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CT 06498 Image: CT 06	CT 06498	
	<u> </u>	

property or the loaning of funds to this fa	provide goods or services, including the rental of acility, related through family association, association to any of the owners, operators, or	⊙ Yes ○ No	If "Yes", provide the following informat	ion:		
		Also Provides Goods / Services to Non-Related		Indicate Where Costs are Included in Annual Report		Actual Cost to the Related
Name of Related Individual or Con HH Realty	104 Sagamore Terrace West, Westbrook	10 X00 10 10	Description of Goods / Services Provide Rental of real estate	ed Page# / Line# P 22, L 9	Cost Reported 42,000	Party 42,000
Amelia Cart	Percentage Non-Related		Loan - interest	P 27, L 12D	1,066	1,066
	Percentage Non-Related					
Amelia Cart	104 Sagamore Terrace West, Westbrook		Loan	P 34, L B3	128,177	128,177
Jody Young	40 Sagamore Terrace West, Westbrook,	○ Yes ◎ No	Loan	P 34, L B3	5,150	5,150
	Percentage Non-Related					
Jody Young	40 Sagamore Terrace West, Westbrook, CT 06408	O Yes ⊙ Nø d 0.00%	Loan - interest	P 27, L 12D	414	414
	Percentage Non-Related	0 Yes 0 No				
	Percentage Non-Related					
		O Yes O No				
	Percentage Non-Related	1]	
	Percentage Non-Related	© Yes © No d 0.00%				
		O Yes O No				
	Percentage Non-Related	d 0.00%				
© Yes O No	y expenses and attach copy of appropriate suppor	tine data.				
	nd self-disallow direct and indirect costs to non-nu		ssisted Living, Home Health, Outpatient :	Services, Adult Day		
					l	
Include all long-term leases for motor ve	chicles and equipment that have not been capitaliz	ed. Short-term leases or as need	ed rentals should not be included in these	amounts.		
Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease	Annual Amount of Lease	Amount Claimed	Related to Owners
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
© Accrual O Cash O Modified Cash	l covered by this report were maintained on the fo e same as for the previous period? If ''No,'' expla		Is a Mileage Log Book Maintained for A	Total Il Leased Vehicles ?	0 [O Yes O No
Name of Accounting Firm Davis, Mascola & Phillips, LLC		1	Address of Accounting Firm 1062 Barnes Rd, Ste. 203, Wallingford, CT	06492		
		2 3 4				
Services Provided by This Firm (describ		4 Charge for Service Provided	т]		
	report and tax return and assistance with State audit diture portion of this report? If Yes, specify expec	10,130				
Name of Legal Firm or Independent Att	orney Address	Telephone Number				
			Ţ			
Services Provided by This Firm		Charge for Service Provided				
Services Provided by This Firm		Charge for Service Provided				

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line nu O Yes O No

Page 4

Page 5

Page 6

Page 7

mber

	Name & Address of Individual	Full Explanation of Services	Explanation	of Relationship	Related to Owner	s, Operators, Officers	ſ
	nume & Audress of Individual	a an Explanation of Set vices	Apranation (л колоновир	© Yes	© No	ŀ
					O Yes	O No	[
					O Yes	O N0	[
					O Yes	O No	[
					O Yes	Q No	[
					O Yes	O No	[
					O Yes	O No	[
					O Yes	O No	[
					O Yes	O No	
					O Yes	O No	ſ
					O Yes	O No	
					O Yes	O No	•
					O Yes	O No	ſ
					O Yes	O No	ſ
					O Yes	O No	[
			·		O Yes	O No	
	L		ı		O Yes	Q No	ι [
	L				O Yes	O No	ι [
					O Yes	O No	L [
	<u> </u>		<u> </u>		O Yes	O No	L [
					O Yes	O No	l ſ
		<u> </u>	<u> </u>		O Yes	O No	l r
		<u> </u>			₩ 105	an s 19	l
	Name & Address of Individual or Company		Manager	scription of ment Service		e Costs are Included in	r
	Supplying Service	Cost of Management Services	PT	ovided	Annual Ke	port Page #/Line #	
	Is the cost of employee meals included in 2E?		O Yes O Yes	⊙ No ⊙ No			
J	Did you receive revenue from employees? Where is the revenue received reported in the Cost	Report?				If yes, specify amt. (Page/Line Item)	
K	Is the cost of meals provided to persons other than Members, Guests) included in 2E?	employees or residents (i.e., Board	O Yes	© No		If yes, specify cost.	
L	Is any revenue collected from these people?		O Yes	© No		If yes, specify amt.	
M			1		1	(Page/Line Item)	
	Is cost of food (other than meals, e.g., snacks at mor provided to employees included in 2E?	nthly staff meetings, board meetings)	O Yes	⊙ No ⊙ No		If yes, specify cost.	
O P	Is any revenue collected from employees? Where is the revenue received reported in the Cost	Report?	o les	0110		If yes, specify amt. (Page/Line Item)	
G	Is cost of employee laundry included in 3E?		O Yes	© No		If yes, specify cost.	
	Did you receive revenue from employees?		O Yes	⊙ No		If yes, specify amt.	
	Where is the revenue received reported in the Cost	keport?	<u></u>	0.1		(Page/Line Item)	L
	Is cost of laundry provided to persons other than en Did you receive revenue from these people?	nployees or residents included in 3E?	O Yes O Yes	⊙ No ⊙ No		If yes, specify cost. If yes, specify amt.	
I J	Where is the revenue received reported in the Cost	Report?			•	(Page/Line Item)	
I J K				O No	1	complete Part B.	
J K L	Is the property either owned by the Facility or lease	ed from a Related Party?	⊙ Yes	<u>O</u> N6		complete Part C.	
I J L	Description	Total	 	O No			
I J K L A1 A2 A3	Description Date Land Purchased Date Structure Completed II NOT Original Owner, Date of Purchase	Total 5/1/1974 5/1/1974	 	0 100			
I J K L A1 A2 A3 A4 A5	Description Date Land Purchased Date Structure Completed If NOT Original Owner, Date of Purchase Date of Initial Licensure Total Licensed Bed Capacity	Total 5/1/1974	 	U No			
I J K L A1 A2 A3 A4 A5 A6 A7a	Description Date Land Purchased Date Structure Completed If NOT Original Owner, Date of Purchase Date of Initia Licensure	Total 5/1/1974 5/1/1974 5/1/1974	 	U No			
I J K L A1 A2 A3 A4 A5 A6 A7 b	Description Date Structure Completed If NOT Original Owner, Date of Purchase Date of Initial Licensure Total Licensed Bed Capacity Square Footage Original Cost - Land Original Cost - Building Part B - Owner and Related Parties	Total 5/1/1974 5/1/1974 5/1/1974		Mortgage	If "No"		4th Mo
A1 J K L A2 A3 A4 A5 A6 A7a 31a 31a 31a 31a	Description Date Structure Completed If NOT Original Owner, Date of Purchase Date of Initial Licensure Total Licensed Bed Capacity Square Footage Original Cost - Land Original Cost - Building Part B - Owner and Related Parties Type of Financing (e.g., fixed, variable) Date of Fourier of the for the Cost Year	Total 5/1/1974 5/1/1974 5/1/1974 25			If "No"	complete Part C.	4th Mo
A1 J K L A2 A3 A4 A5 A4 A5 A6 A7 b 31a 31a 31a 31a 31a 31a 31a	Description Date Structure Completed If NOT Original Owner, Date of Purchase Date of Initial Licensure Total Licensed Red Capacity Square Footage Original Cost - Land Original Cost - Land Original Cost - Building Part B - Owner and Related Parties Type of Financing (e.g., fixed, variable) Date Mortgage Obtained Interest Rate for the Cost Year Term of Mortgage (number of years) Amount of Principal Borrowed	Total 5/1/1974 5/1/1974 5/1/1974 25			If "No"	complete Part C.	4th Mo
I J J K L A1 A2 A3 A4 A5 A6 A7a 31b 31c 31c 31d 31c 31f 31g 31g	Description Date Land Purchased Date Structure Completed If NOT Original Owner, Date of Purchase Date of Initial Licensure Total Licensed Bed Capacity Square Footage Original Cost - Land Original Cost - Building The Art B - Owner and Related Parties Type of Financing (e.g., fixed, variable) Date Mortgage Obtained Interest Rate for the Cost Year Term of Mortgage (number of years) Amount of Principal Borrowed Principal Bance outstanding as of Complete if Mortgage was Refinanced During Curre Type of Financing (e.g., fixed, variable)	Total 5/1/1974 5/1/1974 25 Ist Mortgage			If "No"	complete Part C.	4th Mo
I J K L A1 A2 A3 A4 A5 A6 A7 a B1 a B	Description Date Structure Completed If NOT Original Owner, Date of Purchase Date of Initial Licensure Total Licensed Red Capacity Square Footage Original Cost - Land Original Cost - Land Original Cost - Land Original Cost - Land Date of Financing (e.g., fixed, variable) Date Mortgage Obtained Interest Rate for the Cost Year Term of Mortgage (number of years) Amount of Principal Bolance outstanding as of	Total 5/1/1974 5/1/1974 25 Ist Mortgage			If "No"	complete Part C.	4th Mo
I J K L A1 A2 A3 A4 A5 A6 A7a 31b 31c 31f	Description Date Land Purchased Date Structure Completed If NOT Original Owner, Date of Purchase Date of Initial Licensure Total Licenser Total Licenser Original Cost - Land Original Cost - Land Original Cost - Land Original Cost - Building Part B - Owner and Related Parties Type of Financing (e.g., fixed, variable) Date Morigage Obtained Interest Rate for the Cost Year Term of Morigage (number of years) Amount of Principal Borrowed Principal balance outstanding as of	Total 5/1/1974 5/1/1974 25 Ist Mortgage			If "No"	complete Part C.	4th Mo
I J K L A1 A2 A3 A4 A5 A6 A7a 31b 31c 31f	Description Date Eracturer Completed If NOT Original Owner, Date of Purchase Date of Initial Licensure Total Licensed Bed Capacity Square Footage Original Cost - Land Original Cost - Land Original Cost - Land Original Cost - Land Date of Financing (e.g., fixed, variable) Date Mortgage Obtained Interest Rate for the Cost Year Term of Mortgage (number of years) Amount of Principal Borrowed Principal balance outstanding as of	Total 5/1/1974 5/1/1974 25 Ist Mortgage	2nd ?		If "No"	complete Part C.	4th Mod

Page 37

Address o	f Preparer
1062 Barn	es Rd, Ste. 203, Wallingford, CT 06492
Dhama Nas	
Phone Nu 203-265-0-	mber of Preparer

Printed Name of Preparer Davis, Mascola & Phillips, LLC

ual Amount of Lease

	А	В	С	D		Е	F	G	Н	Ι
355	11	27	Prescription Drugs		0	L	1	0	11	1
356		28	Ambulance/Limousine		0					
357		29	X-rays, etc.		0					
358		30	Laboratory		0					
359					0					
339		31	Medical Supplies							
360		32	Oxygen (not emergency)		0					
361		33	Occupational Therapy		0					
362		34	Other Ancillary Costs Page 29 Schedule	5	55	-	-	55		
363			22 - Maintenance and Property		•					
303		-		-1-	•					
364		35	Excess Movable Equipment Depreciation Page 29 Schedu		0	-	-	-		
365		36	Depreciation on Unallowable Motor Vehicles	4,46	52			4,462	22	7d
366		37	Unallowable Property and Real Estate Taxes		0					
367	Page 29	38	Rental of Building Space or Rooms		0					
260	ge									
368	Pa	_ 39	Other Property Costs Page 29 Schedule		0	-	-	-		
369		Page 2	27 - Insurance							
370		40	Mortgage Insurance		0					
371		41	Property Insurance	81	5			815	27	14b
272			- Miscellaneous							~
372					~					
373		42	Research or Experimental Activities		0					
374		43	Radio and Television Revenue		0					
375		44	Vending Machine Revenue		0					
376		45	Purchase Discounts and Allowances		0					
370										
517		46	Duplication of functions or services		0					
378		47	Expenditures for protection, promotion of provider interest		0					
379		48	Interest Income on Account Rec.		0					
290		49	Other Adjustments to Expense Page 29 Schedule		0					[
200					U	-	-	-		
381			or Profit Providers Only							
365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384		50	Building/Non Movable Eq. Depreciation Unallowable Build Int		0	-	-	-		
383			Page 29 Schedule	e)						
384		51	Total Amount of Decrease	9,09	8	0	0	9,098		
205		51	Toun Amount of Decreuse	,05	0	0	U	,,070		
385										
								Residential		
386		Line #	Description	Total		CCNH	RHNS	Care Home		
387			ent Room, Board & Routine Care Revenue	1000		00101		0410110		
								60.4.4.6.4		
388		I1a	Medicaid Residents (CT Only)	694,10	01			694,101		
389		I1b	Medicaid Room and Board Contractual Allowance		0					
390		I2a	Medicaid (All Other States)		0					
391		I2b	Other States Room and Board Contractual Allowance		0					
391										
392		I3a	Medicare Residents (all inclusive)		0					
393		I3b	Medicare Room and Board Contractual Allowance		0					
394		I4a	Private-Pay Residents and Other		0					
395			Private-Pay Room and Board Contractual Allowance		0					
396		Other	Resident Revenue							
397		II1a	Prescription Drugs - Medicare		0					
398			Prescription Drugs - Medicare Contractual Allowance		0					
399					-					
			Prescription Drugs - Non-Medicare		0					
400		II1d	Prescription Drugs - Non-Medicare Contractual Allowance		0					
401		II2a	Medical Supplies - Medicare		0					
402			Medical Supplies - Medicare Contractual Allowance		0					
			**							
403			Medical Supplies - Non-Medicare		0					
404		II2d	Medical Supplies - Non-Medicare Contractual Allowance		0					
405			Physical Therapy - Medicare		0					
406	30		Physical Therapy - Medicare Contractual Allowance		0					
407	e 3									
407	Page		Physical Therapy - Non-Medicare		0					
408	Р		Physical Therapy - Non-Medicare Contractual Allowance		0					
409		II4a	Speech Therapy - Medicare		0					
410			Speech Therapy - Medicare Contractual Allowance		Ŏ					
411			Speech Therapy - Non-Medicare		0	ļ				
412		II4d	Speech Therapy - Non-Medicare Contractual Allowance		0					
413		II5a	Occupational Therapy - Medicare		0					
414			Occupational Therapy - Medicare Contractual Allowance		0					
						 				
415			Occupational Therapy - Non-Medicare		0					
416		II5d	Occupational Therapy - Non-Medicare Contractual Allowance		0					
417		II6a	Other (Specify) - Medicare		0	-	-	-	-	
418			Other (Specify) - Non-Medicare Other Resident Rev		Õ	-	-	-		
410		III				0	0	604 101		
419			Total Resident Revenue	694,10	1	0	0	694,101		
420			Revenue						1	
421		IV1	Meals sold to guests, employees & others		0					
422		IV2	Rental of rooms to non-residents		0					
422		IV3	Telephone and Telegraph		0					
404										
424		IV4	Rental of Televisions and Cable Services		0					
425		IV5	Interest Income (Specify) Interest Income		0	-	-	-		
426		IV6	Private Duty Nurses' Fees		0					
427		IV7	Barber, Coffee, Beauty & Gift shops		0					
400									I	
428		178	Other (Specify) Other Revenue		0	-	-	-		
429			See Attached Schedule							
430		V	Total Other Revenue		0	0	0	0		
420 421 422 423 424 425 426 427 428 429 430 431	30	VI	Total All Revenue	694,10		0	0	694,101		
	20	, 1	2 01111 2111 2107 CHUC	~~ rg10	-	v	v	1,101		

	В	С	D	Е	F	G
46	7A	Physical Therapy - Medicare Part B	0			
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	0			
50	7D	Total Physical Therapy Treatments	0	0	0	0
51	8A	Speech Therapy - Medicare Part B	0			
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	0			
55	8D	Total Speech Therapy Treatments	0	0	0	0
56	9A	Occupational Therapy - Medicare Part B	0			
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	0			
60	9D	Total Occupational Therapy Treatments	0	0	0	0
61						

Line

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

	Name	CCNH	RHNS	Residential Care Home		Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**		Compensation Received
۔ ب											
sction	s s										
Section I-											
	Mark Young			38,988	2,039	A7B	health ins & pension	maintenance			
age 11 & 12 Section II-Other	Steven Ucich			1,424	88	A7B	none	maintenance	Sunny Lodge, 47 Cedar Grove Ave,	2,080	40,238
Page 11 & 12 Section II-(Devon Young			572	55		none	aide			
Page See	ž										
÷	g Jody Young			55,507	2,080	A2	Health ins & pension	administrator			
ction I	zoop Jody Young										
Sec	Adm										
t											
ssistar	ators										
n IV-A	Administrators										
Sectio	PF										

List all contracted services - not just those you consider pertain to resident care.

			Related to Owner				Total	Cost/Page Ref.		
Name of Individual/Con	npany	Address	Operators, Officers	Explanation of Relationship	Full Explanation of Services Provided	CCNH	RHNS	Residential Care Home	Page	Line
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							
			○ Yes ○ No							

Page 21

Line #

Please fill in the Depreciation Schedule as follows:

		Asset Addition Schedule	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
	A1	Land Improvements - Acquired prior to report period							
	A2	Land Improvements - Disposals	-						
	A3	Land Improvements - Acquired during this report period (attach schedule)							
	B1	Building Improvements - Acquired prior to this report period							
	B2	Building Improvements - Disposals	-						-
	В3	Building Improvements - Acquired during this report period (attach schedule)							-
Page 23	C1	Non-Movable Equipment - Acquired prior to this report period	776,444		776,444	725,687	SL	various	9,272
	C2	Non-Movable Equipment -Disposals	_						-
	C3	Non-Movable Equipment - Acquired during this report period (attach schedule)	31,342						1,520

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	log	nileage book ained?	Dat Acqui	e of isition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
		Yes	No	Month	Year							
D1a	2015 Toyota highlander		Х	9	2,014	27,455		27,455	6,863	SL	4	6,864
D1b												
D1c												
D1d												
				_								
D2a	Movable Equipment - Acquired prior to this report period			varous	various	75,689		75,690	74,179	SL	various	993
D2b	Disposals					-						-
D2c	Movable Equipment - Acquired during this report period (attach schedule)					2,574						43

Please fill in the Amortization Schedule as follows:

				e of isition	Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Organization Expense	Month	Year						
	A1									
	A2									
-	A3									
2		Mortgage Expense					-			
Page 24	B1									
-	B2									
	B3									
	C1	Leasehold Improvements and Other - Acquired prior to this report period								
	C2	Leasehold Improvements and Other - Disposals				-				-
	C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)								-

A B C D 1 Line # Description Subtotal 2 Current Assets A1 Cash (on hand and in banks) 3 A1 Cash (on hand and in banks) 4 A2 Resident Accounts Receivable 5 A3 Other Accounts Receivable 6 A4 Inventories 7 A5 Prepaid Expenses (itemize) 8 a Prepaid insurance 3,566 9 b Prepaid RE taxes 4,000 10 c Prepaid R&M 2,000 11 d Interest Receivable Image: Superstand Settlement Receivable 14 A6 Interest Receivable Image: Superstand Settlement Receivable 14 A8 Other Current Assets (itemize) Image: Superstand Settlement Receivable 15 Inferest Receivable Image: Superstand Settlement Receivable Image: Superstand Settlement Receivable 15 Inferest Receivable Image: Superstand Settlement Receivable Image: Superstand Settlement Receivable 17 Image: Superstand Settlement Receivable Image: Superstand Settlement Receivable Image: Superstand Settlement Receivable 20 Image: Superstand Settlement Receivable Image: Superstand Settlement Recei	E Total 45,325 65,055 9,566 0 119,946 0 0
2 Current Assets 3 A1 Cash (on hand and in banks) 4 A2 Resident Accounts Receivable 5 A3 Other Accounts Receivable 6 A4 Inventories 7 A5 Prepaid Expenses (itemize) 8 a 9 b 10 c c Prepaid R& M 2,000 10 11 d A6 Interest Receivable A7 Medicare Final Settlement Receivable A8 Other Current Assets (itemize) 15 16 17 18 18 A9 7 Total Current Assets (Lines A1 thru 8) 20 Fixed Assets 21 Fixed Assets 22 B1 Land 23 B2 Land Improvements 24 Historical Cost 25 Accumulated Depreciation 26 B3 Buildings 27 Historical Cost 28 Accumulated Depreciation 29 B4 Leasehold Improvements 30 Accum	45,325 65,055 9,566 0 119,946 0
3 A1 Cash (on hand and in banks) 4 A2 Resident Accounts Receivable 5 A3 Other Accounts Receivable 6 A4 Inventories 7 A5 Prepaid Expenses (itemize) 8 a Prepaid RE taxes 9 b Prepaid RE taxes 4,000 10 c Prepaid RE taxes 4,000 11 d Interest Receivable Interest Receivable 13 A6 Interest Receivable Interest Receivable 14 A6 Interest Receivable Interest Receivable 14 A8 Other Current Assets (itemize) Interest Receivable 15 I6 Interest Receivable Interest Receivable Interest Receivable 15 I6 Interest Receivable Interest Receivable Interest Receivable 16 Interest Receivable Interest Receivable Interest Receivable Interest Receivable 17 I8 A9 Total Current Assets (Lines A1 thru 8) Interest Receivable Interest Receivable 20 If Istoric	65,055 9,566 0 119,946
4 A2 Resident Accounts Receivable 5 A3 Other Accounts Receivable 6 A4 Inventories 7 A5 Prepaid Expenses (itemize) 8 A Prepaid RE taxes 9 b Prepaid RE taxes 4,000 10 c Prepaid RE taxes 4,000 11 d A6 Interest Receivable A6 12 A6 Interest Receivable A7 Medicare Final Settlement Receivable 14 A6 Other Current Assets (itemize) A8 Other Current Assets (itemize) 15 16 Fixed Assets Fixed Assets Fixed Assets Fixed Assets 20 21 Fixed Assets Fixed Assets Fixed Assets Fixed Assets 22 B1 Land Fixed Assets Fixed Assets Fixed Assets 23 B2 Land Improvements Historical Cost Fixed Accumulated Depreciation 23 B3 Buildings Fixed Accumulated Depreciation Fixed Accumulated Depreciation 24 B4 Leasehold Improvements	65,055 9,566 0 119,946 0
5 A3 Other Accounts Receivable 6 A4 Inventories 7 A5 Prepaid Expenses (itemize) 8 a Prepaid insurance 3,566 9 b Prepaid RE taxes 4,000 10 c Prepaid RE taxes 4,000 10 c Prepaid R&M 2,000 11 d	9,566
6 A4 Inventories 7 A5 Prepaid Expenses (itemize) 8 9 A5 Prepaid insurance 3,566 9 b Prepaid RE taxes 4,000 10 c Prepaid R&M 2,000 11 A6 Interest Receivable	0 119,946 0
7 A.5 Prepaid Expenses (itemize) 8 9 a Prepaid insurance 3,566 9 b Prepaid RE taxes 4,000 10 c Prepaid R&M 2,000 11 d	0 119,946 0
8 a Prepaid insurance 3,566 9 b Prepaid RE taxes 4,000 10 c Prepaid R&M 2,000 11 d	0 119,946 0
9 b Prepaid RE taxes 4,000 10 c Prepaid R&M 2,000 11 d Interest Receivable Interest Receivable 13 A7 Medicare Final Settlement Receivable Image: Constraint of the set of t	119,946
IO c Prepaid R&M 2,000 11 d Interest Receivable Interest Receivable 13 A6 Interest Receivable Interest Receivable 14 A8 Other Current Assets (itemize) Interest Receivable 14 A8 Other Current Assets (itemize) Interest Receivable 15 Interest Receivable Interest Receivable Interest Receivable 14 A8 Other Current Assets (itemize) Interest Receivable 15 Interest Receivable Interest Receivable Interest Receivable 14 A8 Other Current Assets (itemize) Interest Receivable 15 Interest Receivable Interest Receivable Interest Receivable 16 A9 Total Current Assets (Lines A1 thru 8) Interest Receivable 20 E B1 Land Interest Receivable 21 Fixed Assets E Interest Receivable 22 B1 Land Interest Receivable Interest Receivable 23 B2 Land Improvements Interest Receivable Interest Receivable <td< td=""><td>119,946</td></td<>	119,946
11 d Interest Receivable 13 A6 Interest Receivable 13 A7 Medicare Final Settlement Receivable 14 A8 Other Current Assets (itemize) 15 Image: Contract Current Assets (itemize) 16 Image: Contract Current Assets (Lines A1 thru 8) 20 Fixed Assets 21 Fixed Assets 22 B1 23 B2 24 Historical Cost 25 Accumulated Depreciation 26 B3 27 Historical Cost 28 Accumulated Depreciation 29 B4 Leasehold Improvements 30 Historical Cost 31 Accumulated Depreciation 32 B5 Non-Movable Equipment	119,946
12 A6 Interest Receivable 13 A7 Medicare Final Settlement Receivable 14 A8 Other Current Assets (<i>itemize</i>) 15 6 16 7 17 8 18 A9 7 7 19 A9 20 7 21 7 18 10 22 81 23 82 24 4 25 Accumulated Depreciation 26 B3 27 Historical Cost 28 Accumulated Depreciation 29 B4 29 B4 20 4 29 B4 20 4 21 1 22 1 23 1 24 1 25 4 26 1 27 1 28 4 29 1 20 1	119,946
13 A7 Medicare Final Settlement Receivable 14 A8 Other Current Assets (<i>itemize</i>) 15	119,946
14 A8 Other Current Assets (itemize) 15 16 16 17 17 18 19 A9 20 7 21 Fixed Assets 22 B1 23 B2 24 Historical Cost 25 Accumulated Depreciation 26 B3 27 Accumulated Depreciation 28 Accumulated Depreciation 29 B4 Leasehold Improvements 30 Accumulated Depreciation 31 Accumulated Depreciation 32 B5 Non-Movable Equipment	119,946
15 16 16 17 18 19 19 A9 20 7 21 Fixed Assets 22 B1 23 B2 24 Historical Cost 25 B3 26 B3 27 Historical Cost 28 Accumulated Depreciation 29 B4 29 B4 21 Leasehold Improvements 30 Accumulated Depreciation 31 32 32 B5	119,946
16 17 18 A9 19 20 20 Fixed Assets 21 Fixed Assets 22 B1 23 B2 24 Historical Cost 25 Accumulated Depreciation 26 B3 27 Historical Cost 28 Accumulated Depreciation 29 B4 4 Leasehold Improvements 30 Accumulated Depreciation 31 32 32 B5	0
17 18 19 A9 20 7 21 Fixed Assets 22 B1 23 B2 24 Historical Cost 25 Accumulated Depreciation 26 B3 27 Historical Cost 28 Accumulated Depreciation 29 B4 29 B4 29 B4 29 B4 29 B4 29 B4 Accumulated Depreciation 30 Accumulated Depreciation 31 Accumulated Depreciation 32 B5	0
18 A9 Total Current Assets (Lines A1 thru 8) 20 20 Fixed Assets 21 Fixed Assets 22 B1 Land 23 E B2 24 Historical Cost 25 Accumulated Depreciation 26 B3 Buildings 27 Historical Cost 28 Accumulated Depreciation 29 B4 Leasehold Improvements 30 Accumulated Depreciation 31 Accumulated Depreciation 32 B5 Non-Movable Equipment	0
19 A9 Total Current Assets (Lines A1 thru 8) 20 Fixed Assets 21 Fixed Assets 22 B1 Land 23 B2 Land Improvements 24 Historical Cost	0
20 21 Fixed Assets 22 Fixed Assets 22 B1 Land 23 B2 Land Improvements 24 Historical Cost	0
20 21 Fixed Assets 22 Fixed Assets 22 B1 Land 23 B2 Land Improvements 24 Historical Cost	0
21 Fixed Assets 22 B1 Land 23 B2 Land Improvements 24 Historical Cost	
23 B2 Land Improvements 24 Historical Cost	
23 B2 Land Improvements 24 Historical Cost	
25Accumulated Depreciation26B3Buildings27Historical Cost28Accumulated Depreciation29B4Leasehold Improvements30Historical Cost31Accumulated Depreciation32B5Non-Movable Equipment	
25Accumulated Depreciation26B3Buildings27Historical Cost28Accumulated Depreciation29B4Leasehold Improvements30Historical Cost31Accumulated Depreciation32B5Non-Movable Equipment	0
26B3Buildings27Historical Cost28Accumulated Depreciation29B4Leasehold Improvements30Historical Cost31Accumulated Depreciation32B5Non-Movable Equipment	0
27Historical Cost28Accumulated Depreciation29B4Leasehold Improvements30Historical Cost31Accumulated Depreciation32B5Non-Movable Equipment	v
28Accumulated Depreciation29B4Leasehold Improvements30Historical Cost31Accumulated Depreciation32B5Non-Movable Equipment	I
29 B4 Leasehold Improvements 30 Historical Cost 31 Accumulated Depreciation 32 B5 Non-Movable Equipment	
30 Historical Cost 31 Accumulated Depreciation 32 B5 Non-Movable Equipment	0
31 Accumulated Depreciation 32 B5 Non-Movable Equipment	U
32 B5 Non-Movable Equipment	
	71 207
33 Historical Cost SU7.786	71,307
34Accumulated Depreciation 736,479	
35 B6 Movable Equipment	3,048
36Historical Cost 78,263	
37Accumulated Depreciation 75,215	
38 B7 Motor Vehicles	13,728
39Historical Cost27,455	
40 Accumulated Depreciation 13,727	
41 B8 Minor Equipment-Not Depreciable	
42 B9 Other Fixed Assets (<i>itemize</i>)	0
43	
44	
45 B10 Total Fixed Assets (Lines B1 thru 9)	88,083
46 Total Brought Forward	208,029
47 Leasehold or like property recorded for Equity Purposes	
48 C1 Land	
49 C2 Land Improvements	0
50 Historical Cost	
51 Accumulated Depreciation	
52 C3 Buildings	0
53 Historical Cost	
54 Accumulated Depreciation	
55 C4 Non-Movable Equipment	0
56 Historical Cost	-
57 Accumulated Depreciation	
58 C5 Movable Equipment	0
59 Historical Cost	v
60 Accumulated Depreciation	
61 C6 Motor Vehicles	0
62 Historical Cost	v
63 Accumulated Depreciation	
64 C7 Minor Equipment -Not Depreciable	
65 C8 Total Leasehold or Like Properties (C1 thru 7)	0
67 Sector Investment and Other Assets 68 A D1 Deferred Deposits	
69 D2 Escrow Deposits	

	А	В	С)	Е
70		D3	Organization Expense		0
71		20	Historical Cost		Ŭ
72			Accumulated Depreciation		
73		D4	Goodwill		
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78		D0	Name and Address		, v
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		2,480
83			Security deposit	2,480	
84			2000	_,	
85					
86		D8	Total Investments and Other Assets (Lines D1 thru 7)		2,480
87		D9	Total All Assets (Lines A9 + B10 + C8 + D8)		210,509
88					
89		Curre	nt Liabilities		
90		A1	Trade Accounts Payable		35,077
91			Notes Payable (itemize)		,
92		112			
			<u>├</u>		
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
104			Date Due		
	33				
106	Page 33				
107	Pag	A4	Accrued Payroll (Exclusive of Owners & Stockholders)		3,588
108	I	A5	Accrued Payroll (Owners & Stockholders only)		
109		A6	Accrued Payroll Taxes Payable		471
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		250
115		A12	Other Current Liabilities (itemize)		34,225
116			Pension payable	10,394	
117			Due DSS	23,831	
118				23,031	
			<u>├</u>		
119			ļ		
120			<u> </u>		
121					
122					
123					
124		Δ13	Total Current Liabilities Lines A1 thru 12)		73,611
124		AIJ	,	Forward	
		7	Total Brought	rorwaru	73,611
126		-	Term Liabilities	I	
127		B1	Loans Payable-Equipment		17,494
128			Name of Lender Toyota Cu	redit	
129			Purpose Highlande		
130			Amount	27,355	
131			Date Due	09/30/20	
131				07/30/40	1
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					1
138		B2	Mortgages Payable	I	<u> </u>
150		14	1.101.5u500 1 uju010		

	А	В	C D	Е
139		B3	Loans from Owners or Related Parties	133,327
140	Page 34	05	Name and Address of Lender Amelia Cart	100,027
140	Pag			0 177
				8,177
142			Loan Date	open
143				
144			Name and Address of Lender Jody Young	
145				5,150
146			Loan Date	open
147				
148		B4	Other Long-Term Liabilities (itemize)	0
149				
150				
151				
152				
153		B5	Total Long-Term Liabilities (Lines B1 thru 4)	150,821
154		С	Total All Liabilities (Lines A13 + B5)	224,432
155				
156		Reserv	ves	
157		A1	Reserve for value of leased land	
			Reserve for depreciation value of leased buildings	
158		A2	and appurtenances to be amortized	
			Reserve for depreciation value of leased personal	
159		A3	property (Equity)	
1.57			Reserve for leasehold real properties on which fair	
160		A4	rental value is based	
161		A5	Reserve for funds set aside as donor restricted	
	35	-		
162 163	Page 35	A6	Total Reserves	0
	Pa	Net W		
164		B1	Owner's Capital	1.000
165		B2	Capital Stock	1,000
166		B3	Paid-in Surplus	
167		B4	Treasury Stock	
168		B5	Cumulated Earnings	(74,881)
169		B6	Gain or Loss for Period 10/1/2015 thru 09/30/2016	59,958
170		B7	Total Net Worth	(13,923)
171		С	Total Reserves and Net Worth	(13,923)
172		D	Total Liabilities, Reserves, and Net Worth	210,509
173				
174		А	Balance at End of Prior Period	(74,881)
175		В	Total Revenue	694,101
176		С	Total Expenditures	634,143
177		D	Net Income or Deficit	59,958
178		Е	Balance	
179		F1	Additional Capital Contributed (itemize)	
180				
181			l – – – – – – – – – – – – – – – – – – –	1
182				1
183			<u>├</u>	
184		F2	Other (itemize)	_
185		14		
185			<u>├</u> ────┤	
180			<u>├</u> ────┤	
			<u>├</u>	
188	36	F 2	Total Additions	
189	Page 36		Total Additions	0
190	Pa	G1	Drawings of Owners/Operators/Partners	
191			Name and Address	
192			Title	
193			Amount	
194				
195			Name and Address	
196			Title	
197			Amount	
198		G2	Other Withdrawings	
199			Purpose	
200			Amount	
201				
202			Purpose	
203			Amount	
204		G3	Total Deductions	
				•

	Α	В	С	D	Е
205		Η	Balance at End of Period		0

State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2016

Name of Facility (as licensed)		
Briarcliff Convalescent Corp.		
Address (No. & Street, City, State, Zip Code)		
179 Coleman St, New London, CT 06320		
Type of Facility		
Chronic and Convalescent	Rest Home with Nursing	
□ Nursing Home only □	Supervision only	Residential Care Home
(CCNH)	(RHNS)	
Report for Year Beginning	Report for Year Ending	
10/1/2015	9/30/2016	

	CCNH RHNS		Residential Care I 928	Home Medicare Provider
Medicaid Provider Numbers:	CC	NH	RHNS	ICF-IID

For Department Use Only

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

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C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

Name of Facility (as licensed)	License N	o. Rep	ort for Year Ended	Page of					
Briarcliff Convalescent Corp.		-	/2016	1 37					
MISREPRESENTATION OR COST REPORT MAY BE PU FEDERAL LAW.		ANY INFORMATION	CONTAINED IN						
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Briarcliff Convalescent Corp. [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.									
I hereby certify that I have direct Schedule of Resident Statistics, Balance Sheet of this Facility in year ended as specified above.	Statements of Reported Ex	penditures, Statements o	f Revenues and the r	elated					
I have read this Report and he my knowledge under the pena presented in this Report as a b residents were incurred to pro recorded have been retained a request.	Ity of perjury. I also cer asis for securing reimbu- vide resident care in this	rtify that all salary and a resement for Title XIX a Facility. All supporting	non-salary expense and/or other State a ng records for the e	s issisted xpenses					
Signed (Administrator)	Date	Signed (Owner)		Date					
Printed Name (Administrator) Jody Young		Printed Name (Ow Jody Young	mer)						
Subscribed and Sworn State	e of Date	Signed (Notary Pu	blic)	Comm. Expires					
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		
			1A	37
Name of Facility	Period Cov	ered:	From	То
Briarcliff Convalescent Corp.			10/1/2015	9/30/2016
Address of Facility 179 Coleman St, New London, CT 06320				
Report Prepared By	Phone Nun	nber	Date	
Davis, Mascola & Phillips, LLC	203-265-04	188		-
		~~~~		Residentia 1 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. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

### State of Connecticut Annual Report of Long-Term Care Facility CSP-2 Rev. 10/2005

## **General Information and Questionnaire** Type of Facility - Organization Structure

			ne No. of Fa -443-5376	cility	Report for Ye 9/30/2016	ar Ended	Page 2	of 37	
Name of Facility (as shown on license)		<u> </u>		o. & S	Street, City, Sta	tte, Zip)			
Briarcliff Convalescent Corp.					New London,				
	CCNH		RHNS	Resi	dential Care H		Medicare F	rovider N	No.
License Numbers:						928			
Type of Facility (Check appropriate box(es)	))								
□ Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only			Residenti	ial Care Hon	ne	
Type of Ownership (Check appropriate box	)								
O Proprietorship O LLC O	Partnership	٥	Profit Corp.		Non-Profit Con	-	Government	O Tru	ıst
If this facility opened or closed during report	rt year provid	e:			e Opened 0/1/2015	Date Clos	sed 9/30/2016		
Has there been any change in ownership or operation during this report year?		0	Yes		No	<b>TC !!! X</b> Z !!	explain fully	_	
					· •		· · · · ·		
Administrator					1				
Name of Administrator					Nursing Ho				
Jody Young					Administrat				
Other Operators/Owners who are assistant a	dministrators	(f.,1)	l or nort time	) of th	License I	NO.:			
Name	ummsuators	(Iui	i or part time	) 01 u	License I	No ·			
					License	10			

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

# General Information and Questionnaire Partners/Members

Name of Facility Briarcliff Convalescent Corp.		License No.	Report for 9/30/2016	Year Ended	Page 3	of 37
Legal Name of Partnersh	ip/LLC	Business A	Address	State(s) and		(s) in
Briarcliff Convalescent Corp.		179 Coleman St London, CT 063		СТ	-	
Name of Partners/Members Busines		ss Address		Title	% Ov	vned

# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year H	Ended	Page of
Briarcliff Convalescent Corp.	928	9/30/2016		3A 37
If this facility is owned or operated as a cor	poration, provide	the following inform	nation:	•
Legal Name of Corporation	<u>^</u>	ness Address		ich Incorporated
Briarcliff Convalescent Corp		t, New London, CT	CT	*
Name of Directors, Officers	Busir	ness Address	Title	No. Shares Held by Each
Amelia Cart	104 Sagamore Westbrook, CT		President	
Robin Ucich	2 Pheasant Hill CT 06475	Rd, Old Saybrook,	Secretary	
Jody Young	40 Sagamore T Westbrook, CT		Treasurer	
Names of Stockholders Owning at Least 10% of Shares				
Amelia Cart	104 Sagamore Westbrook, CT		President	20
Jody Young	40 Sagamore T Westbrook, CT		Treasurer	80

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Briarcliff Convalescent Corp.	928	9/30/2016	3B 37
If this facility is owned or operated as an individua	l proprietorship,	provide the following informat	tion:
Own	ner(s) of Facility		

## General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
Briarcliff Convalescent	Corp.		928		9/30/2016		4	37
2	eiving compensation from the f rol, ownership, family or busir	•		U	Yes O No	If "Yes," provide th complete the inform		
ncluding the rental of p related through family a	ompanies which provide good roperty or the loaning of funds ssociation, common ownership owners, operators, or officials	to this f , contro	acility, l, or bus		• Yes O No	If "Yes," provide th	e following	information:
Name of Related Individual or Company	Business Address	Good	so Provi 1s/Servi Related I No	ces to	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to th Related Party
HH Realty	104 Sagamore Terrace West, Westbrook, CT 06498	0	٥		Rental of real estate	P 22, L 9	42,000	42,00
Amelia Cart	104 Sagamore Terrace West, Westbrook, CT 06498	0	٥		Loan - interest	P 27, L 12D	1,066	1,06
Amelia Cart	104 Sagamore Terrace West, Westbrook, CT 06498	0	۲		Loan	P 34, L B3	128,177	128,17
Jody Young	40 Sagamore Terrace West, Westbrook, CT 06498	0	٥		Loan	P 34, L B3	5,150	5,15
lody Young	40 Sagamore Terrace West, Westbrook, CT 06498	0	۲		Loan - interest	P 27, L 12D	414	41
		0	0					
		0	0					
		0	0					
		0	0					

* Use additional sheets if necessary.

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

## General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page		of				
Briarcliff Convalescent Corp.	928		9/30/2016	5		37				
If the facility is licensed as CDH and/or RCH o	or provides A	IDS or TI	BI services with special Medicai	d rates, o	costs	S				
must be allocated to CCNH and RHNS as follo	ws:									
Item			Method of Allocation							
Dietary		Number o	f meals served to residents							
Laundry		Number o	f pounds processed							
Housekeeping		Number o	f square feet serviced							
			f hours of routine care provided	•						
Nursing		employee classification, i.e., Director (or Charge Nurse),								
		-	d Nurses, Licensed Practical Nu	rses, Aid	les a	nd				
		Attendants								
Direct Resident Care Consultants			f hours of resident care provide	d by EA	СН					
		specialist (See listing page 13)								
Maintenance and operation of plant		Square fe								
Property costs (depreciation)		Square fe								
Employee health and welfare		Gross sala								
Management services			te cost center involved							
All other General Administrative expenses			Direct and Allocated Costs							
The preparer of this report must answer the following questions applicable to the cost information provided.										
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocat	ion	was				
costs allocated as required?			not made.							
	1									
2. Explain the allocation of related company ex	kpenses and	attach cop	y of appropriate supporting data	ì.						
	10 11 11	1 1	• 1• • 1			. 0				
3. Did the Facility appropriately allocate and so (e.g., Assisted Living, Home Health, Outpath			0	ome cost	cen	ters?				
	• Yes	O No	If "No," explain fully why suc not made.	h allocat	ion	was				

### State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

## 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	Page	of		
Briarcliff Convalescent Corp.			928	9/30/2016			6	37
	Relate	ed * to						
	Owr	ners,						
	-	ators,				Annual		
	Offi			Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? O Yes	0	No	Total ***		

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

## General Information and Questionnaire Accounting Basis

F					
Name of Facility	License No.	Report for Year Ended		Page	of
Briarcliff Convalescent Corp.	928	9/30/2016		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
• Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
*	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Name of Accounting Firm	0	Address (No. & Street, City, State, Zip Code)			
1 Davis, Mascola & Phillips, LL	C	1062 Barnes Rd, Ste. 203, Wallingford, C	1 06492		
2 3					
3					
Services Provided by This Firm (de	escribe fully)	<u> </u>			
1 Monthly bookkeeping, preparation of		istance with State audit	\$	10,130	
2	F		\$		
3			\$		
4			\$		
			Charge fo	r Services Pr	ovided
			\$	10,130	
Are These Charges Reflected in the Expen	diture Portion of This Report? If	Yes, Specify Expense Classification and Line No.	•		
• Yes O No	P 15, L 1d1				
Legal Services Information					
Name of Legal Firm or Independen	t Attorney		Telephone	e Number	
1					
2					
3					
4					
5 Address (No. & Street, City, State, .	7in Cada)				
Address (Ivo. & Sireei, City, State, 1	Zip Coue)				
1					
3					
4					
5					
Services Provided by This Firm (de	escribe fully)				
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
			Charge fo	r Services Pr	ovided
			\$		
Are These Charges Reflected in the Expen	diture Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
O Yes O No					

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

## **Schedule of Resident Statistics**

Name of Facility					or Year Ende	ed		Page	of			
Briarcliff Convalescent Corp.				928			9/30/2016				8	37
					-	Period 10	/1 Thru 6/	/30		Period 7/	1 Thru 9/	30
		Total	Total	Total								
	Total All	CCNH	RHNS	Residential	_	~~~~		Residential				Residential
	Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	25			25	25			25	25			25
B. On last day of THIS report period	25			25	25			25	25			25
2. Number of Residents												
A. As of midnight of PREVIOUS report period	25			25	25			25	24			24
B. As of midnight of THIS report period	25			25	24			24	25			25
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH	9,055			9,055	6,756			6,756	2,299			2,299
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	9,055			9,055	6,756			6,756	2,299			2,299
<ul> <li>Total Number of Days Not Included in Figures in 3G</li> <li>4. for Which Revenue Was Received for Reserved Beds</li> </ul>												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	9,055			9,055	6,756			6,756	2,299			2,299

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

			BUI	Cui		<b>I</b> U:	siuci	IL D	lalls	suits (v		)												
Name of Faci	lity			Licer	nse No.				Repor	t for Year	Ended		Page	of										
Briarcliff Cor	valesce	nt Corp.			928				-	9/30/201	6		9	37										
Briarchill Col	i valebee	in corp.			/20					21201201	0			57										
4 Were the	ere anv o	changes	in the certified b	ed ca	nacity du	ring f	he repo	rt vea	r?	0	Yes	۲	No											
	-	-			pueny au	ing u	ne repo	it yeu	1.	Ũ	100	Ũ	110											
IFYES	, provic		llowing informa	10n:						T			<del></del>											
		Place of	f Change		C	hange	in Bed	S		Caj	pacity Afte	er Change												
			Residential																					
Date of	CCNH	RHNS	Care Home		Lost		(	Gaine	d															
Charac												Residential												
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH RHNS		CCNH RHNS		CCNH RHNS		CCNH RHNS		CCNH RHNS		CCNH RHNS		Care Home	Reason f	or Change
		-	in certified bed o	<u> </u>	• •	g the re	eport ye	ear (as	s repor	ted in item	14 above)	provide the nur	mber of											
RESIDI	ENT DA	YS for	90 days followir	ig the	change.																			
			Change in Re	esider	t Davs					CC	NH	RHNS	Residential	Care Home										
1st chan	ge		enange in H		it Dujs							Turits												
2nd char													1											
3rd char													1											
4th chan													1											
		dents an	d Rates on Septe	mber	30 of Co	ost Ye	ar						1											
	01 11001	aonto un	Medicare		Medi			1		Se	lf-Pay		Other Sta	te Assisted										
			110010010		111001																			
												Residential												
	Tr		CONIL	0	CNIL	БТ	INC		TATE I	DI	DIC		DCU											
	Item		CCNH	C	CNH	RI	HNS	C	CNH	KF	INS	Care Home	R.C.H.	ICF-MR										
No. of R		3											25											
Per Dier																								
a. One b													77.01											
b. Two													╂─────											
c. Three		e																						
bed i	rms.																							
														Residential										
			al Therapy Treat	ments	5					TO	TAL	CCNH	RHNS	Care Home										
		are - Par																						
B.			lusive of Part B)																					
			e Treatments																					
		torative	Treatments																					
	Other																							
			Therapy Treatm																					
			Therapy Treatn	nents																				
		are - Par																						
B. Medicaid (Exclusive of Part B)																								
1. Maintenance Treatments																								
2. Restorative Treatments																								
	Other									ļ			<b> </b>	ļ										
			Therapy Treatmo																					
			ational Therapy	Freati	nents																			
A. Medicare - Part B																								
B. Medicaid (Exclusive of Part B)																								
	1. Maintenance Treatments												<u> </u>	<b> </b>										
		torative	Treatments										<u> </u>	ļ										
	Other	_											<u> </u>	ļ										
D.	Total C	Dccupati	ional Therapy T	reatn	<i>ients</i>																			

# Schedule of Resident Statistics (Cont'd)

#### 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 Yea	r Ended	Page	of
Briarcliff Convalescent Corp.	928		9/30/2016		10	37
Are time records maintained by all individuals receiving con	mpensation?	۲	Yes	0	No	
, , , , , , , , , , , , , , , , , , , ,			Total Cost a	and Hours		
			Total Cost i			
					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)					55,507	2,08
3. Assistant Administrator (Complete also Sec. IV					55,507	2,00
of Schedule A1)						
4. Other Administrative Salaries (telephone	-					
operator, clerks, receptionists, etc.)					572	4
5. Dietary Service						
a. Head Dietitian	+				┨	
b. Food Service Supervisor c. Dietary Workers	+	+			70,800	5,67
6. Housekeeping Service					70,000	3,07
a. Head Housekeeper						
b. Other Housekeeping Workers					33,795	2,70
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	-				40,412	2,12
8. Laundry Service					40,412	2,1.
a. Supervisor						
b. Other Laundry Workers					1,470	11
9. Barber and Beautician Services						
10. Protective Services	-					_
<ol> <li>Accounting Services         <ol> <li>Head Accountant</li> </ol> </li> </ol>						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN 1. Direct Care						
2. Administrative**	-					
d. Aides and Attendants					62,250	4,98
e. Physical Therapists						
f. Speech Therapists	-					
g. Occupational Therapists h. Recreation Workers	-				659	4
i. Physicians					0.59	
1. Medical Director						
2. Utilization Review						
<ol><li>Resident Care***</li></ol>						
4. Other (Specify)						
j. Dentists	+	+				
k. Pharmacists	+	1	+	1		
1. Podiatrists	1	1	1	1		
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify)						
					265 165	17,79
o. Other (Specify) See Attached Schedule A-13. Total Salary Expenditures					265,465	

 * 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.

Briarcliff Convalescent Corp. 9/30/2016

### Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	<b>Residential Care Home</b>		
Position	\$	Hours	\$	Hours	\$	Hours	
m. 4.1	¢		¢		¢		
Total	\$ -	-	\$ -	-	\$ -	-	

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	<b>Residential Care Home</b>		
Service	\$	Hours	\$	Hours	\$	Hours	
					1		
Total	\$ -		\$ -		\$ -		
10(a)	ф -	-	5 -	-	φ -	-	

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 an	d Other Related Parties*
-----------------------------	--------------------------

Name of Facility				License No.		Report for	Year Ended		Page	of
Briarcliff Convalescent Corp.				928		9/30/2016			11	37
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	Residential Care Home	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).										
Mark Young				health ins & pension	maintenance	2,039	A7B			
Steven Ucich			1,424	-	maintenance		A7B	Sunny Lodge, 47 Cedar Grove Ave, New London, CT	2,080	40,238
Devon Young			572	none	aide	55				

* 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.

### State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*
-----------------------------------------------------

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Briarcliff Convalescent Corp.				928	9/30/2016	016			37	
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	Residential Care Home	and/or Other	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***										
Jody Young				Health ins & pension	administrator	2,080				
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 Briarcliff Convalescent Corp.	License No. 92	28	Report for Y 9/30/2016	ear Ended	Page 13	of 37
		-		Total Cost and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						_
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

* 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.

#### Name of Facility License No. Report for Year Ended Page of Briarcliff Convalescent Corp. 928 9/30/2016 14 37 Related** to Owners, Operators, Officers Name & Address of Individual Full Explanation of Service Explanation of Relationship Yes No Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο Ο Ο Ο Ο

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

* 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
Briarcliff Convalescent Corp.	928	9/30/2016		15	37
<b>_</b>					
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation		\$ 9,156			9,156
2. Disability Insurance		\$			
3. Unemployment Insurance		\$ 4,836			4,836
4. Social Security (F.I.C.A.)		\$ 20,117			20,117
5. Health Insurance		\$ 47,943			47,943
6. Life Insurance (employees only)					
(not-owners and not-operators)		\$			
7. Pensions (Non-Discriminatory)		\$ 17,894			17,894
(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)*					
c. Bad Debts*		\$			
d. Accounting and Auditing		\$ 10,130			10,130
e. Legal (Services should be fully described of	n Page 7)	\$			
f. Insurance on Lives of Owners and		\$			
Operators (Specify)*					
g. Office Supplies		\$ 1,640			1,640
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 3,500			3,500
2. Cellular Phones		\$ 1,797			1,797
i. Appraisal (Specify purpose and		\$			
attach copy)*					
j. Corporation Business Taxes (franchise tax	)	\$ 250			250
k. Other Taxes (Not related to property - See	Page 22)				
1. Income*		\$			
2. Other ( <i>Specify</i> )		\$			
See Attached Schedule					
3. Resident Day User Fee		\$			
Subtotal		\$ 117,263			117,263

* 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

Briarcliff Convalescent Corp. 9/30/2016

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	Page	of
Briarcliff Convalescent Corp.	928		9/30/2016		16	37
Item			Total	CCNH	RHNS	Residential Care Home
Subt	totals Brought Forwa	rd:	117,263			117,263
1. Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
5. Education Expenses Related to Seminar	s and Conventions	\$				
6. Automobile Expense (not purchase or a	lepreciation )	\$	1,032			1,032
7. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
m. Other Administrative and General Expenses	5					
1. Advertising Help Wanted (all such expe	enses)	\$				
2. Advertising Telephone Directory (all su	uch expenses )***	\$				
3. Advertising Other ( <i>Specify</i> )***		\$				
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this serv	rice is supplied	\$				
directly and not by contract or fee for se	ervice)***					
7. Postage		\$	231			231
* 8. Dues and Membership Fees to Profession	onal	\$	80			80
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other No.	on-Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	30			30
See Attached Schedule						
11. Services Provided by Contract (Specify	and Complete	\$				
Schedule C-2, Page 21 for each firm or	individual)					
12. Administrative Management Services**	:	\$				
13. Other ( <i>Specify</i> )		\$	7,994			7,994
See Attached Schedule						
C-14 Total Administrative & General Expenditu	res	\$	126,630			126,630

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

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

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

#### Schedule of Other Travel and Entertainment

Description	CCNH		RHNS	Resid Care	
		_		-	
		-		-	
		-			
Total Other Travel and Entertainment	\$-		\$-	\$	-

#### Schedule of Other Advertising

Description	CCN	н	R	HNS	dential Home
Total Other Advertising	\$	-	\$	-	\$ -

Schedule of Dues

Description	CCNH	RHNS	Resider Care H	
BJ's membership			\$	80
	-			
	-			
Total Dues	\$ -	\$-	\$	80

#### Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
New London Firefighters			\$ 20
New london Police			\$ 10
Total Contributions	\$ -	\$-	\$ 30

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home	
Payroll processing			\$ 4,484	
Pension admin			\$ 1,800	
Form 8951 compliance fee			\$ 750	
Elevator permit			\$ 240	
Ledge Light License			\$ 400	
Boiler inspection			\$ 320	
Total Other Administrative and General	\$ -	\$ -	\$ 7,994	

Name of Facility Briarcliff Convalescent Corp.	License No. 928	Report for Year Ended 9/30/2016	Page of 17   37
Bharchin Convalescent Corp.	928	9/30/2018	17   37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #

# 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.

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

				n Page 5)				
	ne of Facility rcliff Convalescent Corp.		Licens	e No. 928	R	eport for Y 9/30/2016	ear Ended	Page of 18   37
DIIa	tenn convalescent corp.			728	+	7/30/2010		Residential Care
	Item			Total		CCNH	RHNS	Home
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	38,211				38,211
	2. Non-Food Supplies		\$	358	3			358
	3. Other ( <i>Specify</i> )		_ \$					
	b. Purchased Services (by contract other		\$					
	than through Management Services) (Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$			-		
	d. Other ( <i>Specify</i> )		\$					
			- *					
2E.	<b>Total Dietary Expenditures</b> (2a + b + c + d)		\$	38,569	)			38,569
	• • • •				T			Residential Care
2F.	Dietary Questionnaire			Total		CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	r da	v:*	75	5			75
H.	Is cost of employee meals included in 2E?		Yes	0	N	ю		
I.	Did you receive revenue from employees?	0	Yes	$\odot$	) N	0	If yes, specify amt.	
J.	Where is the revenue received reported in the	Co	st Repoi	t? (Page/Line	e Ite	em)		
	Is cost of meals provided to persons other						XC :C	
K.	than employees or residents (i.e., Board	0	Yes	$\odot$	) N	ю	If yes, specify	
	Members, Guests) included in 2E?						cost.	
L.	Is any revenue collected from these people?	0	Yes	O	) N	0	If yes, specify amt.	
M.	Where is the revenue received reported in the	Co	st Repoi	t? (Page/Line	. Ite	em)		
101.	Is cost of food (other than meals, e.g.,	00	st nepoi	tt. (1 uge/ Line	- 110			
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	۲	N	ю	If yes, specify cost.	
0.	Is any revenue collected from employees?	0	Yes	٥	N	0	If yes, specify amt.	
P.	Where is the revenue received reported in the	Co	st Repoi	t? (Page/Line	e Ite	em)		
	L		1	<u>`</u>				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

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

	Name of Facility		e No.		Year Ended	Page of
Bria	rcliff Convalescent Corp.		928	9/30/2016	5	19   37
						Residential Care
	Item	•	Total	CCNH	RHNS	Home
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies,					
	gowns and other resident care items	Amt. \$	113			113
	washed, ironed, and/or processed.***	<b>T</b> 1				
	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	\$	6,192			6,192
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)					
	<ul> <li>Management Services**</li> </ul>	\$				
	d. Other ( <i>Specify</i> )	\$				
3E.	<b>Total Laundry Expenditures</b> (3a + b + c + d)	\$	6,305			6,305
3F.	Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E? O	Yes	$\odot$	No	If yes, specify cost.	
H.	Did you receive revenue from employees? O	Yes	۲	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost	t Report?	)	(Page/Lin		
T	Cost of laundry provided to persons other If yes					
J.	than employees or residents included in 3E?	Yes	•	NO	specify cost.	
K.	Did you receive revenue from these people? O	Yes	۲	No	If yes,	
-					specify amt.	
Ĺ.	Where is the revenue received reported in the Cost	t Report?		(Page/Lin	e Item)	

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

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

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

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

Nar	ne of Facility	License No.	Repo	rt for Year E	nded	Page	of
Bria	arcliff Convalescent Corp.	928		9/30/2016		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced		Totur	contr	Turito	
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning ( <i>Mops</i> ,	Amt.	\$	11,659			11,659
	pails, brooms, etc.)		ġ	7			,
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	c. Management Services*	-	\$				
	d. Other ( <i>Specify</i> )		\$				
4E.			\$	11,659			11,659
5.	Resident Care (Supplies)**		_				
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
			_				-
	b. Medicine Cabinet Drugs		\$	64			64
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$ \$				
	<ul> <li>f. X-rays and Related Radiological Procedures***</li> </ul>		\$				
		1	¢				
	g. Dental ( <i>Not dentists who should be inc</i>	iuaea unaer	\$				
	<i>salaries or fees)</i> h. Laboratory***		\$				
┣—			۵ \$	1,320			1,320
<u> </u>	i. Recreation j. Other (Specify)****		۵ \$	1,520			1,320
	See Attached Schedule		φ				
5K	<b>Total Resident Care Expenditures</b> (5a - 5	(i)	\$	1,384			1,384
JR.	10mm Resident Cure Experiutures (Ja - J	'J <i>'</i>	ψ	1,004			1,504

* 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.

Briarcliff Convalescent Corp. 9/30/2016

### Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Total Other Resident Care	\$-	\$-	\$ -
Total Other Resident Care	\$-	φ -	\$ -

.....

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

Name of Facility Briarcliff Convalescent Corp.				License No. 928	Report for Year Ende 9/30/2016	d			Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	k	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	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).

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

Name of Facility	License No.	Report for Ye	ear Ended		Page of
Briarcliff Convalescent Corp.	928	9/30/2016			22   37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	41,602			41,602
b. Heat	\$	22,553			22,553
c. Light & Power	\$	14,420			14,420
d. Water	\$	5,587			5,587
e. Equipment Lease (Provide detail on p	<i>page 6</i> ) \$				
f. Other ( <i>itemize</i> )	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a	- 6f) \$	84,162			84,162
7. Depreciation (complete schedule page 23	3*)				
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$	10,792			10,792
d. Movable Equipment	\$	7,900			7,900
*7e. Total Depreciation Costs (7a + b + c + c	d) \$	18,692			18,692
8. Amortization (Complete att. Schedule Pa	age 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other ( <i>Specify</i> )	\$				
*8e. Total Amortization Costs (8a + b + c + c	d) \$				
9. Rental payments on leased real property	less				
real estate taxes included in item 10b	\$	42,000			42,000
10. Property Taxes					
a. Real estate taxes paid by owner	\$	23,164			23,164
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	2,241			2,241
11. Total Property Expenses (7e + 8e + 9 +	10) \$	86,097			86,097

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

## Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Total Other Repairs and Maintenance	\$ -	\$ -	\$-

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

## **Depreciation Schedule**

Name of Fasility						lation SC		Damant fan Vara F	and a d		Daga	of
	Building and Building Improvements         1. Acquired prior to this report period       2         2. Disposals (attach schedule)       3         3. Acquired during this report period (attach schedule)       5         Subtotal         Non-Movable Equipment         1. Acquired prior to this report period       2         2. Disposals (attach schedule)       3         Acquired during this report period (attach schedule)         Subtotal         Subtotal         Is a mileage logbook maintained?         Jogbook         Month Y         Movable Equipment         Is a mileage logbook maintained?         Movable Equipment       Is a mileage logbook maintained?       Date of Acquisite         Yees       No       Month       Y         Movable Equipment       Yees       No       Month       Y         1. Motor Vehicles (Specify name, model and year of each vehicle)       Image: Colspan="2">Image: Colspan= Thom Summer Colspan="2">Image: Colspan="2"<		License No. 92	Q		Report for Year E 9/30/2016	linded		Page 23	of 37		
Bhaichti Convalescent Corp.						0				1	23	57
					Historical	T		Accumulated	Mad 1 C			
					Cost Exclusive of	Less Salvage	Cost to Be	Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
Duopouty Itom					Exclusive of Land	Value	Depreciated	Year's Operations	Depreciation		for This Year	Totals
^ *					Land	value	Depreciated	Tear 5 Operations	Depreciation	Life	Tor This Tear	Totals
-												
· · · · · · · · · · · · · · · · · · ·	ch sch	adula)										
A-4. Subtotal	<u>en sen</u>	euule)										
· · ·	ch sch	edule)										
B-4. Subtotal		caule)										
					776,444		776,444	725,687	SI	various	9,272	
					770,444		770,444	125,001		various	9,212	
	ich sch	edule)			31,342						1,520	
C-4. Subtotal		cuule)			51,542						1,520	10,792
	<u> </u>		T									10,772
					TT: / · 1			A 1.1				
	-				Historical Cost	Less		Accumulated Depreciation to	Method of			
	maint	ameu ?	Acqu	ISIUOII	+		G	-		<b>TT C 1</b>	D	
	V	Ν.			Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Marrahla Farriana and	Yes	NO	Month	Year	Land	value	Depreciated	rears Operations	Depreciation	Life	for this year	Totals
		x	0	2014	27,455		27,455	6,863	SI	4	6,864	
	┢───			2014	21,433		21,433	0,005		4	0,004	
	<u> </u>											
		<u> </u>										
2. Movable Equipment												
			varous	various	75,689		75,690	74,179	SL	various	993	
					2,574						43	
												7,900
D-3. Subtotal												7,900

# Briarcliff Convalescent Corp. 9/30/2016

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

Schedule of Land Improvement	is Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				-
Fotal additions for Land Impro	ovements	\$ -		\$ -
Deletions:				
		¢		¢
Total deletions for Land Impro	vements	\$ -		\$ -
*Ties to Page 23, Line A3				

**Ties to Page 23, Line A2

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

benedule of Dunuing	improvements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			-	
			-	
Total additions for B	suilding Improvements	\$ -		\$ -
Deletions:				
Tetal Islation for D	1131	¢		\$
Total deletions for B	uilding Improvements	\$ -		\$ -

_____

*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	Depreciation	
Additions:					
10/1/2015	New elevator motor	\$ 5,442	5	\$	432
6/30/2016	Heat & A.C unit	\$ 25,900	15	\$	1,088
Total additions for	Non-Movable Equipment	\$ 31,342		\$	1,520
Deletions:					
		1			
Total deletions for	Non-Movable Equipment	\$ -		\$	-

**Ties to Page 23, Line C2

#### Schedule of Movable Equipment Acquired during this report period

	a administration on an und ann a chara harran		Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:					
8/31/2016	Epsom workforce computer	\$ 2,574	5	\$ 43	3
					_
Total additions for I	Movable Equipment	\$ 2,574		\$ 43	3
Deletions:					_
Fotal deletions for N	Aovable Equipment	\$ -		\$ -	

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b _____

#### Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		¢	-	¢
Fotal additions for Leasehold In	nprovement	\$ -	-	\$ -
Deletions:				
			1	
Fotal deletions for Leasehold In	nnrovomont	\$ -		\$ -
Total deletions for Leasenoid II	uprovement	\$ -		φ -

**Ties to Page 24, Line C5

## **Amortization Schedule***

Nam	e of Facility		License No.		Report for Year Ended			Page	of	
Briar	cliff Convalescent Corp.			928		9/30/2016			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 Facility	License No.	Report for Year Er	ıded		Page of
Briarcliff Convalescent Corp.	928	9/30/2016			25   37
11. Property Questionnaire					
Part A					
Is the property either owned by the	e Facility	) Yes	0	No	If "Yes," complete Part B.
or leased from a Related Party?*	C	0 168	0	NO	If "No," complete Part C.
*If any owner or operator of this fa					
business association to any person a related party transaction.	or organization from who	m buildings are leased, th	en it is considered		
Description		Total			
1. Date Land Purchased		05/01/74	-		
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date	e of Purchase	05/01/74			
4. Date of Initial Licensure		05/01/74			
5. Total Licensed Bed Capacity		25			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building				-	
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., f	ixed, variable)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost					
d. Term of Mortgage (number					
e. Amount of Principal Borr					
f. Principal balance outstand	*	_			
Complete if Mortgage was I					
g. Type of Financing (e.g., f					
h. Date of Refinancing	ixed, variable)				
i. New Interest Rate					
j. Term of Mortgage (numb	er of years)				
k. Amount of Principal Borr					
I. Principal Outstanding on					
Part C - Arms-Length Leas		Improvements Onl	v	I	
Name and Address of Lesso		operty Leased		Term of Lease	Annual Amount of Lease
		1 2			

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**

Idress of Lender       2. Second Mortgage       ume of Lender       Idress of Lender       3. Third Mortgage	\$ ate	Report for Ye 9/30/2016 Total	CCNH	RHNS	Page     of       26     37       Residential Care       Home
. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage ume of Lender 2. Second Mortgage ume of Lender Ra Idress of Lender 3. Third Mortgage	ate	Total	CCNH	RHNS	
. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage ume of Lender 2. Second Mortgage ume of Lender Ra Idress of Lender 3. Third Mortgage	ate	Total	CCNH	RHNS	Home
A. Building, Land Improvement & Non-Movable         Equipment         1. First Mortgage         ume of Lender         Ra         Idress of Lender         2. Second Mortgage         ume of Lender         Ra         Idress of Lender         3. Third Mortgage	ate				
Equipment         1. First Mortgage         ame of Lender         Idress of Lender         2. Second Mortgage         ame of Lender         Rational Action of Lender         Rational Action of Lender         3. Third Mortgage	ate				
1. First Mortgage         ume of Lender       Ra         Idress of Lender         2. Second Mortgage         ume of Lender       Ra         Idress of Lender         3. Third Mortgage	ate				
ume of Lender       Ra         Idress of Lender       2. Second Mortgage         ume of Lender       Ra         Idress of Lender       3. Third Mortgage	ate				
2. Second Mortgage      me of Lender     Ra      Idress of Lender      3. Third Mortgage	•				
2. Second Mortgage      me of Lender     Ra      Idress of Lender      3. Third Mortgage	¢				
ame of Lender   Ra     Idress of Lender   3. Third Mortgage	¢				
ame of Lender   Ra     Idress of Lender   3. Third Mortgage	ф				
3. Third Mortgage	ite				
3. Third Mortgage Ra					
me of Lender Ra	\$				
	ate				
ldress of Lender					
4. Fourth Mortgage	\$				
me of Lender Ra	ate				
ldress of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
B7. Total Building Interest Expense (A1 - A4 + B5)					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Year Ended			Page of
Briarcliff Convalescent Corp.	928		9/30/2016			27   37
						Residential
Iter	m		Total	CCNH	RHNS	Care Home
	Subtotals Brow	ught Forward:				
12. C. Movable Equipment						
1. Automotive Equipme	nt	\$				
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						
Lender						
Address of Lender						
Address of Lender						
12. C. 3. Total Movable Equip	ment Interest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (	Specify )	\$				2,376
CC \$102/A Cart \$1066/J		ta \$794	,			
13. Total All Interest Expense (1	2B7 + 12C3 + 12D	) \$	2,376			2,376
14. Insurance						
a. Insurance on Property (b	uildings only)	\$	10,258			10,258
b. Insurance on Automobile	es	\$	1,088			1,088
c. Insurance other than Prop	perty (as specified a	ubove)				
1. Umbrella (Blanket Co	overage)	\$				
2. Fire and Extended Co	overage	\$				
3. Other ( <i>Specify</i> )		\$	150			150
Surety Bond						
14d. Total Insurance Expenditur		\$				11,496
15. Total All Expenditures (A-1.	3 thru C-14)	\$	634,143			634,143

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

Name	e of Fa	acility		Lic	cense No.	Report for Ye	ar Ended	Page	of
			escent Corp.		928	9/30/2016		28	37
	Page No.		Item Description		Total Amount of Decrease	CCNH	RHNS	Resident Hor	
			es and Wages						
1.			Outpatient Service Costs	\$					
2.	10	A2	Salaries not related to Resident Care	\$	1,021				1,021
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
Page	13 - I	Profes	sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
Page	s 15 &	- 16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.			Accounting & Legal	\$					
11.			Telephone	\$					
12.	15	h2	Cellular Telephone	\$	1,437				1,437
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.	16	16	Automobile Expense (e.g. personal use)	\$	671				671
18.			Unallowable Advertising *	\$					
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m10	Fund Raising / Contributions	\$	30				30
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	607				607
	18 - I	Dietar	y Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$					
	19 - I	aund	ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
	20 - I	Iouse	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$		ļ			
			Subtotal (Items 1 - 26)	\$	3,766				3,766

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Briarcliff Convalescent Corp. 9/30/2016

#### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	er Salaries	Adjustment	\$-	\$-	\$-

_____

#### Schedule of Fees Adjustments

Page Ref	I ine Ref	Description	CCNH	RHNS	Residential Care Home
I age Kei	Line Kei	Description	centi	KIIII	
<b>Total Othe</b>	er Fees Adju	istments	\$-	\$-	\$ -

#### Schedule of Other A&G Adjustments

					Reside	ential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home	
22	10c	Excess car taxes			\$	607
<b>Total Othe</b>	r A&G Ad	justments	\$-	\$-	\$	607

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 10/2006

	D. Adjustments to Statement of Expenditures (cont'd)									
	e of Fa			Lic	ense No.	Report for Year Ended		Page	of	
Briar	cliff C	Conval	escent Corp.		928	9/30/2016		29	37	
					Total					
	Page				Amount of			Reside	ential Care	
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	H	Iome	
			Subtotals Brought Forward	\$	3,766				3,766	
Page	20 - I	Reside	ent Care Supplies***							
27.			Prescription Drugs	\$						
28.			Ambulance/Limousine	\$						
29.			X-rays, etc	\$						
30.			Laboratory	\$						
31.			Medical Supplies	\$						
32.			Oxygen (non emergency)	\$						
33.			Occupational Therapy	\$						
34.			Other - See Attached Schedule	\$	55				55	
Page	22 - N	Maint	enance and Property							
35.			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$						
36.	22	7d	Depreciation on Unallowable							
			Motor Vehicles	\$	4,462				4,462	
37.			Unallowable Property and Real							
			Estate Taxes	\$						
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
Page	27 - 1	nsura	unce							
40.			Mortgage Insurance	\$						
41.	27	14b	Property Insurance	\$	815				815	
Othe	r - Mi	scella	neous							
42.			Research or Experimental Activities	\$						
43.			Radio and Television Revenue	\$						
44.			Vending Machine Revenue	\$						
45.			Purchase Discounts and Allowances	\$						
46.			Duplications of functions or services	\$						
47.		1	Expenditures made for the protection,							
			enhancement or promotion of the							
			providers interest	\$						
48.			Interest Income on Accounts Rec	\$				1		
49.			Other (include personnel and other							
			costs unrelated to resident care) - See							
			Attached Schedule	\$						
Not 1	For Pr	ofit P	roviders Only							
50.			Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$						
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	9,098		1		9,098	
			v · · · · · · · · · · · · · · · · · · ·	Ŧ	2,020			1	. , 0	

## **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.

Briarcliff Convalescent Corp. 9/30/2016

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residen Care Ho	
20	5i	Excess cable			\$	55
<b>Total Othe</b>	er Ancillary	Costs	\$ -	\$-	\$	55

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Exce</b>	ss Movable	e Equipment Depreciation	\$ -	\$ -	\$ -

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Othe</b>	er Property	Adjustments	\$-	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unal</b>	lowable Bu	ilding Interest	\$ -	\$ -	\$ -
		·			

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

### F. Statement of Revenue

Name of Facility	<b>F. Statement of Ke</b> License No.	Report for Ye	ear Ended		Page of
Briarcliff Convalescent Corp.	928	9/30/2016		T	30   37
	Item	Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routin	e Care Revenue				
1. a. Medicaid Residents (CT or	uly)	\$ 694,101			694,101
b. Medicaid Room and Board	Contractual Allowance **	\$			
2. a. Medicaid (All other states)	)	\$			
b. Other States Room and Boa	ard Contractual Allowance **	\$			
3. a. Medicare Residents (all ind	clusive)	\$			
b. Medicare Room and Board	Contractual Allowance **	\$			
4. a. Private-Pay Residents and	Other	\$			
b. Private-Pay Room and Boa	rd Contractual Allowance **	\$			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medic	are	\$			
b. Prescription Drugs - Medic	are Contractual Allowance **	\$			
c. Prescription Drugs - Non-M	Medicare	\$			
d. Prescription Drugs - Non-M	Medicare Contractual Allowance **	\$			
2. a. Medical Supplies - Medica	re	\$			
b. Medical Supplies - Medica	re Contractual Allowance **	\$			
c. Medical Supplies - Non-M	edicare	\$			
d. Medical Supplies - Non-M	edicare Contractual Allowance **	\$			
3. a. Physical Therapy - Medica	re	\$			
b. Physical Therapy - Medica	re Contractual Allowance **	\$			
c. Physical Therapy - Non-M	edicare	\$			
d. Physical Therapy - Non-M	edicare Contractual Allowance **	\$			
4. a. Speech Therapy - Medicare	2	\$			
b. Speech Therapy - Medicare	e Contractual Allowance **	\$			
c. Speech Therapy - Non-Mee	licare	\$			
d. Speech Therapy - Non-Mee	dicare Contractual Allowance **	\$			
5. a. Occupational Therapy - M	edicare	\$			
b. Occupational Therapy - M	edicare Contractual Allowance **	\$			
c. Occupational Therapy - No	on-Medicare	\$			
d. Occupational Therapy - No	on-Medicare Contractual Allowance **	\$			
6. a. Other (Specify) - Medicare		\$			
b. Other (Specify) - Non-Med	licare	\$			
III. Total Resident Revenue (Section	on I. thru Section II.)	\$ 694,101			694,101
IV. Other Revenue*					
1. Meals sold to guests, employe	es & others	\$			
2. Rental of rooms to non-reside	nts	\$			
3. Telephone		\$			
4. Rental of Television and Cabl	e Services	\$			
5. Interest Income (Specify)		\$			
6. Private Duty Nurses' Fees		\$			
7. Barber, Coffee, Beauty and Gi	ft shops	\$			
8. Other ( <i>Specify</i> )		\$			
V. Total Other Revenue (1 thru 8)		\$			
VI. Total All Revenue (III +V)		\$ 694,101			694,101

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

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

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Oth</b>	er Resident Revenue - Medicare	\$-	\$ -	\$ -

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Oth</b>	er Resident Revenue	\$ -	\$ -	\$ -

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
<b>Total Inte</b>	rest Income		\$-	\$-	\$ -

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Othe</b>	er Revenue	\$-	\$-	\$ -

### 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	of
Briarcliff Convalescent Corp.	928	9/30/2016	31	37
A	Account		A	mount
Assets				
A. Current Assets	n hanka)		¢	15 224
1. Cash (on hand and a           2. Resident Accounts I	<i>n banks )</i> Receivable (Less Allowanc	a for Dad Dahta)	\$ \$	45,323
	eivable (Excluding Owners	,	\$ \$	03,03.
4 Inventories	ervable (Excluding Owners	s of Related Fattles)	\$	
5. Prepaid Expenses			\$	9,56
a. Prepaid insurance	2	3,566	Ψ	9,50
b. Prepaid RE taxes		4,000	-	
c. Prepaid R&M		2,000	-	
d.		2,000		
6. Interest Receivable			\$	
7. Medicare Final Sett	ement Receivable		\$	
8. Other Current Asset			\$	
0. 0	(		+	
B. Fixed Assets	,			119,94
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
2. Lund Improvements	Accum. Depreci		Ψ	
3. Buildings	*Historical Cost		\$	
	Accum. Depreci		÷	
4. Leasehold Improver	*		\$	
··· -·································	Accum. Depreci		Ť	
5. Non-Movable Equip	A		\$	71,30
1 1	Accum. Depreci			,
6. Movable Equipment	A		\$	3,04
	Accum. Depreci			,
7. Motor Vehicles	*Historical Cost	27,455	\$	13,72
	Accum. Depreci			
8. Minor Equipment-N	ot Depreciable		\$	
9. Other Fixed Assets	(itemize )		\$	
D 10 Total Eined Agente	(Linco D1 three 0)		Φ	00.00
B-10. Total Fixed Assets	(Lines DI unu 9)		\$	88,08

* 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)

		f Facility	License No.	Report for Year Ended		Page	of
Bria	rclif	f Convalescent Corp.	928	9/30/2016		32	37
			Account			Amo	unt
				Total Brought Forward:	\$		208,029
C.	Le	asehold or like property recor	ded for Equity Purpose	S.			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
		Minor Equipment-Not Depre			\$		
C-8		tal Leasehold or Like Proper	ties (C1 thru 7)		\$		
D.		vestment and Other Assets					
		Deferred Deposits			\$		
		Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciation	n Net	\$		
		Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	lent Care ( <i>itemize</i> )		\$		
					¢		
	6.	Loans to Owners or Related	, ,	L. D. (	\$		
		Name and Address	Amount	Loan Date			
├──	7	Other Assets ( <i>itemize</i> )		I	\$		2,480
	7.	Security deposit		2,480	Ψ		2,400
		Security deposit		2,400			
D-8	То	tal Investments and Other As	sets (Lines D1 thru 7)		\$		2,480
		tal All Assets (Lines A9 + B)			\$		210,509
- /			/		¥		=10,000

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

# G. Balance Sheet (cont'd)

Name of Facility Briarcliff Convalescent Corp.		License No.	Report for Year	Ended	Page	of	
Briarcliff Co	nvale		928	9/30/2016		33	37
			Account			Aı	nount
Liabilities							
А.		rrent Liabilities				*	
	1.	2				\$	35,077
	2.	Notes Payable (itemize)				\$	
	2			· · · ·		¢	
	3.	Loans Payable for Equipm	-	1		\$	
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	e of Owners and/or	Stockholders only)		\$	3,588
	5.	Accrued Payroll (Owners a	und/or Stockholders	r only)		\$	
	6.	Accrued Payroll Taxes Pay	vable			\$	471
	7.	Medicare Final Settlement	Payable			\$	
	8.	Medicare Current Financin	ig Payable			\$	
	9.	Mortgage Payable (Curren	t Portion)			\$	
	10.	Interest Payable (Exclusive	of Owner and/or R	elated Parties)		\$	
		Accrued Income Taxes*				\$	250
	12.	Other Current Liabilities (i	temize)			\$	34,225
		Pension payable	10,	,394			
		Due DSS	23,	,831			
A-13.	То	tal Current Liabilities (Line	es A1 thru 12)			\$	73,611

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

(Carry Total forward to next page)

### State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	
Briarcliff Convalescent Corp.	928	9/30/2016		34	37
	Account				Amount
		Total Broug	ht Forward:		73,611
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equip			4	6	17,494
Name of Lender	Purpose	Amount	Date Due		
Toyota Credit	Highlander	27,355	9/30/20		
2. Mortgages Payable		<u> </u>	<b>9</b>		100.007
3. Loans from Owners o			\$	)	133,327
Name and Address of Lender	Amount	Loan D	ate		
Amelia Cart Jody Young	128,177 5,150				
4. Other Long-Term Lia	bilities (itemize)		\$	5	
B-5. Total Long-Term Liabilit	ties (Lines B1 thru 4)		4	 S	150,821
C. Total All Liabilities (Line			9		224,432

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

	ne of Facility	License No.	Report for Y	ear Ended	Page 35	of
Briarcliff Convalescent Corp.		928	9/30/2016	9/30/2016		37
	Account				A	mount
A.	Reserves				\$	
	1. Reserve for value of leased land					
	2. Reserve for depreciation value of leased buildings and appurtenances					
	to be amortized					
	3. Reserve for depreciation va	onal property (Eq	uity)	\$		
	4. Reserve for leasehold real p	Reserve for leasehold real properties on which fair rental value is based				
	5. Reserve for funds set aside as donor restricted				\$	
	6. Total Reserves				\$	
В.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	1,000
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(74,881)
	6. Gain or Loss for Period	10/1/20	015 thru	9/30/2016	\$	59,958
	7. Total Net Worth				\$	(13,923)
C.	Total Reserves and Net Worth				\$	(13,923)
D.	Total Liabilities, Reserves, and	l Net Worth			\$	210,509

## State of Connecticut Annual Report of Long-Term Care Facility CSP-36 Rev. 6/95

# H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page		of	
	cliff Convalescent Corp.	928	9/30/2016		36		37	
Account						Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2015							(74,881)	
B.							694,101	
C.							634,143	
D.	Net Income or Deficit				\$		59,958	
E.	Balance				\$			
F.	Additions							
	1. Additional Capital Contributed ( <i>itemize</i> )							
	2. Other ( <i>itemize</i> )							
F-3.	Total Additions			1	\$			
G.								
	1. Drawings of Owners/Operators/Partners (Specify)				\$			
	Name and Address (No., City,		Title	Amount				
	2. Other Withdrawings ( <i>Specify</i> )							
<u> </u>	Purpose	Amount			\$			
<u> </u>								
					φ.			
<b>—</b>	3. Total Deductions			\$				
H.	Balance at End of Period	09/30/1	6		\$			

Name of Facility	License No.	Report for Year Ended	Page	of				
Briarcliff Convalescent Corp.	928	9/30/2016	37	37				
	Check appropriate category							
□ Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home						
	<b>Preparer/Reviewer Certifica</b>	ation						
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	Date Signed					
Printed Name of Preparer								
Davis, Mascola & Phillips, LLC								
Addres Address		Phone Number	Phone Number					
1062 Barnes Rd, Ste. 203, Wallingford, CT	203-265-0488							

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

Error Check

Level Item

Reported as