeMio	165,695			Same as employees	Administrator	2,080	A2			
Erin Healy		67,823		Same as employees	Director of ALU/RCH	2,080	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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Bethel Health and Rehabilitation Center, LLC	213	8-C	9/30/2018		13	37
Denier Heatin and Rendomation Conter, EEC	213	00	Total Cost a	and Hours	15	51
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	1,860	44	362	9	186	4
2. Dentist	11,706	Disallow				
3. Pharmacist	20,902	Disallow				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,065,493	19,242				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,496	31	6,603	11	3,397	6
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	17,510	Disallow				
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	116,957	1,899				
b. Other						
10. Occupational Therapist						
a. Resident Care	1,060,268	19,975				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	11,495	247				
2. Administrative***						
b. LPN						
1. Direct Care	5,941	152				
2. Administrative***						
c. Aides	2,224	108				
d. Other						
12. Other (Specify)						
See Attached Schedule		Disallow		Disallow		Disallow
B-13 Total Fees Paid in Lieu of Salaries	2,354,945	41,698	10,322	19	5,310	10

* 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	License No.	License No.			Page	of
Bethel Health and Rehabilitation Center, L			Report for Y 9/30/2018		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers Yes No		Explanation of Relationship		
Cambridge Manor of Fairfield, LLC. 2428 Easton Turnpike, Fairfield, CT 06825	Dietician	• •	No O	Common Ownership		
Laurie Figliola, 12 Grays Farm Road, Weston, CT 06883	Dietician	0	۲			
Grace Ahearn, 4 Westminster Road, Danbury, CT 06811	Dietician	0	۲			
HealthDrive Dental Group 888 Worcester Street Ste 130 Wellesley. MA 02482-3744	Dentist	0	۲			
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist/ Consulting Nursing/Rehab	۲	0	Common Own		
Preferred Therapy Solutions, 850 Silas Deane Hwy Wethersfield, CT 06109	PT/OT/ST/ Consulting Rehab	۲	0	Common Own	ership	
Comphealth Medical Staffing PO Box 972670 Dallas, TX 75397-2670	РТ	0	۲			
Swallowing Diagnostics, PO Box 848 Manchester, CT 06040	ST	0	۲			
Danbury Hospital, 24 Hospital Avenue, Danbury CT 06810	ST/ Physician Fees - Resident Care	0	۲			
Harvey Kramer 8 Guardhouse Drive Redding, CT 06896	Medical Director	0	۲			
Maxim Staffing Solutions 12558 Collections Center Drive Chicago, LI 60693	RN/LPN	0	۲			
Preferred Professional Service, 850 Silas Deane Highway, Wethersfield, CT 06109	RN/LPN/CNA	0	۲			
Advanced Specialty Care, 107 Newton Road, Danbury, CT 06810	Physician Fees - Resident Care	0	۲			
Associated Pulmonologists of Western CT, PO Box 16020 Belfast, Maine 04915	Physician Fees - Resident Care	0	۲			
Associated Neurologists 69 Sand Pit Road, Suite 300, Danbury, CT 06810	Physician Fees - Resident Care	0	۲			
CT Family Orthopedics, PO Box 1065, Windsor, CT 06095	Physician Fees - Resident Care	0	۲			
Danbury Surgery Center, 73 Sand Pit Road, Danbury, CT 06810	Physician Fees - Resident Care	0	۲			
Diagnostic Radiology Associates, PO Box 347340, Pittsburgh, PA 34740	Physician Fees - Resident Care	0	۲			
Christopher Fort, 211 Pomeroy Ave, Apt 2311, Meriden, CT 06450	Physician Fees - Resident Care	0	۲			
Moerteast Medical Group, PO Box 417414 Boston, MA 02241	Physician Fees - Resident Care	0	۲			
Ortocare Medical Equipment 700 Lake Avenue, Suite 6, Manchester, NH 03103	Physician Fees - Resident Care	0	۲			
See Attachment		0	۲			

* Use additional sheets if necessary. ** Refer to Page 4 for definition of related.

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

Name of Facility		License No.		Report for Y	ear Ended	Page	of
Bethel Health and Rehabilitation Center, LLC		2138-С		9/30/2018		14a	37
Name & Address of Individual	Full Expla	Full Explanation of Service		* to Owners, rs, Officers	Explar	nation of R	elationship
	i un Enpiù			Yes No			
OrthoConnecticut: Coastal Orthopedics PC, PO Box 26303, Oaklahoma City, OK 73126	Physician F	ees - Resident Care	0	۲			
Orthopedic Specialists of CT, 60 Old New Milford Road, Brookfield, CT 06804	Physician F	ees - Resident Care	0	۲			
Orthopedic Specialty GRP, 305 Black Rock Turnpike, Fairfield, CT 06825	Physician F	ees - Resident Care	0	۲			
Southern CT Vascular Center, PO Box 40, Windsor, CT 06095	Physician F	ees - Resident Care	0	۲			
Upstate Radiology, P.C., 779 Route 211, East Middletown, NY 109411	•	ees - Resident Care	0	۲			
Urology Associates Danbury, 51-53 Kenosia Ave, Danbury, CT 06810	Physician F	ees - Resident Care	0	۲			
Waterbury Orthopedic Associates, 1211 West Main Street, Waterbury, CT 06708	Physician F	ees - Resident Care	0	۲			
Western Connecticut Orthopedic, 226 White Street, Danbury, CT 06810	Physician F	ees - Resident Care	0	۲			
Western CT Medical Group, PO Box 8932, Belfast Main, 04915	Physician F	ees - Resident Care	0	۲			
White Plains Medical Center, 41 East Post Road, White Plains, NY 10601	Physician F	ees - Resident Care	0	۲			

* 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 Ye	ear Ended	Page	of
Bethel Health and Rehabilitation Center, LLC 2138-C		9/30/2018		15	37
Item		Total	CCNH	RHNS	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	680,924	584,009	66,968	29,947
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	129,127	110,749	12,699	5,679
4. Social Security (F.I.C.A.)	\$	787,256	675,208	77,425	34,623
5. Health Insurance	\$	1,087,742	932,927	106,977	47,838
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$				
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>)	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
1 (5)					
c. Bad Debts*	\$				
d. Accounting and Auditing	\$	95,131	73,496	14,286	7,349
e. Legal (Services should be fully described on Page 7)	\$	85,509	66,063	12,840	6,606
f. Insurance on Lives of Owners and	\$))	
Operators (Specify)*					
g. Office Supplies	\$	46,761	36,126	7,022	3,613
h. Telephone and Cellular Phones		,	7	,	
1. Telephone & Pagers	\$	41,198	31,829	6,187	3,182
2. Cellular Phones	\$	4,328	3,344	650	334
i. Appraisal (Specify purpose and	\$,	,		
attach copy)*	, i				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)	Ŷ				
1. Income*	\$				
2. Other (<i>Specify</i>)	\$				
See Attached Schedule	Ψ				
3. Resident Day User Fee	\$	638,419	638,419		
Subtotal	\$	3,596,395	3,152,170	305,054	139,171

* 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

Bethel Health and Rehabilitation Center, LLC 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Total	\$-	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	ear Ended	•		
Bethel Health and Rehabilitation Center, LLC	2138-С		9/30/2018		16	37	
						Residential	
Item			Total	CCNH	RHNS	Care Home	
	als Brought Forw	ard:	3,596,395	3,152,170	305,054	139,171	
l. Travel and Entertainment							
1. Resident Travel and Entertainment		\$					
2. Holiday Parties for Staff		\$	1,216	1,043	120	53	
3. Gifts to Staff and Residents		\$	4,971	4,263	489	219	
4. Employee Travel		\$	25,258	19,514	3,793	1,951	
5. Education Expenses Related to Seminars an		\$	4,634	4,634			
6. Automobile Expense (not purchase or depr	reciation)	\$	18,173	14,040	2,729	1,404	
7. Other (<i>Specify</i>)		\$					
See Attached Schedule							
m. Other Administrative and General Expenses							
1. Advertising Help Wanted (all such expense		\$	3,750	3,750			
2. Advertising Telephone Directory (all such a	expenses)***	\$					
3. Advertising Other (Specify)***		\$	42,712	42,712			
See Attached Schedule							
4. Fund-Raising***		\$					
5. Medical Records		\$					
6. Barber and Beauty Supplies (if this service	is supplied	\$					
directly and not by contract or fee for servic	ce)***						
7. Postage		\$	9,730	7,517	1,461	752	
* 8. Dues and Membership Fees to Professional		\$	12,964	12,964			
Associations (Specify)							
See Attached Schedule							
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$					
9. Subscriptions		\$	9,498	7,338	1,426	734	
10. Contributions***		\$	675	675			
See Attached Schedule							
11. Services Provided by Contract (Specify and	l Complete	\$	122,731	94,819	18,431	9,481	
Schedule C-2, Page 21 for each firm or inc	•						
12. Administrative Management Services**	,	\$	936,053	723,174	140,569	72,310	
13. Other (<i>Specify</i>)		\$	277,143	215,109	40,962	21,072	
See Attached Schedule							
C-14 Total Administrative & General Expenditures		\$	5,065,903	4,303,722	515,034	247,147	

* 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.

Attachment Page 16

Schedule of Other Travel and Entertainment

Description	CCN	H	RI	INS	Resident Care Ho	
	¢		¢		¢	
Total Other Travel and Entertainment	\$	-	\$	-	\$	-

Schedule of Other Advertising

Description	(CCNH	RI	HNS	Resider Care H	
Advertising - Promotion	\$	42,712				
Total Other Advertising	\$	42,712	\$	-	\$	-

Schedule of Dues

Description	CCNH		RHN	S	Residen Care Ho	
CAHCF	\$	11,251				
ALTCFM	\$	85				
CALA	\$	1,628				
Total Dues	\$	12,964	\$	-	\$	-

Schedule of Contributions

Description	CCNH	RHNS	dential Home
Donations	\$ 675		
Total Contributions	\$ 675	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH		RHNS		sidential re Home
Penalties - Disallowed	\$ 33	\$	6	\$	3
Bank Charges - Disallowed	\$ 27,911	\$	5,425	\$	2,791
Background Checks - Admin	\$ 8,841	\$	1,718	\$	884
Miscellaneous Expense - Disallowed	\$ 30,120	\$	5,855	\$	3,012
Licenses and Permits - Disallowed	\$ 4,367				
Consulting Fees - Administration	\$ 2,091	\$	406	\$	209
Crime Insurance - Disallowed	\$ 3,962	\$	770	\$	396
IT Services	\$ 82,468	\$	16,030	\$	8,246
Prior Period Expense - Disallowed	\$ 55,301	\$	10,749	\$	5,529
Suspense Expense - Disallowed	\$ 15	\$	3	\$	2
Total Other Administrative and General	\$ 215,109	\$	40,962	\$	21,072

Bethel Health and Rehabilitation Center, L 2138-C 9/30/2018 17 37 Name & Address of Individual or Company Supplying Service Cost of Management Service Full Description of Mgmt. Service Indicate Where Costs are Included in Annual Report Page #/Line # National Health Care Associates, Inc. 936,053 See attached Page 16, Line M12 Imagement Imagement Imagement Imagement Imagement Imagement Imagement Imagement	Name of Facility	License No.	Report for Year Ended	Page of
Name & Address of Individual or Company Supplying ServiceCost of Management ServiceIndicate Where Costs are Included in Annual Report Page #/Line #				e
Name & Address of Individual or Company Supplying ServiceManagement ServiceFull Description of Mgmt. Serviceare Included in Annual Report Page #/Line #				
Company Supplying ServiceServiceProvidedReport Page #/Line #	Name & Address of Individual or		Full Description of Mart Sorvice	

Schedule C-1 - Management Services*

* 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.

Start Date: 10/1/2017		0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	0113
End Date: 9/30/2018		Bloomfield	Bristol	Cambridge	Ludlowe	Maple View	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	Bethel Health and
						Manor							Rehabiliation Center
		Beds 90	132	160	144	120	90	120	95	130	345	150	203
		Bed % 1.78%	2.60%	3.16%	2.84%	2.37%	1.78%	2.37%	1.87%	2.56%	6.80%	2.96%	4.00%
300001-0000-00-000-0 391500-0000-00-000-0	TROY Shared Cost Misc. Other Income-Nat. Mgmt	(1,943.94) (1.81)	(2,742.10) (2.65)	(3,324.01) (3.21)	(2,991.65) (2.89)	(2,493.45) (2.41)	(1,943.94) (1.81)	(2,493.45) (2.41)	(1,973.65) (1.91)	(2,700.62) (2.61)	(7,167.87) (6.92)	(3,116.89) (3.01)	(4,217.70) (4.07)
400000-0000-00-000-0	Salary-National Healthcare Management	264,999.02	364,469,85	441,813.25	397,631.70	331,394.61	264,999.02	331,394.61	262,318.45	358,952,32	952.686.82	414,240,51	560,582,50
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Ope	17,230.93	23,620.40	28,632.84	25,769.50	21,476.78	17,230.93	21,476.78	17,000.17	23,262.74	61,741.11	26,845.71	36,329.82
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper	122.65	176.14	213.50	192.18	160.15	122.65	160.15	126.74	173.47	460.40	200.17	270.87
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Oper	925.43	1,370.82	1,661.73	1,495.53	1,246.47	925.43	1,246.47	986.69	1,350.09	3,583.22	1,558.05	2,108.41
401201-0000-00-000-0 401250-0000-00-000-0	SUI - NY-National Healthcare Management NY MTA Tax-Nat. Mgmt	99.64	109.61 687.23	132.86 833.06	119.58 749.74	99.64 624.88	99.64 513.04	99.64 624.88	78.87 494.61	107.94 676.82	286.49	124.56 781.06	168.59
401230-0000-00-000-0	Health Insurance-National Healthcare-Fiscal Op	23.804.70	32,374.53	39,244,43	35,320.56	29,437,89	23,804,70	29,437.89	23,300.86	31.884.16	84.625.87	36,798,26	49,795.73
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op	(77.84)	168.85	204.88	184.32	153.83	(77.84)	153.83	121.79	166.50	441.80	192.22	259.90
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op	(2.29)	(2.52)	(3.05)	(2.75)	(2.29)	(2.29)	(2.29)	(1.81)	(2.48)	(6.58)	(2.86)	(3.87)
401700-0000-04-000-0	Pension-National Healthcare Manageme-Fiscal Op	3,611.35	5,295.00	6,418.82	5,776.89	4,815.09	3,611.35	4,815.09	3,811.31	5,215.02	13,841.42	6,018.90	8,144.45
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op	765.51	962.82	1,166.99	1,050.39	875.37	765.51	875.37	692.88	948.16	2,516.49	1,094.20	1,480.73
402000-0000-04-000-0 410000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op Supplies-National Healthcare Managem-Fiscal Op	1,470.14	1,623.17	1,967.41 1,753.81	1,770.81	1,475.56	1,470.14	1,475.56	1,167.93	1,598.36	4,242.47 3,781.51	1,844.61	2,496.48 2,224.94
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan	0.20	0.30	0.36	0.32	0.27	0.20	0.27	0.21	0.29	0.78	0.34	0.46
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep	18.93	26.69	32.38	29.13	24.28	18.93	24.28	19.20	26.30	69.81	30.35	41.07
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Ope	20.06	27.04	32.78	29.51	24.59	20.06	24.59	19.45	26.63	70.67	30.73	41.59
431000-0000-04-000-0 432000-0000-03-000-0	Consulting Fees-National Healthcare -Fiscal Op Accounting Fees-National Healthcare -Administr	3,349.05	4,263.06 465.10	5,167.60 563.72	4,650.98 507.39	3,876.11 422.91	3,349.05 323.10	3,876.11	3,068.01 334.74	4,198.32 458.02	11,143.22 1,215.68	4,845.38	6,556.95 737.31
432000-0000-03-000-0 433000-0000-03-000-0	Accounting Fees-National Healthcare -Administr Legal Fees-National Healthcare Manag-Administr	24,519.09	465.10 33,704.09	40,856.21	36,771.08	422.91 30.647.18	323.10 24,519.09	422.91 30,647.18	24,257.98	458.02	1,215.68 88,101.52	38,309,69	737.31 52,078.80
433100-0000-03-000-0	Legal Fees - Labor-National Healthca-Administr	(20.11)	(29.49)	(35.75)	(32.18)	(26.82)	(20.11)	(26.82)	(21.23)	(29.05)	(77.09)	(33.52)	(45.36)
433300-0000-03-000-0	Legal Fees - Non-reimbursa-National -Administr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr	8,110.46	10,634.36	12,890.41	11,601.74	9,669.40	8,110.46	9,669.40	7,653.29	10,473.00	27,796.95	12,086.98	16,356.54
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan	3,689.99	4,657.05	5,645.05	5,080.76	4,234.32	3,689.99	4,234.32	3,351.62	4,586.36	12,172.96	5,293.01	7,162.93
440000-0000-09-000-0 440000-0000-12-000-0	Purch Services-National Healthcare M-Housekeep Purch Services-National Healthcare Ma-Security	550.95	707.55	857.74 4.65	771.99 4.18	643.33 3.49	550.95 3.49	643.33 3.49	509.19 2.76	696.80 3.78	1,849.61 10.03	804.26 4.36	1,088.43
440001-0000-08-000-0	Ground Services-Nat. MgmtMaintenance	18.23	25.09	30.45	27.37	22.84	18.23	22.84	18.05	24.71	65.63	28.57	38.64
441000-0000-03-000-0	Computer Expense-National Healthcare-Administr	9,602.89	13,073.52	15,847.76	14,263.11	11,887.53	9,602.89	11,887.53	9,409.41	12,875.56	34,173.29	14,859.73	20,108.43
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op	2,319.41	3,138.88	3,804.96	3,424.55	2,854.12	2,319.41	2,854.12	2,259.02	3,091.35	8,204.98	3,567.68	4,828.07
461000-0000-03-000-0	Telephone-National Healthcare Manage-Administr	2,817.94		4,630.55	4,167.56	3,473.48	2,817.94	3,473.48	2,749.31	3,762.17	9,985.33	4,341.96	5,875.54
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr	1,536.11	2,072.18	2,511.95	2,260.77	1,884.24	1,536.11	1,884.24	1,491.39	2,040.77	5,416.67	2,355.34	3,187.27
462000-0000-25-000-0 463000-0000-25-000-0	Electric-National Healthcare Manageme-Property Gas-National Healthcare Management-Property	1,837.33 305.79	2,467.33 428.06	2,990.89 518.92	2,691.80 467.02	2,243.49 389.27	1,837.33 305.79	2,243.49 389.27	1,775.81 308.12	2,429.96 421.60	6,449.47	2,804.43 486.59	3,795.06
466000-0000-25-000-0	Water-National Healthcare Management-Property-	132.24	179.75	217.90	196.11	163.47	132.24	163.47	129.35	177.04	469.89	204.33	276.51
471000-0000-25-000-0	Rent-National Healthcare Management-Property-	14,794.21	19,905.81	24,129.69	21,717.14	18,100.00	14,794.21	18,100.00	14,326.56	19,604.14	52,032.82	22,625.55	30,617.29
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op	820.78	1,099.95	1,333.33	1,199.88	1,000.03	820.78	1,000.03	791.68	1,083.24	2,875.08	1,250.08	1,691.63
473000-0000-25-000-0 484000-0000-04-000-0	Real Estate Taxes-National Healthcar-Fiscal Op	(716.91) 582.08	(780.76) 940.32	(946.34) 1,139.91	(851.77) 1,025.95	(709.74) 855.15	(716.91) 582.08	(709.74) 855.15	(561.77) 676.88	(768.82) 926.15	(2,040.66) 2,458.10	(887.27) 1.068.92	(1,200.83)
484000-0000-04-000-0 486000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op Dep Exp - Moveable Equip-National He-Fiscal Op	8,998.22	12,011.33	14,559.99	13,104.26	10.921.61	8,998,22	10,921.61	8,644,68	926.15	2,458.10 31,396.88	1,068.92	1,446.40
491000-0000-03-000-0	Dues and Subscriptions-National Heal-Administr-	392.70	526.60	638.32	574.53	478.78	392.70	478.78	379.01	518.58	1,376.35	598.50	809.90
500000-0000-03-000-0	Licenses and Permits-National Health-Administr	123.38	176.67	214.25	192.80	160.69	123.38	160.69	127.18	174.03	461.97	200.86	271.83
501000-0000-03-000-0	Advertising Employment-National Heal-Administr	5,150.47	6,788.98	8,229.43	7,406.65	6,172.94	5,150.47	6,172.94	4,886.01	6,685.99	17,745.85	7,716.36	10,442.14
501100-0000-03-000-0	Advertising Promotional-National Hea-Administr	6,954.58	8,856.77	10,735.89	9,662.06	8,051.97	6,954.58	8,051.97	6,373.80	8,722.33	23,149.01	10,064.86	13,621.41
503000-0000-03-000-0 503600-0000-03-000-0	Interest-National Healthcare Managem-Administr Bank Charges-Nat. MgmtAdministration	895.38	1,098.38	1,331.31 1,281.21	1,198.33	998.60 961.02	895.38 757.75	998.60 961.02	790.44 760.70	1,081.65	2,871.00 2,762.72	1,248.33 1,201.37	1,689.34 1,625.66
504000-0000-03-000-0	Postage-National Healthcare Manageme-Administr	939.48	1,285.69	1,558.48	1,133.05	1,168.99	939.48	1,168.99	925.33	1,266.22	3,360.57	1,201.37	1,977.49
509000-0000-03-000-0	Seminars-National Healthcare Managem-Administr	592.62	822.89	997.58	897.78	748.24	592.62	748.24	592.26	810.47	2,151.03	935.31	1,265.71
510000-0000-03-000-0	Liability Insurance-National Healthc-Administr	1,518.24	2,077.00	2,517.78	2,266.01	1,888.66	1,518.24	1,888.66	1,494.90	2,045.59	5,429.23	2,360.84	3,194.69
511000-0000-03-000-0 512000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr Umbrella Insurance-National Healthca-Administr	996.03	1,333.80	1,616.83 (521.18)	1,455.12	1,212.80	996.03 (442.70)	1,212.80	959.97	1,313.58 (423.38)	3,486.44	1,516.05 (488.58)	2,051.50 (661.30)
512000-0000-03-000-0 513000-0000-03-000-0	Umbrella Insurance-National Healthca-Administr Crime Insurance-National Healthcare -Administr	(442./0) 947.46	(430.00) 1,166.02	(521.18)	(469.13) 1,272.10	(390.86)	(442./0) 947.46	(390.86) 1,060.18	(309.32) 839.13	(423.38)	(1,123.82) 3,047.81	(488.58) 1,325.23	(661.30) 1,793.48
517000-0000-03-000-0	Wor`kmans Comp Insurance-National	278.49	306.35	371.32	334.21	278.49	278.49	278.49	220.42	301.67	800.70	348.15	471.18
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administr	530.80	907.18	1,099.76	989.67	825.02	530.80	825.02	653.07	893.56	2,371.43	1,031.20	1,395.30
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administr	2,720.79	3,695.41	4,479.70	4,031.69	3,360.32	2,720.79	3,360.32	2,659.89	3,639.77	9,659.84	4,200.42	5,684.28
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administr-	5,832.23	7,907.91	9,585.93	8,627.39	7,190.06	5,832.23	7,190.06	5,691.44	7,788.04	20,670.14	8,987.55	12,162.76
522000-0000-03-000-0 541000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administr Misc. Expense-Nat. MamtAdministration	4,712.59	6,429.75 1.039.12	7,794.21	7,014.86	5,846.35 944.89	4,712.59	5,846.35 944.89	4,627.67 747.81	6,332.36 1.023.30	16,806.94 2,716.08	7,307.98	9,889.57 1,598.18
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp	1,780.05	2,037.60	2,469.82	2,223.01	1,852.43	1,780.05	1,852.43	1,466.23	2,006.59	5,325.83	2,315.68	3,133.98
541001-0000-03-000-0	Political Contributions-Nat. MgmtAdministrat	118.95	130.85	158.60	142.75	118.95	118.95	118.95	94.15	128.85	342.00	148.70	201.25
542000-0000-31-000-0	Corporate Tax - State-National Healt-Misc. Exp	609.38	928.50	1,125.59	1,013.04	844.18	609.38	844.18	668.29	914.48	2,426.93	1,055.17	1,428.10
544000-0000-25-000-0	Sales Tax - ConnNational Healthcar-Fiscal Op		5,023.32	6,089.14	5,480.29				3,615.61	4,947.70	13,129.66	5,708.43	7,725.63
310000-0000-00-000-0 310000-0000-00-000-0	Prior period shared costs Prior period shared consulting	(1,333.06) 5,907.08	3,216.77 2,927.70	1,187.26 7,876.09	(2,621.81) 9,326.34	-1333.06	-3916.66 8490.68	-3745.07 7772.04	2,314.18 2,460.43	(2,118.67) 8,651.34		(400.50) 7,383.71	59.22 10,642.09
Variance	Filor period shared consulting	5,907.08		261.79	9,326.34	196.34	196.34	196.34	2,460.43	212.68	564.51	245.45	332.18
	I	190.34	215.50	201./ 5	200.00	1.0.34	170.04	150.54	155.11	212.00	304.31	2-13.43	552.10

TOTAL EXPENSES		437,200.21	601,924.95	731,270.49	656,693.44	541,725.02	437,200.21	541,177.97	433,571.91	593,291.76	1,557,315.44	684,131.78	927,321.18
	Page 16 M12	437,200	601,926	731,271.00	656,694	541,725	437,199	541,178	433,572	593,291.00	1,557,315	684,132	936,053
	Variance	0	(1)	(1)	(1)	0	1	(0)	(0)	1	0	(0)	(8,732)

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

2. Non-Food Supplies \$ 35,933 27,761 5,396 2,7 3. Other (Specify) \$ \$ \$ \$ \$ b. Purchased Services (by contract other than through Management Services) \$ \$ \$ \$ \$ (Complete Schedule C-2 att. Page 21) \$			IN	ote oi	n Page 5)			
Item Total CCNH RHNS Residential Ca Home 2. Dietary a. In-House Preparation & Service 570,040 440,401 85,603 44,0 2. Non-Food Supplies \$35,933 27,761 5,396 2,7 3. Other (Specify) \$\$ \$35,933 27,761 5,396 2,7 3. Other (Specify) \$\$ \$24,093 18,614 3,618 1,8 than through Management Services) (Complete Schedule C-2 att. Page 21) \$\$ \$24,093 18,614 3,618 1,8 e. Other (Specify) \$\$ \$\$ \$630,066 486,776 94,617 48,6 2D. Total Dietary Expenditures (2a + b + c + d) \$\$ \$630,066 486,776 94,617 48,6 2E. Dietary Questionnaire Total CCNH RHNS Home 3. Is cost of employee meals included in 2E? \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ 2D. Total Doue receive revenue received reported in the Cost Report? (Page/Line Item) \$\$ \$\$ \$\$ \$\$ \$\$		•					0	
Item Total CCNH RHNS Home 2. Dietary a. In-House Preparation & Service 570,040 440,401 85,603 44,0 2. Non-Food Supplies \$ 570,040 440,401 85,603 44,0 2. Non-Food Supplies \$ 35,933 27,761 5,396 2,77 3. Other (Specify) \$ 24,093 18,614 3,618 1,8 than through Management Services) (Complete Schedule C-2 att. Page 21) \$ 24,093 18,614 3,618 1,8 (Complete Schedule C-2 att. Page 21) \$ 630,066 486,776 94,617 48,6 2D. Total Dietary Expenditures (2a + b + c + d) \$ 630,066 486,776 94,617 48,6 2F. Dietary Questionnaire Total CCNH RHNS Home G. Resident Meals: Total no. of meals served per day:* I Is cost of employee meals included in 2E? Yes No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is any revenue collected from these people? No If yes, specify cost. L. Is any revenue collected from these people? Yes No <t< td=""><td>Beth</td><td>el Health and Rehabilitation Center, LLC</td><td></td><td></td><td>2138-C</td><td>9/30/2018</td><td></td><td></td></t<>	Beth	el Health and Rehabilitation Center, LLC			2138-C	9/30/2018		
2. Dietary a. In-House Preparation & Service 570,040 440,401 85,603 44,0 1. Raw Food \$ 35,933 27,761 5,396 2,7 3. Other (Specify) \$ \$ \$ \$ \$ b. Purchased Services (by contract other than through Management Services) \$ \$ \$ \$ (Complete Schedule C-2 att. Page 21) \$ \$ \$ \$ \$ \$ c. Other (Specify) \$ \$ \$ \$ \$ \$ \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ \$ \$ \$ \$ \$ 2F. Dietary Questionnaire Total CCNH RHNS Residential Ca G. Resident Meals: [Total no. of meals served per day:* I I Home \$ J. Where is the revenue received reported in the Cost Report? O No If yes, specify amt. Page 30, Line IV I. Is cost of meals provided to persons other Han employees or residents (i.e., Board O Yes No If yes, specify cost. L. Is any revenue collected from these people? Yes No If yes, specify cost. <td< td=""><td></td><td>14</td><td></td><td></td><td>T-4-1</td><td>CONIL</td><td>DIDIC</td><td></td></td<>		14			T-4-1	CONIL	DIDIC	
a. In-House Preparation & Service in House Preparation & Service in House Preparation & Service 1. Raw Food \$ 570,040 440,401 85,603 44,0 2. Non-Food Supplies \$ 35,933 27,761 5,396 2,7 3. Other (Specify) \$ 24,093 18,614 3,618 1,8 than through Management Services) (Complete Schedule C-2 att. Page 21) in House in House c. Other (Specify) \$ 630,066 486,776 94,617 48,6 2D. Total Dietary Expenditures (2a + b + c + d) \$ 630,066 486,776 94,617 48,6 2F. Dietary Questionnaire Total CCNH RHNS Home G G. Resident Meals: Total no. of meals served per day:* Interpret total no. of meals served per day:* Interpret total no. of meals served per day:* Page 30, Line P I. Did you receive revenue from employees? Yes No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line P Page 30, Line P Is cost of meals provided to persons other No If yes, specify amt. Page 30, Line P I. Is any revenue collected from these people? Yes <td><u>)</u></td> <td></td> <td></td> <td></td> <td>Total</td> <td>CCNH</td> <td>KHNS</td> <td>Home</td>	<u>)</u>				Total	CCNH	KHNS	Home
1. Raw Food \$ 570,040 440,401 85,603 44,0 2. Non-Food Supplies \$ 35,933 27,761 5,396 2,77 3. Other (Specify) \$ \$ \$ \$ \$ \$ b. Purchased Services (by contract other than through Management Services) \$ \$ \$ \$ \$ \$ c. Other (Specify) \$ <t< td=""><td>Ζ.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Ζ.							
2. Non-Food Supplies \$ 35,933 27,761 5.396 2,7 3. Other (Specify) \$ \$ \$ \$ \$ b. Purchased Services (by contract other than through Management Services) \$ <		-		\$	570.040	440 401	85 603	44,036
3. Other (Specify) \$ b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ c. Other (Specify) \$ c. Other (Specify) \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ 6. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes I. Did you receive revenue from employees? O Yes I. Bay revenue collected from these people? O Yes I. Is any revenue collected from these people? O Yes M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in Cost Report? (Page/Line Item) Page 30, Line IV Is any revenue collected from employees? O Yes No If yes, specify cost. I. Is any revenue collected from these people? O Yes No If yes, specify cost. I. Is any revenue collected from these people? Yes No If yes, specify cost. I. Is any revenue collected from these people? Yes No If yes, specify cost. I. Is any revenue collected from these people?								2,776
than through Management Services) (Complete Schedule C-2 att. Page 21) s s s c. Other (Specify) s s s s 2D. Total Dietary Expenditures (2a + b + c + d) \$ 630,066 486,776 94,617 48,6 2F. Dietary Questionnaire Total CCNH RHNS Residential Ca G. Resident Meals: Total no. of meals served per day:* int int int int H. Is cost of employee meals included in 2E? Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Page 30, Line IV Is cost of meals provided to persons other Na If yes, specify cost. If yes, specify cost. L. Is any revenue collected from these people? Yes No If yes, specify amt. Page 30, Line IV Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? Yes No If yes, specify cost. O. Is any revenue collected from employees? Yes No If yes, specify cost. O. Is any revenue collected from employees? Yes No If yes, specify cost. O. Is an						27,701	5,570	2,770
than through Management Services) (Complete Schedule C-2 att. Page 21) s s s c. Other (Specify) s s s s 2D. Total Dietary Expenditures (2a + b + c + d) \$ 630,066 486,776 94,617 48,6 2F. Dietary Questionnaire Total CCNH RHNS Residential Ca G. Resident Meals: Total no. of meals served per day:* int int int int H. Is cost of employee meals included in 2E? Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Page 30, Line IV Is cost of meals provided to persons other Na If yes, specify cost. If yes, specify cost. L. Is any revenue collected from these people? Yes No If yes, specify amt. Page 30, Line IV Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? Yes No If yes, specify cost. O. Is any revenue collected from employees? Yes No If yes, specify cost. O. Is any revenue collected from employees? Yes No If yes, specify cost. O. Is an								
(Complete Schedule C-2 att. Page 21) \$		· •		\$	24,093	18,614	3,618	1,861
c. Other (Specify) \$								
2D. Total Dietary Expenditures (2a + b + c + d) \$ 630,066 486,776 94,617 48,6 2F. Dietary Questionnaire Total CCNH RHNS Residential Ca G. Resident Meals: Total no. of meals served per day:* Image: Construction of the								
2F. Dietary Questionnaire Total CCNH RHNS Residential Carl Home G. Resident Meals: Total no. of meals served per day:* Image: Constraint of the c		c. Other (<i>Specify</i>)		\$				
2F. Dietary Questionnaire Total CCNH RHNS Residential Carl Home G. Resident Meals: Total no. of meals served per day:* Image: Constraint of the c								
2F. Dietary Questionnaire Total CCNH RHNS Home G. Resident Meals: Total no. of meals served per day:* Image: Constraint of the constr	2D.	<i>Total Dietary Expenditures</i> (2a + b + c + d)		\$	630,066	486,776	94,617	48,673
2F. Dietary Questionnaire Total CCNH RHNS Home G. Resident Meals: Total no. of meals served per day:* Image: Constraint of the constr								Residential Care
H. Is cost of employee meals included in 2E? • Yes • No I. Did you receive revenue from employees? • Yes • No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of meals provided to persons other Figure State • Yes • No K. than employees or residents (i.e., Board Members, Guests) included in 2E? • Yes • No If yes, specify cost. L. Is any revenue collected from these people? • Yes • No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? • Yes • No If yes, specify cost. O. Is any revenue collected from employees? • Yes • No If yes, specify cost. O. Is any revenue collected from employees? • Yes • No If yes, specify cost. O. Is any revenue collected from employees? • Yes • No If yes, specify amt.	2F.	Dietary Questionnaire			Total	CCNH	RHNS	
H. Is cost of employee meals included in 2E? • Yes • No I. Did you receive revenue from employees? • Yes • No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of meals provided to persons other Figure State • Yes • No K. than employees or residents (i.e., Board Members, Guests) included in 2E? • Yes • No If yes, specify cost. L. Is any revenue collected from these people? • Yes • No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? • Yes • No If yes, specify cost. O. Is any revenue collected from employees? • Yes • No If yes, specify cost. O. Is any revenue collected from employees? • Yes • No If yes, specify cost. O. Is any revenue collected from employees? • Yes • No If yes, specify amt.	G.	Resident Meals: Total no. of meals served per	· day	/:*				
1. Did you receive revenue from employees? Image: Yes O No amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of meals provided to persons other K. than employees or residents (i.e., Board Members, Guests) included in 2E? If yes, specify cost. L. Is any revenue collected from these people? If yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? Ves No If yes, specify cost. O. Is any revenue collected from employees? Yes No If yes, specify amt.	H.	- -			0	No		
Is cost of meals provided to persons other K. than employees or residents (i.e., Board Members, Guests) included in 2E? If yes, specify cost. L. Is any revenue collected from these people? Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? Yes No If yes, specify cost. O. Is any revenue collected from employees? Yes No If yes, specify amt.	I.	Did you receive revenue from employees?	•	Yes	0	No		
K. than employees or residents (i.e., Board Members, Guests) included in 2E? If yes, specify cost. L. Is any revenue collected from these people? Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? Yes No If yes, specify cost. O. Is any revenue collected from employees? Yes No If yes, specify amt.	J.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		Page 30, Line IV1
K. than employees of residents (i.e., Board Members, Guests) included in 2E? Image: Constant State St		Is cost of meals provided to persons other					If yes specify	
L. Is any revenue collected from these people? Image: Yes Image: Yes <td>K.</td> <td>1 1</td> <td>•</td> <td>Yes</td> <td>0</td> <td>No</td> <td>• • •</td> <td></td>	K.	1 1	•	Yes	0	No	• • •	
Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes Is any revenue collected from employees? O Yes Is any revenue collected from employees? O Yes Is any revenue collected from employees?	L.	Is any revenue collected from these people?	•	Yes	0	No		
N. snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes If yes, specify cost. O. Is any revenue collected from employees? O Yes No If yes, specify amt.	M.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		Page 30, Line IV1
O. Is any revenue collected from employees? O Yes O No If yes, specify amt.	N.	snacks at monthly staff meetings, board meetings) provided to employees included	0	Yes	٥	No		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)	0.		0	Yes	۲	No		
	P.	Where is the revenue received reported in the	Cos	st Repor	t? (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)

	e of Facility		License		Report for Y		Page of]
Beth	el Health and Rehabilitation Center, LLC		2	138-C	9/30/2018		19 37	
	Item			Total	CCNH	RHNS	Residential Care Home	e
3.	Laundry							
	a. In-House Processing*		Lbs.					
	1. Bed linens, cubicle curtains, draperies,							
	gowns and other resident care items		Amt. \$	21,442	16,566	3,220	1,6	656
	washed, ironed, and/or processed.***							
	2. Employee items including uniforms,		Lbs.					
	gowns, etc. washed, ironed and/or							
	processed.***		Amt. \$					
	3. Personal clothing of residents		Lbs.					
	washed, ironed, and/or processed.***							
			Amt. \$					
	4. Repair and/or purchase of linens.***		Lbs.					
			Amt. \$					
	b. Purchased Services (by contract other		\$	16,906	13,061	2,539	1,3	306
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Other (Specify)		\$	65,824	50,854	9,885	5,0	085
	Supplies: \$12,572; Diapers: \$53,252							
3D.	Total Laundry Expenditures (3a + b + c)		\$	104,172	80,481	15,644	8,0	047
3F.	Laundry Questionnaire							
G.	Is cost of employee laundry included in 3E?	0	Yes	۲	No	If yes, specify cost.		
H.	Did you receive revenue from employees?	0	Yes	۲	No	If yes, specify amt.		
I.	Where is the revenue received reported in the C	lost R	leport?		(Page/Line	Item)		
-	Is Cost of laundry provided to persons other					If yes,		
J.	than employees or residents included in 3E?	0	Yes	\odot	No	specify cost.		
K.	Did you receive revenue from these people?	0	Yes	۲	No	If yes, specify amt.		
L.	Where is the revenue received reported in the C	ost R	Report?		(Page/Line	Item)		

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		Repo	ort for Year E	nded	Page	of
Bethel Health and Rehabilitation Center, LLC	2138-С		9/30/2018		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.	\$	69,611	53,780	10,454	5,377
pails, brooms, etc.)		·	,	,	,	,
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$	288	223	43	22
Page 21)						
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a -	+ b + c)	\$	69,899	54,003	10,497	5,399
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	963,635	963,635		
b. Medicine Cabinet Drugs		\$	15,337	15,337		
c. Medical and Therapeutic Supplies		\$	277,891	277,891		
d. Ambulance/Limousine***		\$	4,203	4,203		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	73,612	73,612		
f. X-rays and Related Radiological		\$	69,347	69,347		
Procedures***						
g. Dental (Not dentists who should be inc	cluded under	\$				
salaries or fees)						
h. Laboratory***		\$	182,219	182,219		
i. Recreation	\$	71,500	71,500			
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
 Other (Specify)**** 		\$	167,365	167,365		
See Attached Schedule						
5M. Total Resident Care Expenditures (5a -	5j)	\$	1,825,109	1,825,109		

* 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
PT Supplies	\$ 2		
Purchased Services - Rehabilitation Therapy	\$ 500		
Purchased Services - Nursing	\$ 1,146		
Equipment Rental - Nursing	\$ 82,910		
Equipment Rental - Rehabilitation Therapy	\$ 10,419		
Equipment Rental - Respiratory	\$ 11,133		
Rental Expenses - Rehabilitation Therapy	\$ 61,255		
Total Other Resident Care	\$ 167,365	\$ -	\$ -

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

Name of Facility Bethel Health and Rehabilitation	n Center, LLC			License No. 2138-C	Report for Year Ende 9/30/2018	d			Page 21	of 37	
		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		Line	
See Attachment		0	o								
		0	o								
		0	o								
		0	o								
		0	o								
		0	۲								
		0	o								
		0	٥								
		0	o								
		0	٥								
		0	•								
		0	•								
		0	•								
		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).

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

Name of Facility				License No.	Report for Year Ended				Page	of
Bethel Health Care Center				2138-С	9/30/2018				21	37
			to Owners, , Officers				Total	Cost/Page Re	ef.***	
								N 11 11		
Name of Individual or				Explanation of	Full Explanation of			Residential		
Company	Address	Yes	No	Relationship	Service Provided*	CCNH	RHNS	Care Home	Pg	Line
	P.O. Box 842875, Boston,	0	0		D 110					
ADP, Inc.	MA 02284 PO Box 23072 Overland	0	۲		Payroll Service Computer Maintenance	20,424	3,970	2,042	16	m13
Internet d II - 14h Contains	PO Box 230/2 Overland Park, KS 66283	0	۲		1	26.410	5 125	2 (12	16	
Integrated Health Systems	Park, KS 00285 PO Box 1390 BEMIDJI MN	0	U		System	26,419	5,135	2,642	16	m13
Ameripride Linen & Apparel	56619	0	۲		Laundry/Linen	13,061	2,539	1,306	10	4b
Ameripride Linen & Apparei	333 Thornall St. 4th Floor	0			Laundry/Einen	15,001	2,339	1,500	19	40
Smartlinx Solutions	Edison, NJ 08837	0	\odot		Time & Attendance	21,261	4,133	2,126	16	m13
Sinartinix Solutions	110 Mattatuck Heights Road	0	Ű			21,201	4,155	2,120	10	1115
M.J. Daly & Sons	Waterbury, CT 06705	0	\odot		HVAC	85,042	29,967	13,542	22	6a
	150 Greenwich Street, New						. ,	- /-		-
Schindler Elevator Corp.	York, NY 10006	0	\odot		Elevator Repair	9,651	3,401	1,537	22	6a
*	7481 N.W 66th St. Miami,									
ThyssenKrupp Elevator Corp.	FL 33166	0	۲		Elevator Repair	7,875	2,775	1,254	22	6a
	19 Candlewood RD Milford,									
Junga Electric LLC	CT 06461	0	\odot		Electrical Maintenance	8,038	2,832	1,280	22	6a
	429 Hayden Station Road,		_							
Simplex/Grinnell LP	Windsor, CT 06095	0	\odot		Alarm Monitoring	9,479	3,340	1,509	22	6a
	8906 Telegraph Road,				Landscaping/ Snow					
Town & Country Maintenance, LLC	Lorton, VA 22079	0	۲		Removal	31,238	6,072	3,124	22	6f
	PO Box 270, West Redding,	0	0		Landscaping/ Snow					
Cutting Edge Lawn Service	CT 06896	0	۲		Removal	36,837	7,160	3,683	22	6f
ADM Environmental Group, LLC	Avenue, Brooklyn, Ny 11230	0	۲		Trash Removal/Recycling	26,163	5,085	2,616	22	6f
	PO Box 74008980, Chicago,	-	-							
Smart Care Equipment	IL 60674-8980	0	۲		Dietary Equipment Repair	13,439	1,377	704	18	2b
Atlantic Tomorrows Office - Facsimile		0			Copier Charges/					
Communications Ind Inc.	NY 10087	0	۲		Maintenance	28,337	5,508	2,833	16	m11
	PO Box 32102, New York,	0	0		L () (I	12.070	2 (0)	1.000		
Fiber Technologies Networks	NY 10087	0	\odot		Internet Charges	13,860	2,694	1,386	16	m11
Meyer William B.	255 Long Beach Blvd, Stratford, CT 06615	0	۲		Records Management	10,693	2,079	1,069	16	m11

* 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 Y	ear Ended		Page of
Bethel Health and Rehabilitation Center, LLC	2138-C	9/30/2018			22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant		1000	0.01.01	1411.02	
a. Repairs & Maintenance	\$	219,844	145,437	51,249	23,158
b. Heat	\$	-	58,512	20,619	9,317
c. Light & Power	\$		190,879	67,262	30,394
d. Water	\$		68,352	24,086	10,884
e. Equipment Lease (Provide detail on page			78,087	17,138	8,816
f. Other (<i>itemize</i>)	\$		133,031	46,878	21,182
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	6f) \$	1,005,281	674,298	227,232	103,751
7. Depreciation (<i>complete schedule page 23</i> *	,				
a. Land Improvements	\$	64	51	9	4
b. Building & Building Improvements	\$	233,418	185,125	32,196	16,097
c. Non-Movable Equipment	\$	5,516	4,375	761	380
d. Movable Equipment	\$	78,480	62,243	10,825	5,412
*7e. <i>Total Depreciation Costs</i> (7a + b + c + d)	\$	317,478	251,794	43,791	21,893
8. Amortization (Complete att. Schedule Page	e 24*)				
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 les	s				
real estate taxes included in item 10b	\$	1,728,000	1,370,483	238,345	119,172
10. Property Taxes					
a. Real estate taxes paid by owner	\$	101,874	80,796	14,052	7,026
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	36,600	29,028	5,048	2,524
11. Total Property Expenses (7e + 8e + 9 + 1)	0) \$	2,183,952	1,732,101	301,236	150,615

* 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	sidential re Home
Ground Supplies	\$ 131	\$ 46	\$ 21
Maintenance Supplies	\$ 37,946	\$ 13,371	\$ 6,042
Ground Services	\$ 63,632	\$ 22,423	\$ 10,132
Pest Control	\$ 1,565	\$ 552	\$ 249
Carting	\$ 28,474	\$ 10,034	\$ 4,534
Background Check	\$ 1,283	\$ 452	\$ 204
Total Other Repairs and Maintenance	\$ 133,031	\$ 46,878	\$ 21,182

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			Deprec	iation Sc	chedule					
Name of Facility			License No.			Report for Year E	nded		Page	of
Bethel Health and Rehabilitation Center, LL	С		2138	-C		9/30/2018			23	37
			Historical Cost	Less		Accumulated Depreciation to	Method of			
N			Exclusive of	Salvage	Cost to Be	Beginning of Year's		Useful	Depreciation	T (1
Property Item			Land	Value	Depreciated	Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements			12 200		12.200	11 (72)	CT.			
1. Acquired prior to this report period			13,306		13,306	11,672	SL	Various	(1	
2. Disposals (attach schedule)	1 1 1 1 1		(13,306)		(13,306)	(11,736)			64	
3. Acquired during this report period (attac	h schedule)									(1
A-4. Subtotal										64
B. Building and Building Improvements			22.15(0.11		22.15(.0.11	10.004.554	at		12.022	
1. Acquired prior to this report period			23,176,841		23,176,841	12,834,756	SL	Various	43,023	
2. Disposals (attach schedule)			(22,939,429)		(22,939,429)	(13,024,688)			189,932	
3. Acquired during this report period (attac	ch schedule)		20,053						463	
B-4. Subtotal										233,418
C. Non-Movable Equipment							~ 7			
1. Acquired prior to this report period			387,394		387,394	259,322	SL	Various		
2. Disposals (attach schedule)		(387,394)		(387,394)	(264,838)			5,516		
3. Acquired during this report period (attac	h schedule)									
C-4. Subtotal	1									5,516
	Is a milea									
	logbook					Accumulated				
	maintaine	1? Date of Acquisition	Historical Cost	Less		Depreciation to	Method of			
			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes N	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment										
1. Motor Vehicles (Specify name, model										
and year of each vehicle)										
a. Van	Х	2 4	48,214		48,214	48,214		5		
b. 2000 Cadillac	Х	2 5	15,000		15,000		SL	5		
c. Ford		7 17	57,848		57,848	2,892	SL	5	11,570	
d.				_						
2. Movable Equipment					1 800 05-		ar			
a. Acquired prior to this report period			1,708,972		1,708,972	1,407,525	SL	Various	63,440	
b. Disposals (attach schedule)										
c. Acquired during this report period										
(attach schedule)			97,290		97,290		SL	Various	3,470	
D-3. Subtotal										78,480
E. Total Depreciation										317,478

Bethel Health and Rehabilitation Center, LLC 9/30/2018

Schedule of Land Improvements Acquired during this report period

			Useful		
cquisition Date	Description of Item	Cost	Life	Depreciatio	on
dditions:					
					_
					-
					-
				1	-
otal additions for Land Improve	ements	\$ -		\$ -	_
eletions:					-
1/1/2018 Transfer to E	Bethel Realty	\$ (13,306)		\$	64
	*				
					-
					-
otal deletions for Land Improve	ments	\$ (13,306)		\$	64
*Ties to Page 23, Line A3					-

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Schedule of Dunding	, improvements Acquired during tins report period		Useful		
Acquisition Date	Description of Item	Cost	Life	Dep	reciation
Additions:					
6/30/2018	New floors cascades	\$ 11,855	10	\$	395
9/30/2018	New floors	\$ 1,338	10	\$	11
9/30/2018	Vinyl cove base	\$ 510	10	\$	4
9/30/2018	New floors	\$ 6,350	10	\$	53
Total additions for H	Building Improvements	\$ 20,053		\$	463
Deletions:					
1/1/2018	Transfer to Bethel Realty	\$ (22,939,429)		\$	189,932
				-	
Total deletions for B	Building Improvements	\$ (22,939,429)		\$	189,932
Total deletions for B *Ties to Page 23. I	uilding Improvements	\$ (22,939,429)		\$	1

Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	Depr	eciation
Additions:					
Fotal additions for N	Non-Movable Equipment	\$ -		\$	-
Deletions:					
1/1/2018	Transfer to Bethel Realty	\$ (387,39	94)	\$	5,516
Total deletions for N	on-Movable Equipment	\$ (387,39	94)	\$	5,516
*Ties to Page 23, L	line C3				

**Ties to Page 23, Line C2

......

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Deprecia	tion
Additions:		COSt	Life	Depreenu	tion
10/30/2017	Desktop	\$ 1,433	5	\$	287
11/30/2017		\$ 1,433	5	\$	263
11/30/2017		\$ 1,433	5	\$	263
12/31/2017	Desktop	\$ 883	5	\$	172
2/28/2018	Conveyor toaster	\$ 591	10	\$	39
2/28/2018	Kangaroo Pump	\$ 509	10	\$	34
3/31/2018	Kangaroo Pump	\$ 509	10	\$	30
3/31/2018	Kangaroo Pump	\$ 509	10	\$	30
	Bedside cabinet	\$ 1,279	10	\$	64
4/30/2018	Refrigerator	\$ 3,005	10	\$	150
4/30/2018	20 multitouch screen"	\$ 3,510	5	\$	351
4/30/2018	Wireless phone	\$ 1,590	5	\$	159
5/31/2018	Trane in-room units	\$ 14,853	10	\$	619
5/31/2018	Vita Scan	\$ 8,341	10	\$	348
6/30/2018	TV	\$ 1,416	5	\$	94
7/31/2018	Chandelier	\$ 842	5	\$	42
7/31/2018	Chair	\$ 6,073	15	\$	101
	Cabinet with lock	\$ 869	15	\$	14
9/30/2018	Wheelchair scale	\$ 2,606	10	\$	22
9/30/2018	Mixer	\$ 43	10	\$	8
9/30/2018	Blender/Mixer	\$ 1,665	10	\$	14
9/30/2018	Mixer	\$ 2,595	10	\$	22
9/30/2018	Remote access for AC & Heat	\$ 33,117	10	\$	276
9/30/2018	Trane In room units	\$ 8,186	10	\$	68
otal additions for N	Novable Equipment	\$ 97,290		\$ 3	,470
Deletions:					
Fotal deletions for N	Iovable Equipment	\$ -		\$	-

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
cquisition Date	Description of Item	Cost	Life	Depreciation
dditions:				
otal additions for Leasehold	Impuoromont	\$ -		\$ -
	Improvement	\$ -		\$ -
Deletions:				
Fotal deletions for Leasehold	Improvement	\$ -		\$ -
Utal uciclions for Leaschold	mprovement	\$ -		- Ф

Amortization Schedule*

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
	el Health and Rehabilitation Center, LLC			2138-C		9/30/2018			24	37
			e of sition			Accumulated Amort. to Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									
D.	Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of FacilityLicense NoBethel Health and Rehabilitation Center213	о. 38-С	Report for Year En 9/30/2018	ded		Page 25	of 37
\		750/2010			23	51
11. Property Questionnaire Part A						
Is the property either owned by the Facility					If "Yes," complet	e Part B.
or leased from a Related Party?*	\odot	Yes	0	No	If "No," complete	
*If any owner or operator of this facility is related	l by family, m	arriage, ownership, abili	ty to control or		, I	
business association to any person or organization						
related party transaction.		T - 4 - 1				
Description 1. Date Land Purchased		Total				
2. Date Structure Completed		02/18/94				
3. If NOT Original Owner, Date of Purchas	se.	12/31/16				
4. Date of Initial Licensure		02/18/94	•			
5. Total Licensed Bed Capacity	161 CO	CNH, 14 RCH, 28 ALU				
6. Square Footage		125,225				
7. Acquisition Cost		- , -	•			
a. Land						
b. Building						
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortga	age
1. Financing						
a. Type of Financing (e.g., fixed, variab	ole)	Fixed				
b. Date Mortgage Obtained		03/20/12				
c. Interest Rate for the Cost Year		4%				
d. Term of Mortgage (number of years)		35				
e. Amount of Principal Borrowed	12010010	26,268,700				
f. Principal balance outstanding as of 9/		23,670,289				
Complete if Mortgage was Refinanced						
During Current Cost Year	1 \					
g. Type of Financing (e.g., fixed, variab h. Date of Refinancing	ole)					
i. New Interest Rate j. Term of Mortgage (number of years)						
k. Amount of Principal Borrowed						
I. Principal Outstanding on Note Paid-O	Off					
Part C - Arms-Length Leases for Real		mprovements Only	7			
Name and Address of Lessor		perty Leased		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

Bethel Health and Rehabilitation Cent 2138-C 9/30/2018 26 37 Item Total CCNH RHNS Residential Care 12. Interest A. Building, Land Improvement & Non-Movable 236523 187,587 32,624 16,312 Name of Lender Rate 4.00% 4.00% 4.00% 4.00% 4.00% Address of Lender 8 97,107 97,107 97,107 Name of Lender Rate 7.00% 97,107 97,107 Address of Lender Rate 97,107 97,107 B. CHEFA Loan Information 97,107 97,107 97,107 I. Original Loan Amount \$ 97,	Name of Facility License No.		Report for Yea	r Ended		Page of
ItemTotalCCNHRHNSHome12.Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage\$ 236523187,58732,62416,312Name of LenderRate 4.00%4.00%4.00%4.00%4.00%4.00%4.00%Address of LenderRate 7.00%97,10797,10797,10797,107Name of LenderRate 7.00%7.00%7.00%4.00%4.00%Address of LenderRate 7.00%7.00%7.00%4.00%4.00%Address of LenderRate 7.00%7.00%4.00%4.00%4.00%Address of LenderRate 8.1.00%1.00%1.00%1.00%Address of LenderRate1.00%1.00%1.00%1.00%Address of LenderRate1.00%1.00%1.00%1.00%Address of LenderRate1.00%1.00%1.00%1.00%Address of LenderRate1.00%1.00%1.00%1.00%B. CHEFA Loan Information1.00%1.00%1.00%1.00%1.00%1. Original Loan Amount\$1.00%1.00%1.00%1.00%3. Interest Rate %1.00%1.00%1.00%1.00%1.00%4. Term1.00%1.00%1.00%1.00%1.00%1.00%3. Interest Rate %1.00%1.00%1.00%1.00%1.00%4. Term1.00%1.00%1.00%1.00%1.00%5. CHEFA In	2					U U
12. Interest A. Building, Land Improvement & Non-Movable Equipment Image: Second Mortgage S 236523 187,587 32,624 16,312 Name of Lender Rate 4.00% 4.00% Image: Second Mortgage S 97,107 97,107 97,107 Name of Lender Rate 7.00% Address of Lender Image: Second Mortgage S 97,107 97,107 97,107 Name of Lender Rate 7.00% Address of Lender Image: Second Mortgage S 97,107 97,107 3. Third Mortgage S Image: Second Mortgage S 97,107 Image: Second Mortgage S S S S S S S S S S S S S S S S S S S						Residential Care
A. Building, Land Improvement & Non-Movable Equipment 236523 187,587 32,624 16,312 Name of Lender Rate 4.00% 4.0	Item		Total	CCNH	RHNS	Home
Equipment 1. First Mortgage \$ 236523 187,587 32,624 16,312 Name of Lender Rate 4.00% 4.00% 4.00% 4.00% Address of Lender 4.00% 97,107 97,107 97,107 Name of Lender Rate 7.00% 7.00% 4.00% Address of Lender Rate 7.00% 7.00% 4.00% Address of Lender Rate 7.00% 4.00% 4.00% Address of Lender Rate 7.00% 4.00% 4.00% Address of Lender Rate 4.00% 4.00% 4.00% B. CHEFA Loan Information 1.00% 4.00% 4.00% 4.00% 4.00% 1. Original Loan Amount \$ 4.00% 4.00% 4.00% 4.00% 4.00% 4.00% 4.00% 4.00% 4.00% 4.00% 4.00% 4.00% 4.00%	12. Interest					
1. First Mortgage\$236523187,58732,62416,312Name of LenderRate 4.00%4.00%187,58732,62416,312Address of Lender4.00%4.00%187,58797,10797,107Name of LenderRate Orlando Annulli & Sons, Inc.7.00%97,10797,107Address of Lender7.00%7.00%187,58797,10797,107Mame of LenderRate Address of Lender8187,58797,1073. Third Mortgage\$187,58797,10797,107Address of LenderRate 	- ·					
Name of Lender Rate U.S Department of Housing and Urban Development 4.00% Address of Lender 97,107 Name of Lender Rate Orlando Annulli & Sons, Inc. 7.00% Address of Lender 7.00% Address of Lender 7.00% Address of Lender 8 3. Third Mortgage \$ 3. Third Mortgage \$ Name of Lender Rate Address of Lender \$ 9. CHEFA Loan Information \$ 1. Original Loan Amount \$ 2. Loan Origination Date \$ 3. Interest Rate % \$ 4. Term \$ 5. CHEFA Interest Expense \$						
U.S Department of Housing and Urban Development 4.00% Address of Lender 97,107 Name of Lender Rate Orlando Annulli & Sons, Inc. 7.00% Address of Lender 7.00% Address of Lender 8 3. Third Mortgage \$ Name of Lender Rate Address of Lender \$ 4. Fourth Mortgage \$ B. CHEFA Loan Information \$ 1. Original Loan Amount \$ 2. Loan Origination Date \$ 3. Interest Rate % \$ 4. Term \$ 5. CHEFA Interest Expense \$			236523	187,587	32,624	16,312
Address of Lender \$ 97,107 97,107 Name of Lender Rate 7.00% Address of Lender 7.00% Address of Lender 8 3. Third Mortgage \$ Name of Lender Rate Address of Lender 8 B. CHEFA Loan Information 9 1. Original Loan Amount \$ 2. Loan Origination Date 9 3. Interest Rate % 9 4. Term 9 5. CHEFA Interest Expense 9						
2. Second Mortgage\$97,10797,107Name of LenderRate 7.00%7.00%11Address of Lender7.00%1113. Third Mortgage\$111Name of LenderRate1111Address of LenderRate1111Address of LenderRate1111Address of LenderRate1111Address of LenderRate1111Address of LenderRate1111B. CHEFA Loan Information1111111. Original Loan Amount\$111113. Interest Rate %1111114. Term11111115. CHEFA Interest Expense111111		4.00%				
Name of Lender Rate Orlando Annulli & Sons, Inc. 7.00% Address of Lender 7.00% 3. Third Mortgage \$ Name of Lender Rate Address of Lender Rate Address of Lender Rate Address of Lender Rate 4. Fourth Mortgage \$ Name of Lender Rate Address 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 \$	Address of Lender					
Name of Lender Rate Orlando Annulli & Sons, Inc. 7.00% Address of Lender 7.00% 3. Third Mortgage \$ Name of Lender Rate Address of Lender Rate Address of Lender Rate Address of Lender Rate 4. Fourth Mortgage \$ Name of Lender Rate Address 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 \$	2. Second Mortgage	\$	97,107		97,107	
Address of Lender \$ 3. Third Mortgage \$ Name of Lender Rate Address of Lender \$ 4. Fourth Mortgage \$ 9. Name of Lender Rate Address of Lender Rate Address of Lender \$ Address of Lender \$ B. CHEFA Loan Information \$ 1. Original Loan Amount \$ 2. Loan Origination Date \$ 3. Interest Rate % \$ 4. Term \$ 5. CHEFA Interest Expense \$		Rate				
3. Third Mortgage \$ Image: Constraint of the second s		7.00%				
Name of Lender Rate Address of Lender Rate 4. Fourth Mortgage \$ Mame of Lender Rate Address of Lender Rate Address of Lender Rate Address of Lender Rate B. CHEFA Loan Information 1. Original Loan Amount 1. Original Loan Amount \$ 2. Loan Origination Date 4. Term 3. Interest Rate %	Address of Lender					
Name of Lender Rate Address of Lender Rate 4. Fourth Mortgage \$ Mame of Lender Rate Address of Lender Rate Address of Lender Rate Address of Lender Rate B. CHEFA Loan Information 1. Original Loan Amount 1. Original Loan Amount \$ 2. Loan Origination Date 4. Term 3. Interest Rate %	3 Third Mortgage	\$				
Address of Lender \$ 4. Fourth Mortgage \$ Name of Lender Rate Address of Lender Rate Address of Lender 1. Original Loan Information 1. Original Loan Amount \$ 2. Loan Origination Date 3. Interest Rate % 4. Term 5. CHEFA Interest Expense		+				
4. Fourth Mortgage \$ Image: Check of Lender Rate Address of Lender Rate Image: Check of Lender Image: Check of Lender B. CHEFA Loan Information Image: Check of Lender Image: Check of Lender Image: Check of Lender 1. Original Loan Amount \$ Image: Check of Lender Image: Check of Lender 3. Interest Rate % Image: Check of Lender Image: Check of Lender Image: Check of Lender 4. Term Image: Check of Lender Image: Check of Lender Image: Check of Lender 5. CHEFA Interest Expense Image: Check of Lender Image: Check of Lender Image: Check of Lender		Ttute				
Name of Lender Rate Address of Lender	Address of Lender					
Name of Lender Rate Address of Lender	A French Mertener	¢				
Address of Lender B. CHEFA Loan Information 1. Original Loan Amount 2. Loan Origination Date 3. Interest Rate % 4. Term 5. CHEFA Interest Expense						
B. CHEFA Loan Information 1. Original Loan Amount \$ 2. Loan Origination Date 3. Interest Rate % 4. Term 5. CHEFA Interest Expense	Name of Lender	Kate				
1. Original Loan Amount \$ 2. Loan Origination Date	Address of Lender					
2. Loan Origination Date 3. Interest Rate % 4. Term 5. CHEFA Interest Expense	B. CHEFA Loan Information					
3. Interest Rate % 4. Term 5. CHEFA Interest Expense	1. Original Loan Amount	\$				
4. Term 5. CHEFA Interest Expense	2. Loan Origination Date					
5. CHEFA Interest Expense	3. Interest Rate %					
	4. Term					
12 B7. Total Building Interest Expense (A1 - A4 + B5) \$ 333,630 187,587 129,731 16,312	5. CHEFA Interest Expense					
	12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	333,630	187,587	129,731	16,312

(Carry Subtotals forward to next page)

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

Name of Facility License N		Report for Ye		Page of		
Bethel Health and Rehabilitation Ce 213	8-C		9/30/2018			27 37
						Residential Care
Item			Total	CCNH	RHNS	Home
	totals Brou	ight Forward:	333,630	187,587	129,731	16,312
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender	[
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Intere	st					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (Specify)		\$	57,785	45,830	7,970	3,985
Working Capital Debt: \$50,147 Oth	ner: \$7,638					
13. Total All Interest Expense (12B7 + 120	C3 + 12D)	\$	391,415	233,417	137,701	20,297
14. Insurance						
a. Insurance on Property (buildings on	ly)	\$	11,688	9,030	1,755	903
b. Insurance on Automobiles		\$	12,293	9,497	1,846	950
c. Insurance other than Property (as spe	ecified abo	ve)				
1. Umbrella (Blanket Coverage)		\$	56,725	43,824	8,519	4,382
2. Fire and Extended Coverage		\$		1,014	197	101
3. Other (<i>Specify</i>)		\$	200,624	154,998	30,128	15,498
Mortgage: \$32,732; General: \$1	69,716					
144 Total Insurance From an Piterran (14	- L - a)	ሰ	282 (42	219.262	40.445	21.024
 14d. Total Insurance Expenditures (14a + b) 15. Total All Expenditures (A-13 thru C-1-4) 		\$ \$		218,363 20,768,569	42,445 2,364,426	21,834 1,062,589
15. 10 m An Experimenes (A-15 m C-14	7/	¢	27,195,504	20,700,009	2,304,420	1,002,389

D. Adjustments to Statement of Expenditures

	e of Fa el Hea	-	d Rehabilitation Center, LLC	Lic	ense No. 2138-C	Report for Yea 9/30/2018	ar Ended	Page of 28 37
<u></u>					Total	515012010		20 37
Item	Page	Line			Amount of			Residential Car
No.			Item Description		Decrease	CCNH	RHNS	Home
			es and Wages	_	Decrease	CCINII	KIINS	TIOILE
1.	10-2		Outpatient Service Costs	\$				
2.	10	1.2	Salaries not related to Resident Care	۰ \$	78,516	77,406	733	277
3.	10	12111	Occupational Therapy	\$	78,510	//,400	755	377
<u> </u>			Other - See attached Schedule	۰ \$	295,377	147,409	126,071	21,897
	12 1	Duafas	sional Fees	¢	295,577	147,409	120,071	21,897
<u>r uge</u> 5.			Resident Care Physicians **	\$	17 510	17.510		
<u> </u>		Boc D10a	Occupational Therapy	ֆ \$	17,510	17,510		
<u> </u>	13	BIUa	Other - See attached Schedule	۵ \$	1,060,268	1,060,268	2 257	5 124
	~ 15 0) 17	Administrative and General	\$	1,258,921	1,250,440	3,357	5,124
<u> </u>	s 15 a	× 10 -		¢				
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.			Accounting	\$	0.5.500		10.040	
10a.			Legal	\$	85,509	66,063	12,840	6,606
11.			Telephone	\$	• • • • •			
12.	16	1h	Cellular Telephone	\$	2,888	2,231	434	223
13.			Life insurance premiums on the life					
			of Owners, Partners, Operators	\$				
14.	16	L3	Gifts, flowers and coffee shops	\$	4,971	4,263	489	219
15.			Education expenditures to colleges or					
			universities for tuition and related costs					
			for owners and employees	\$				
16.	16	L4	Travel for purposes of attending					
			conferences or seminars outside the					
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$	1,684	1,301	253	130
17.			Automobile Expense (e.g. personal use)	\$				
18.	16	M3	Unallowable Advertising *	\$	42,712	42,712		
19.			Income Tax / Corporate Business Tax	\$				
20.	15	M10	Fund Raising / Contributions	\$	675	675		
21.	16	m12	Unallowable Management Fees	\$	527,915	407,856	79,278	40,781
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	294,630	250,288	29,564	14,778
Page	2 18 - I	Dietar	y Expenditures					
24.	30	IV1	Meals to employees, guests and others					
			who are not residents	\$	2,195	2,195		
Page	19 - I	Laund	ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
			keeping Expenditures					
Page	20 - 1	House						
Page 26.		House						
<u> </u>		House	Housekeeping services to employees, guests and others who are not residents	\$				

* All except "Help Wanted".

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

⁽Carry Subtotal forward to next page)

Bethel Health and Rehabilitation Center, LLC 9/30/2018

						Resi	idential
Page Ref	Line Ref	Description	(CCNH	RHNS	Care Home	
10	A12e	Physical Therapists	\$	2,197	\$ 126,071		
10	A12g	RN Reduction to Aide Salary				\$	12,217
10	A12h	LPN Reduction to Aide Salary				\$	9,681
10	120	Respitory Therapist	\$	20,132			
10	A4	Other Administrative Salaries	\$	125,080			
Total Othe	Fotal Other Salaries Adjustment		\$	147,409	\$ 126,071	\$	21,897

Schedule of Fees Adjustments

						Resi	dential
Page Ref	Line Ref	Description	CCNH	CCNH RHNS		Care	Home
13	B5a	Physical Therapy	\$ 1,065,493				
13	B2	Dentist	\$ 11,706				
13	B8a	Medical Director	\$ 13,289			\$	3,397
13	В3	Pharmacy Fees	\$ 20,902				
13	B12	Consulting Fees - Rehab Therapy & Ancillary	\$ 17,272	\$	3,357	\$	1,727
13	B12	Consulting Fees - Nursing	\$ 4,821				
13	B9a	Speech Therapy	\$ 116,957				
Total Othe	Fotal Other Fees Adjustments		\$ 1,250,440	\$	3,357	\$	5,124

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	 sidential re Home
1 age Ref 15		Benefits related to disallowed salary	\$ 88,524	\$ 6,400	\$ 2,862
		Bank Charges	\$ 27,911	\$ 5,425	\$ 2,791
	-	Penalties	\$ 33	\$ 6	\$ 3
16	M13	Licenses and permits	\$ 4,367		
16	M13	Miscellaneous Expense	\$ 30,120	\$ 5,855	\$ 3,012
30	IV8	Other Misc. Income	\$ 37,228		
30	IV8	Transcription Income	\$ 124		
30	IV5	Interest Income	\$ 869		
16	M13	Crime Insurance	\$ 3,962	\$ 770	\$ 396
16	M13	Prior Period Expense	\$ 55,301	\$ 10,749	\$ 5,529
16	m9	Subscriptions	\$ 1,833	\$ 356	\$ 183
16	M13	Suspense Expense	\$ 15	\$ 3	\$ 2
Total Othe	r A&G Adj	justments	\$ 250,288	\$ 29,564	\$ 14,778

No. No. Item Description Decrease CCNII RIINS Home Subtotals Brought Forward \$ 3,673,772 3,330,617 253,019 90,136 Page 20 - Resident Care Supplies*** 963,635 963,635 963,635 28 20 5d Ambulance/Limousine \$ 4,203 4,203 4,203 29. 20 5f X-rays, etc \$ 60,347 69,347 - 30. 20 5h Laboratory \$ 182,219 182,219 - - 31. 20 5c Medical Supplies \$ 35,150 35,150 - - 32. 20 5c2 Oxygen (non emergency) \$ 73,612 73,612 - - 33. Occupational Therapy \$ - <th></th> <th></th> <th colspan="13">D. Adjustments to Statement of Expenditures (cont'd)</th>			D. Adjustments to Statement of Expenditures (cont'd)												
Item Page Line Total Amount of Residential Care No. No. No. Item Description Decrease CCNH RHNS Home 20 5a2 Prescription Subtotals Brought Forward \$ 3,673,772 3,330,617 253,019 90,136 28 20 5d Ambunace/Limousine \$ 4,203 4,203 29 20 5f X-rays, etc \$ 69,347 69,347 30. 20 5h Laboratory \$ 182,219 182,219 31. 20 5c Medical Supplies \$ 35,150 35,150 32. 20 5c2 Oxygen (non emergency) \$ 17,948 147,948 Page 22 - Maintenance and Property 3 34. Other - See Attached Schedule \$ 4,066 3,225 561 280 35. Excess Movable Equipment Depreciation S S 147,948 147,948 7 Unallowable Property and Real	Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page of						
Item Page Line Amount of Decrease Residential Care (CCNH RHNS Residential Care Home Page 20 - Resident Care Supplies*** \$3,673,772 3,330,617 253,019 90,136 Page 20 - Resident Care Supplies*** \$963,635 \$963,635 \$63,635 \$253,019 90,136 20 5a2 Prescription Drugs \$963,635 \$963,635 \$253,019 \$90,136 20 5d Ambulance/Limousine \$4,203 4,203 \$4203 <td< td=""><td>Bethe</td><td>el Hea</td><td>lth and</td><td>d Rehabilitation Center, LLC</td><td></td><td>2138-С</td><td>9/30/2018</td><td></td><td>29 37</td></td<>	Bethe	el Hea	lth and	d Rehabilitation Center, LLC		2138-С	9/30/2018		29 37						
No. No. Item Description Decrease CCNH RHNS Home Page 20 - Resident Care Supplies*** 3,673,772 3,330,617 253,019 90,136 Page 20 - Resident Care Supplies*** 963,635 963,635 963,635 963,635 28. 20 54 Ambulance/Limousine \$ 4,203 4,203 20. 20 5f X-rays, etc \$ 60,347 69,347 - 30. 20 5c Medical Supplies \$ 35,150 35,150 - - 31. 20 5c Medical Supplies \$ 35,150 35,150 - - 32. 20 5c2 Oxygen (non emergency) \$ 73,612 73,612 -						Total									
No. No. Item Description Decrease CCNH RHNS Home Page 20 - Resident Care Supplies*** 3,673,772 3,330,617 253,019 90,136 Page 20 - Resident Care Supplies*** 963,635 963,635 963,635 963,635 28. 20 54 Ambulance/Limousine \$ 4,203 4,203 20. 20 5f X-rays, etc \$ 60,347 69,347 - 30. 20 5c Medical Supplies \$ 35,150 35,150 - - 31. 20 5c Medical Supplies \$ 35,150 35,150 - - 32. 20 5c2 Oxygen (non emergency) \$ 73,612 73,612 -	Item	Page	Line			Amount of			Residential Care						
Subtotals Brought Forward \$ 3,673,772 3,330,617 253,019 90,136 Page 20 - Resident Care Supplies*** 963,635 964,635 963,635 964		-				Decrease	CCNH	RHNS	Home						
Page 20 - Resident Care Supplies*** 27. 20 5a2 Prescription Drugs \$ 963,635 963,635 28. 20 5d Ambulance/Limousine \$ 4,203 4,203 29. 20 5f X-rays, etc \$ 69,347 69,347 30. 20 5h Laboratory \$ 182,219 182,219 31. 20 5c Medical Supplies \$ 35,150 35,150 32. 20 5c2 Oxygen (non emergency) \$ 73,612 73,612 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 147,948 147,948 Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation 36. Depreciation on Unallowable \$ 38. Rental of Building Space or Rooms \$				Subtotals Brought Forward	\$	3,673,772	3,330,617	253,019	90,136						
27. 20 Sa2 Prescription Drugs \$ 963,635 963,635 28. 20 Sd Ambulance/Linousine \$ 4,203 4,203 29. 20 Sf X-rays, etc \$ 69,347 69,347 30. 20 Sh Laboratory \$ 182,219 182,219 182,219 31. 20 Se Medical Supplies \$ 35,150 35,150 32. 20 Se Medical Schedule \$ 147,948 147,948 Page 22 - Maintenance and Property	Page	20 - I	Reside												
28. 20 5d Ambulance/Limousine \$ 4,203 4,203 29. 20 5f X-rays, etc \$ 69,347 69,347 30. 20 5h Laboratory \$ 182,219 182,219 31. 20 5c Medical Supplies \$ 35,150 35,150 32. 20 5c2 Oxygen (non emergency) \$ 73,612 73,612 33. Occupational Therapy \$ 147,948 9 Page 22 - Maintenance and Property 9 9 1 20 34. Other - See Attached Schedule \$ 4,066 3,225 561 280 36. Depreciation on Unallowable \$ 4,066 3,225 561 280 37. Unallowable Property and Real \$ \$ 11,08 \$ \$ 3 \$ \$ 1,108 Page 27 - Insurance \$ \$ 3,2,732 25,288 4,915 2,529 \$					\$	963,635	963,635								
30. 20 5h Laboratory \$ 182,219 182,219 31. 20 5c Medical Supplies \$ 35,150 35,150 32. 20 5c2 Oxygen (non emergency) \$ 73,612 73,612 33. Occupational Therapy \$ 73,612 73,612 33. 34. Other - See Attached Schedule \$ 147,948 147,948 9 35. Excess Movable Equipment Depreciation \$ 4,066 3,225 561 280 36. Depreciation on Unallowable \$ 4,066 3,225 561 280 36. Depreciation on Unallowable \$ 4,066 3,225 561 280 37. Unallowable Property and Real \$	28.	20	5d		\$	4,203	4,203								
30. 20 5h Laboratory \$ 182,219 182,219 31. 20 5c Medical Supplies \$ 35,150 35,150 32. 20 5e2 Oxygen (non emergency) \$ 73,612 73,612 33. Occupational Therapy \$ 147,948 147,948 147,948 34. Other - See Attached Schedule \$ 147,948 147,948 147,948 Page 22 - Maintenance and Property 20 35. Excess Movable Equipment Depreciation 20 36. Depreciation on Unallowable \$ 4,066 3,225 561 280 36. Depreciation on Unallowable \$ 4,066 3,225 561 280 37. Unallowable Property and Real \$ \$ 4,016 2,159 1,108 Page 27 - Insurance \$ \$ 4,413 1,146 2,159 1,108 Page 27 - Insurance \$ \$ 32,732 25,288 4,915 2,529	29.	20	5f	X-rays, etc	\$	69,347	69,347								
31. 20 5c Medical Supplies \$ 35,150 35,150 32. 20 5c2 Oxygen (non emergency) \$ 73,612 73,612 33. Occupational Therapy \$ - - 34. Other - See Attached Schedule \$ 147,948 147,948 Page 22 - Maintenance and Property - - - 35. Excess Movable Equipment Depreciation - - 36. Depreciation on Unallowable - - - Motor Vehicles \$ - - - - 38. Rental of Building Space or Rooms \$ - - - - 39. Other - See Attached Schedule \$ 4,413 1,146 2,159 1,108 Page 27 - Insurance -	30.	20	5h		\$		182,219								
32. 20 5e2 Oxygen (non emergency) \$ 73,612 73,612 33. Occupational Therapy \$ 147,948 147,948 9age 22 - Maintenance and Property 147,948 147,948 147,948 35. Excess Movable Equipment Depreciation 561 280 36. Depreciation on Unallowable 4,066 3,225 561 280 37. Unallowable Property and Real 5 561 280 38. Rental of Building Space or Rooms 5 561 280 39. Other - See Attached Schedule \$ 4,413 1,146 2,159 1,108 Page 27 - Insurance 32,732 25,288 4,915 2,529 40. 27 14c3 Mortgage Insurance \$ 32,732 25,288 4,915 2,529 41. Property Insurance \$ 1 1,106 2,529 4,10 4,915 2,529 42. Other - Indirect \$ 1 1 4,915 2,529 4,10 4,13 1,146 1,105 4,13 1,1	31.	20	5c		\$		35,150								
33. Occupational Therapy \$	32.	20	5e2	**	\$		73,612								
34. Other - See Attached Schedule \$ 147,948 147,948 147,948 Page 22 - Maintenance and Property 5 5 5 5 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 4,066 3,225 561 280 36. Depreciation on Unallowable Motor Vehicles \$ 4,066 3,225 561 280 37. Unallowable Property and Real Estate Taxes \$ 5 5 5 5 38. Rental of Building Space or Rooms \$ 4,413 1,146 2,159 1,108 Page 27 - Insurance 5 5 5 5 2,528 4,915 2,529 40. 27 1443 Mortgage Insurance \$ 32,732 25,288 4,915 2,529 41. Property Insurance \$ 5 5 5 5 2,529 41. Property Insurance \$ 5 5 5 2,529 41. Property Insurance \$ 5 5 5 2,529 41. Property Insurance \$ 5 5 5 5 42. Other - Indir	33.				\$										
35. Excess Movable Equipment Depreciation See Attached Schedule \$ 4,066 3,225 561 280 36. Depreciation on Unallowable Motor Vehicles \$ 4,066 3,225 561 280 37. Unallowable Property and Real Estate Taxes \$ See Attached Schedule \$ 4,413 1,146 2,159 1,108 <i>Page 27 - Insurance</i> 40. 27 14c3 Mortgage Insurance \$	34.				\$	147,948	147,948								
35. Excess Movable Equipment Depreciation See Attached Schedule \$ 4,066 3,225 561 280 36. Depreciation on Unallowable Motor Vehicles \$ 4,066 3,225 561 280 37. Unallowable Property and Real Estate Taxes \$ See Attached Schedule \$ 4,413 1,146 2,159 1,108 <i>Page 27 - Insurance</i> 40. 27 14c3 Mortgage Insurance \$	Page	22 - N	Mainte	enance and Property											
See Attached Schedule\$ 4,0663,22556128036.Depreciation on Unallowable Motor Vehicles\$															
Motor Vehicles\$Image: Constraint of Building Space or Rooms\$37.Unallowable Property and Real Estate Taxes\$Image: Constraint of Building Space or Rooms\$38.Rental of Building Space or Rooms\$Image: Constraint of Building Space or Rooms\$39.Other - See Attached Schedule\$4,4131,1462,1591,108Page 27 - InsuranceImage: Constraint of Building Space or Rooms\$Image: Constraint of Building Space or Rooms\$40.2714c3Mortgage Insurance\$32,73225,2884,9152,52941.Property Insurance\$Image: Constraint of Building Space or Rooms\$Image: Constraint of Building Space or Rooms\$42.Other - Indirect\$Image: Constraint of Building Space or Room Rec.\$Image: Constraint of Building Space or Room Rec.\$43.Interest Income on Account Rec.\$Image: Constraint of Building Space or Room Rec.\$Image: Constraint of Building Space or Room Rec.\$44.Other - Miscellaneous Administrative\$Image: Constraint of Building Room Room Rec.\$Image: Constraint of Building Room Room Rec.\$45.Management Fees Indirect\$Image: Constraint of Building Room Room Room Room Room Room Room Roo				See Attached Schedule	\$	4,066	3,225	561	280						
Motor Vehicles\$Image: Constraint of Building Space or Rooms\$37.Unallowable Property and Real Estate Taxes\$Image: Constraint of Building Space or Rooms\$38.Rental of Building Space or Rooms\$Image: Constraint of Building Space or Rooms\$39.Other - See Attached Schedule\$4,4131,1462,1591,108Page 27 - InsuranceImage: Constraint of Building Space or Rooms\$Image: Constraint of Building Space or Rooms\$40.2714c3Mortgage Insurance\$32,73225,2884,9152,52941.Property Insurance\$Image: Constraint of Building Space or Rooms\$Image: Constraint of Building Space or Rooms\$42.Other - Indirect\$Image: Constraint of Building Space or Room Rec.\$Image: Constraint of Building Space or Room Rec.\$43.Interest Income on Account Rec.\$Image: Constraint of Building Space or Room Rec.\$Image: Constraint of Building Space or Room Rec.\$44.Other - Miscellaneous Administrative\$Image: Constraint of Building Room Room Rec.\$Image: Constraint of Building Room Room Rec.\$45.Management Fees Indirect\$Image: Constraint of Building Room Room Room Room Room Room Room Roo	36.			Depreciation on Unallowable											
Estate Taxes \$					\$										
38. Rental of Building Space or Rooms \$	37.			Unallowable Property and Real											
39. Other - See Attached Schedule \$ 4,413 1,146 2,159 1,108 Page 27 - Insurance <td></td> <td></td> <td></td> <td>Estate Taxes</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td>				Estate Taxes	\$										
39. Other - See Attached Schedule \$ 4,413 1,146 2,159 1,108 Page 27 - Insurance 32,732 25,288 4,915 2,529 41. Property Insurance \$ 32,732 25,288 4,915 2,529 42. Other - Indirect \$ 32,732 25,288 4,915 2,529 43. Interest Income on Account Rec. \$ 41,730 40 40 41	38.			Rental of Building Space or Rooms	\$										
40. 27 14c3 Mortgage Insurance \$ 32,732 25,288 4,915 2,529 41. Property Insurance \$ 25,288 4,915 2,529 41. Property Insurance \$ 25,288 4,915 2,529 41. Property Insurance \$ 2,529	39.				\$	4,413	1,146	2,159	1,108						
41.Property Insurance\$Other - Miscellaneous42.Other - Indirect\$43.Interest Income on Account Rec.\$44.Other - Miscellaneous Administrative\$45.Management Fees Direct\$46.Management Fees Indirect\$47.Other - Direct\$47.Other - Direct\$48.Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule\$50,14739,7726,9173,458	Page	27 - I	nsura	nce											
Other - Miscellaneous Image: Constraint of the sector	40.	27	14c3	Mortgage Insurance	\$	32,732	25,288	4,915	2,529						
42. Other - Indirect \$	41.			Property Insurance	\$										
43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ 41,730 40,325 936 468 Not For Profit Providers Only 468 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ 50,147 39,772 6,917 3,458	Other	r - Mis	scella	neous											
44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ 41,730 40,325 936 468 Not For Profit Providers Only 468 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ 50,147 39,772 6,917 3,458	42.			Other - Indirect	\$										
45. Management Fees Direct \$ Image: Constraint of the state	43.			Interest Income on Account Rec.	\$										
46. Management Fees Indirect \$	44.			Other - Miscellaneous Administrative	\$										
46.Management Fees Indirect\$47.Other - Direct\$41,73040,325936468Not For Profit Providers Only48.Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule\$50,14739,7726,9173,458	45.			Management Fees Direct	\$										
47.Other - Direct\$ 41,73040,325936468Not For Profit Providers Only </td <td>46.</td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td>	46.				\$										
Not For Profit Providers Only Image: Constraint of the second	47.				\$	41,730	40,325	936	468						
Unallowable Building Interest - See Attached Schedule\$ 50,14739,7726,9173,458			ofit P												
Unallowable Building Interest - See Attached Schedule\$ 50,14739,7726,9173,458	48.			Building/Non Movable Eq. Depreciation											
See Attached Schedule \$ 50,147 39,772 6,917 3,458															
				0	\$	50,147	39,772	6,917	3,458						
	49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	5,282,974	4,916,487	268,507	97,979						

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

*** 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.

Bethel Health and Rehabilitation Center, LLC 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	(CCNH	RHNS	Residential Care Home
20	5i	Cable Expense	\$	42,361		
20	51	Equipment Rental - Nursing	\$	82,910		
20	51	Equipment Rental - Rehabilitation Therapy	\$	10,419		
20	51	Equipment Rental - Respiratory	\$	11,133		
20	5b	Procare LTC Pharmacy of CT (Disallowance of markups)	\$	422		
20	51	PT Supplies	\$	2		
20	51	Purchased Services - Nursing	\$	201		
20	51	Purchased Services - Rehabilitation Therapy	\$	500		
Total Othe	r Ancillary	Costs	\$	147,948	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

	Line Kei	Description	CCNH	RHNS	Care	ential Home
22 7	7d	Excess movable equipment depreciation (Cascades and Outpatient additions	\$ 3,225	\$ 561	\$	280
		with various in-service dates and useful lives)				
Total Excess	s Movable	Equipment Depreciation	\$ 3,225	\$ 561	\$	280

Schedule of Other Property Adjustments

- ----- ---- ----

Page Ref	Line Ref	Description	CCNH	RHNS	sidential re Home
22	7b	Disallowed outpatient building improvement depreciation	\$ 25	\$ 4	\$ 2
22	7b	Disallowed Cascades building improvement depreciation	\$ 989	\$ 172	\$ 86
29b		Outpatient Therapy Overhead Disallowance	\$ 132	\$ 23	\$ 11
22	6e	Cascades Equipment Lease		\$ 1,960	\$ 1,008
Total Other	r Property	Adjustments	\$ 1,146	\$ 2,159	\$ 1,108

Page Ref	Line Ref	Description	CCNH	RHNS	Residenti Care Hon	
30	IV8	Transcription Income	\$ 124			
30	IV8	Miscellaneous Other Income	\$ 34,817			
27	12d	Other Interest Expense	\$ 3,079	\$ 535	\$ 2	268
27	12d	Auto Interest	\$ 2,306	\$ 401	\$ 2	200
Total Othe	r Adjustme	nts	\$ 40,325	\$ 936	\$ 4	468

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	(CCNH	RHNS	ential Home
27	12d	Working Capital Interest	\$	39,772	\$ 6,917	\$ 3,458
Total Unal	lowable Bui	Iding Interest	\$	39,772	\$ 6,917	\$ 3,458

Bethel Health and Rehabilitation Center, LLC September 30, 2018

Outpatient Therapy Overhead Adjustment

Square footage of therapy space Total square footage of facility Therapy space as a percent of total space	<u>900</u> 128,773	0.6989%
Outpatient therapy treatments Total therapy treatments Outpatient therapy treatments as a percent of total treatments	5,419 135,297	Provided by Client From Page 9 4.0053%
Outpatient Allocation of Therapy Space:		0.0280%

ADJUSTMENT CALCULATION:

Total utilities per page 22	480,305
Outpatient Allocation	0.0280%
Unallowable Amount	134
Total property insurance per page 27	11,687
Outpatient Allocation	0.0280%
Unallowable Amount	3
Total real estate taxes per page 22	101,874
Outpatient Allocation	0.0280%
Unallowable Amount	29
Sub-Total: Unallowable Outpatient Therapy Adjusted on Cost Report	166

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

F. Statement of Ke Name of Facility License No.	Report for Y	our Endad		Dage of
Bethel Health and Rehabilitation Center, 12138-C	9/30/2018		Page of 30 37	
Item	 Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (CT only)	\$ 11,164,943	10,409,641		755,302
b. Medicaid Room and Board Contractual Allowance **	\$ (4,634,740)	(4,559,924)		(74,816
2. a. Medicaid (All other states)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (all inclusive)	\$ 11,767,926	11,767,926		
b. Medicare Room and Board Contractual Allowance **	\$ 446,664	446,664		
4. a. Private-Pay Residents and Other	\$ 6,207,860	4,421,758	1,752,238	33,864
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,066,984)	(1,066,984)		
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 761,899	761,899		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (761,528)	(761,528)		
c. Prescription Drugs - Non-Medicare	\$ 151,791	151,791		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (155,624)	(155,624)		
2. a. Medical Supplies - Medicare	\$ 1,534	1,534		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,534)	(1,534)		
c. Medical Supplies - Non-Medicare	\$			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			
3. a. Physical Therapy - Medicare	\$ 2,024,050	1,889,922	134,128	
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,885,434)	(1,885,434)		
c. Physical Therapy - Non-Medicare	\$ 374,402	212,252	162,150	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (186,748)	(194,411)	7,663	
4. a. Speech Therapy - Medicare	\$ 246,057	245,410	647	
b. Speech Therapy - Medicare Contractual Allowance **	\$ (215,330)	(215,330)		
c. Speech Therapy - Non-Medicare	\$ 32,281	30,236	2,045	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (29,376)	(29,376)		
5. a. Occupational Therapy - Medicare	\$ 2,327,703	2,326,380	1,323	
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (2,230,914)	(2,230,914)		
c. Occupational Therapy - Non-Medicare	\$ 218,680	218,680		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (194,608)	(194,608)		
6. a. Other (Specify) - Medicare	\$ 22,423	22,423		
b. Other (Specify) - Non-Medicare	\$ 169,811	17,151	152,660	
III. Total Resident Revenue (Section I. thru Section II.)	\$ 24,555,204	21,628,000	2,212,854	714,350
IV. Other Revenue*				
1. Meals sold to guests, employees & others	\$ 2,195	2,195		
2. Rental of rooms to non-residents	\$			
3. Telephone	\$			
4. Rental of Television and Cable Services	\$			
5. Interest Income (Specify)	\$ 869	869		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 47,812	47,812		
V. Total Other Revenue (1 thru 8)	\$ 50,876	50,876		
VI. Total All Revenue (III +V)	\$ 24,606,080	21,678,876	2,212,854	714,350

* 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	sidential re Home
	Medicare Part A Contra Other	\$ (194,403)		
	Medicare Part A IV Therapy	\$ 33,941		
	Medicare Part A Lab	\$ 104,777		
	Medicare Part A X-Ray	\$ 50,303		
	Managed Medicare Contra Other	\$ (22,192)		
	Managed Medicare IV Therapy	\$ 249		
	Managed Medicare Lab	\$ 12,741		
	Managed Medicare X-Ray	\$ 6,446		
	Managed Medicare Prior Period	\$ (5,367)		
	Medicare Part A Specialty Beds	\$ 5,382		
	Medicare Part B Flu/Pneumonia	\$ 2,552		
	Managed Medicare Specialty Beds	\$ 2,757		
	Managed Medicare Flu/Pneumonia	\$ 289		
	Medicaree Part A Settlement	\$ 24,948		
Total Oth	er Resident Revenue - Medicare	\$ 22,423	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Medicaid Contra Other	\$ (520)		
	Medicaid Lab	\$ 106		
	Medicaid X-Ray	\$ 48		
	Hospice Contra Other	\$ 122		
	Private Additional Ancillary ALU		\$ 152,660	
	Commercial Insurance Contra Other	\$ (25,945)		
	Commercial Insurance Lab	\$ 17,264		
	Commercial Insurance X-Ray	\$ 6,517		
	Medicaid Specialty Beds	\$ (851)		
	Medicaid Flu/Pneumonia	\$ 1,217		
	Private Specialty Beds	\$ 973		
	Commercial Insurance IV Therapy	\$ 16,178		
	Commercial Insurance Specialty Beds	\$ 2,164		
	Hospice Other	\$ (122)		
Total Oth	er Resident Revenue	\$ 17,151	\$ 152,660	\$ -

Interest Income

Account

Page Ref	Account	Balance	с	CNH	RHNS	esidential are Home
	Interest Income		\$	869		
Total Inte	Total Interest Income			869	\$-	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH			
	Miscellaneous Other Income	\$	47,688		
	Transcription Income	\$	124		
Total Oth	er Revenue	\$	47,812	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	
Bethel Health and Rehabilitation Ce	enter, 2138-C	9/30/2018	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in ban	/		\$	741,062
2. Resident Accounts Receiv		/	\$	1,483,431
3. Other Accounts Receivab	le (Excluding Owners of	or Related Parties)	\$	
4 Inventories			\$	76,496
5. Prepaid Expenses			\$	133,187
a. Prepaid Expenses		13,042		
b. Prepaid Insurance		113,799		
c. Prepaid Taxes		21,361		
d. See Schedule		(15,015)		
6. Interest Receivable			\$	
7. Medicare Final Settlement	t Receivable		\$	
8. Other Current Assets (<i>iter</i>	nize)		\$	2,655
Patient Funds		2,655	_	
			-	
See Schedule				
A-9. Total Current Assets (Lines)	A1 thru 8)		\$	2,436,831
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
-	Accum. Deprecia	tion Net		
3. Buildings	*Historical Cost	257,465	\$	213,979
C	Accum. Deprecia	tion 43,486 Net		
4. Leasehold Improvements	*Historical Cost	· · · · · · · · · · · · · · · · · · ·	\$	
	Accum. Deprecia	tion Net		
5. Non-Movable Equipment	*Historical Cost		\$	
1 1	Accum. Deprecia	tion Net		
6. Movable Equipment	*Historical Cost	1,806,262	\$	331,827
	Accum. Deprecia		Ť	
7. Motor Vehicles	*Historical Cost	121,062	\$	43,380
	Accum. Deprecia	<u>`</u>	Ť	,
8. Minor Equipment-Not De	<u>^</u>	,	\$	
9. Other Fixed Assets (itemi.	ze)		\$	42,500
Construction in Progre	/	42,500	Ť	,000
See Schedule		,		
B-10. <i>Total Fixed Assets</i> (Line	s B1 thru 9)		\$	631,692

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

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year	Ended		Page	of
Beth	el H	ealth and Rehabilitation Center,	2138-С	9/30/2018			32	37
			Account				Amo	unt
				Total Broug	ht Forward:	\$		3,068,523
C.	Lea	asehold or like property recorde	d for Equity Purposes.					
	1.	Land				\$		
	2.	Land Improvements	*Historical Cost	13,306				
			Accum. Depreciation	11,925	Net	\$		1,381
	3.	Buildings	*Historical Cost	22,939,429				
			Accum. Depreciation	13,792,436	Net	\$		9,146,993
	4.	Non-Movable Equipment	*Historical Cost	387,396				
			Accum. Depreciation	309,168	Net	\$		78,228
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation		Net	\$		
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation		Net	\$		
		Minor Equipment-Not Depreci				\$		
C-8	То	tal Leasehold or Like Propertie	es (C1 thru 7)			\$		9,226,602
D.	Inv	estment 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 Resider	nt Care (<i>itemize</i>)			\$		
	6	Loans to Owners or Related Pa	orties (itamiza)			\$		654,723
	0.	Name and Address	Amount	Loan D	ate	φ		034,723
		Name and Address	Amount	Loan D	aic			
		National Health Care;						
		Preferred Therapy						
		Solutions; Aetna VEBA	654,723					
	7.	Other Assets (<i>itemize</i>)	001,725	1		\$		15,344
		Security Deposits		15,344		*		10,011
				10,011				
		See Schedule						
D-8	То	tal Investments and Other Ass	ets (Lines D1 thru 7)			\$		670,067
		tal All Assets (Lines A9 + B10				\$	1	2,965,192

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

Bethel Health and Rehabilitation Center, LLC 9/30/2018

Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description			
31	A5	Prepaid Management Assets	\$	(15,015)	
Total Prep	Total Prepaid Expenses				

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

Page Ref	Line Ref	Description	
Total Othe	r Current A	Assets (Itemize)	\$ -

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

Page Ref	Line Ref	Description	
Total Othe	r Other Fix	ed Assets (Itemize)	\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Othe	r Assets		\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Note	s Payable	\$	-

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

Page Ref	Line Ref	Description		
34	B4	Note Payable		45,827
Total Othe	Total Other Current Liabilities (Itemize)			

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

Page Ref	Line Ref	Description		
Total Othe	Total Other Current Liabilities (Itemize)			

G. Balance Sheet (cont'd)

Name of Fac	cility		License No.	Rep	ort for Year En	ided]	Page		of
Bethel Healt	th and	Rehabilitation Center, LLC	2138-С	9/30	/2018			33		37
Account							Amo	ount		
Liabilities										
А.	Cu	rrent Liabilities								
	1.	Trade Accounts Payable					\$		3,025	,944
	2.	Notes Payable (itemize)					\$			
		See Schedule								
	3.	Loans Payable for Equipme	· · · · · · · · · · · · · · · · · · ·	e) (itemiz	ze)		\$			
		Name of Lender	Purpose		Amount	Date Due				
	4.	Accrued Payroll (Exclusive	of Owners and/or S	Stockhold	ders only)		\$		199	,147
	5.	Accrued Payroll (Owners and	v				\$			<u>,</u> ,
	6.	Accrued Payroll Taxes Paya		, , ,			\$			
	7.	Medicare Final Settlement I					\$			
	8.	Medicare Current Financing	•				\$			
	9.	Mortgage Payable (Current					\$			
		Interest Payable (Exclusive		elated P	arties)		\$		1,453	.858
		Accrued Income Taxes*	ey e mile en en er er				\$		-,	,
		Other Current Liabilities (it	emize)				\$		1,333	.793
		Deferred Revenue		177 Accru	ed Interest Payable	82,653			,	Í
		Patients Funds			ied Vacation	505,796				
		Security Deposits	156,	630 Other	Current Liabilities	169,700				
		Accrued Expenses		355 See S		45,827				
A-13	3. To	tal Current Liabilities (Line					\$		6,012	,742

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility				Page		of
Bethel Health and Rehabilitation Center, LLC	2138-С	9/30/2018		34		37
Α	Account				Amount	
Total Brought Forward					6,0	12,742
Liabilities (cont'd)						
B. Long-Term Liabilities						
1. Loans Payable-Equipment (<i>itemize</i>)						
Name of Lender	Purpose	Amount	Date Due			
			9			
	2. Mortgages Payable					
	3. Loans from Owners or Related Parties (<i>itemize</i>)				12,6	01,460
Name and Address of Lender	Amount Loan D		ate			
Bethel Health Realty	12,432,259					
National Health Care						
Associates, Inc	169,201					
4. Other Long-Term Liabilities	4. Other Long-Term Liabilities (<i>itemize</i>)				1,84	46,243
Annulli Notes	. ,	1,387,243				
Note Payable 459,000						
See Schedule						
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					14,44	47,703
C. Total All Liabilities (Lines A-13 + B-5)						60,445

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

	ne of Facility License No. Report for Year Ended	Page	
Betl	hel Health and Rehabilitation Center 2138-C 9/30/2018 Account	35	Amount 37
A.	Reserves		Amount
	1. Reserve for value of leased land	\$	
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	\$	9,226,602
	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	\$	9,226,602
B.	Net Worth		
	1. Owner's Capital	\$	
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(17,132,351)
	6. Gain or Loss for Period 10/1/2017 thru 9/30/2018	\$	410,496
	7. Total Net Worth	\$	(16,721,855)
C.	Total Reserves and Net Worth	\$	(7,495,253)
D.	Total Liabilities, Reserves, and Net Worth	\$	12,965,192

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H. Changes in Total Net Worth

H.	Balance at End of Period	09/30/1	18	\$		(16,721,855)
	3. Total Deductions			\$		20,306
Partn	er Drawings			20,306		
Purpose Amount						
						20,306
	A OL WELL (7 - 14)			\$		20.205
	Name and Address (No., City,	State, Zip)	Title	Amount		
	1. Drawings of Owners/Operators/			\$		
G.						
	Total Additions			\$		21,533
	Prior Period		21,533			
	2. Other (<i>itemize</i>)					
	1. Additional Capital Contributed (itemize)				
F.	Additions	·· · · ·				
E.	Balance			\$		(16,723,082)
D.	Net Income or Deficit	5 1	0 /	<u> </u>		410,496
C.						24,195,584
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)					, ,	24,606,080
A. Balance at End of Prior Period as shown on Report of 09/30/2017						(17,133,578)
Account						amount
Reth	el Health and Rehabilitation Center, l	2138-С	Report for Year 9/30/2018		Page 36	of 37

Name of Facility License No. Report for Year Ended Page of Bethel Health and Rehabilitation Center, 2138-C 9/30/2018 37 37 *Check appropriate category* Chronic and Convalescent Nursing Rest Home with Nursing $\mathbf{\nabla}$ ☑ Residential Care Home Home only (CCNH) Supervision only (RHNS) **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 Date Signed Printed Name of Preparer Blum, Shapiro & Company, P.C. Phone Number Addres Address 2 Enterprise Drive, Shelton, CT 06484 203-944-2100 Annual Report Contact Phone Number George Thomas 860-561-6853 Annual Report Contact Email Address gthomas@blumshapiro.com

I. Preparer's/Reviewer's Certification