## **State of Connecticut**



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

Cost Year 2015

Name of Facility (as	licensed)							
Highvue Manor, Inc.								
Address (No. & Stree	et, City, State, Z	Zip Code)						
2730 State Street, Ha	ımden, Ct 06514	4						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	h Nursing				
□ Nursing Home	e only		Supervision or	ıly	$\checkmark$	Residenti	al Ca	re Home
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2014			9/30/2015					
License Numbers:		CCNH	RHNS	Reside	ential Care	Home	Me	dicare Provider
			1170					
Medicaid Provider N	umbers:	CC	CNH	RF	INS		IC:	F-IID
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence N	lumber	Cianada	and Motori	zad	Date Received
Assigned	Notarized	Received	Assign	ed	Signed	and Notari	zeu	Date Received
					<u>I</u>			

## **Table of Contents**

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

#### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Highvue Manor, Inc.	1170	9/30/2015	1	37

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Highvue Manor, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)	Date	Signed (Owner)	Date
8 ( )			
Printed Name (Administrator)		Printed Name (Owner)	
*		` '	
Joseph Santavenere		Gilbert Santavenere	
1			· ·
Subscribed and Sworn State of	Date	Signed (Notary Public)	Comm. Expires
	Dute	bighed (riotary rubile)	сонии: Елрись
to before me:			
			, ,
			/ /
Address of Notary Public			

(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
Highvue Manor, Inc.			10/1/2014	9/30/2015
Address of Facility				
2730 State Street, Hamden, Ct 06514			•	
Report Prepared By	Phone Nun	nber	Date	
Fiondella, Milone & LaSaracina LLP	860-657-36	551	2/15/2015	
				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.** 

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

		Pho	ne No. of Fac	rility	Report for Ye	ar Ended	Page	of	_
			-248-3437	inty	9/30/2015	ar Ended	2	37	
Name of Facility (as shown on license)			Address (No	o. & S	Street, City, Sto	te, Zip)			_
Highvue Manor, Inc.			2730 State 5	Street	, Hamden, Ct	06514			
	CCNH		RHNS	Resi	dential Care H		Medicare F	rovider No	Э.
License Numbers:					1	170			
Type of Facility (Check appropriate box(es	))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only			Residenti	al Care Hon	ne	
Type of Ownership (Check appropriate box	x)								
O Proprietorship O LLC O	Partnership	•	Profit Corp.	0	Non-Profit Con	p. O	Government	O Trust	t .
If this facility opened or closed during repo	rt year provid	e:		Date	Opened	Date Clo	sed		
Has there been any change in ownership or operation during this report year?		0	Yes	•	No	If "Vac "	explain fully	·	
Administrator									
Name of Administrator					Nursing Ho				
Joseph Santavenere					Administrat				
		(0.1			License N	No.:			_
Other Operators/Owners who are assistant a Name	administrators	(tul	or part time	of the	•	т			
Name					License N	NO.:			

# **General Information and Questionnaire Partners/Members**

Name of Facility			Report for Y	ear Ended	Page of
Highvue Manor, Inc.		1170	9/30/2015		3 37
Legal Name of Parts	nership/LLC	Business A	Address	State(s) and/o Which R	
Name of Partners/Members	Business Ac	ldress	-	Γitle	% Owned
				_	

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

# **General Information and Questionnaire Corporate Owners**

Name of Facility	License No.	ded	Page of			
Highvue Manor, Inc.	1170	9/30/2015		3A 37		
If this facility is owned or operated as a corp	oration, provide the	e following informa	tion:			
Legal Name of Corporation	Busines	s Address	State(s) in Which	State(s) in Which Incorporated		
Highvue Manor, Inc.	2730 State Street,	Hamden 06514	Connecticut	Î		
				No. Shares		
Name of Directors, Officers	Busines	s Address	Title	Held by Each		
				Tiera of Each		
Joseph Santavenere	60 Hillside Drive	, Cromwell, CT	President	46		
	06416					
Olive Santavenere	8 Oxford Lane C	romwell, CT 06416	Vice President	7		
onve sumuvenere	o oxford Lane, e	romwen, er oo rro	Vice i resident	,		
Gilbert Santavenere	651 Elm Street, R	tocky Hill, CT	ecretary/Treasui	46		
Names of Stockholders Ovening at Locat						
Names of Stockholders Owning at Least 10% of Shares						
10% of Shares						
Joseph Santavenere	60 Hillside Drive	, Cromwell, CT	President	46		
	06416					
Gilbert Santavenere	651 Elm Street, R	ocky Hill CT	ecretary/Treasui	46		
Gibert Saintavenere	1031 Emi Bucci, K	ocky IIII, C I	ceretary/ rreasur	40		

CSP-3B Rev. 10/2005

# General Information and Questionnaire Individual Proprietorship

Name of Facility		License No.	Report for Year Ended	Page	of
Highvue Manor, Inc.		1170	9/30/2015	3B	37
If this facility is owned or operated a	as an individua	l proprietorship,	, provide the following inform	nation:	
•		ner(s) of Facility			
		•			

### General Information and Questionnaire Related Parties\*

Name of Facility		Licens			Report for Year Ended		Page	of
Highvue Manor, Inc.			1170		9/30/2015		4	37
		2 11.	1 . 1 .1					
l ·	eiving compensation from the	•		•		If "Yes," provide th		
marriage, ability to cont	rol, ownership, family or busing	ness asso	ciation?	•	Yes O No	complete the inform	nation on Pa	age 11 of the report.
1	companies which provide good							
	property or the loaning of funds		•					
related through family a	ssociation, common ownership	o, contro	l, or busi	iness	Yes O No			
association to any of the	e owners, operators, or officials	s of this f	facility?			If "Yes," provide th	e following	information:
		Al	so Provio	des		Indicate Where		
		Good	ds/Servic	es to		Costs are Included		
Name of Related	Business	Non-I	Related F	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
S. Realty Group	Hamden, Ct	0	•		Rental of Real Estate	22L9	91,200	91,200
Gilbert Santavenere	651 Elm Street, Rocky Hill, Ct 06067	0	•		Cash expenses for Recreation	205i	1,522	1,522
Gilbert Santavenere	651 Elm Street, Rocky Hill, Ct 06067	0	•		Cash expenses for Housekeeping	204a1	287	287
Gilbert Santavenere	651 Elm Street, Rocky Hill, Ct 06067	0	•		Cash expenses for postage	16m7	998	998
Gilbert Santavenere	651 Elm Street, Rocky Hill, Ct 06067	0	•		Cash expenses for Dietary	182a1, 2	1,307	1,307
Gilbert Santavenere	651 Elm Street, Rocky Hill, Ct 06067	0	•		Cash expenses for Office Supplies	15 1g	50	50
Gilbert Santavenere	651 Elm Street, Rocky Hill, Ct 06067	0	•		Cash expenses for Repairs and Maintenance	22 6a	679	679
Gilbert Santavenere	651 Elm Street, Rocky Hill, Ct 06067	0	0		Cash expenses for EE travel	16 14	830	830
Gilbert Santavenere	651 Elm Street, Rocky Hill, Ct	0	0		Cash expenses for Kitchen	18-92	78	78

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> 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
Highvue Manor, Inc.	1170		9/30/2015	5 37
If the facility is licensed as CDH and/or RCH of	or provides A	IDS or TB	I services with special Medic	caid rates, costs
must be allocated to CCNH and RHNS as follo	ws:			
Item			Method of Allocation	on
Dietary		Number of	meals served to residents	
Laundry		Number of	pounds processed	
Housekeeping		Number of	square feet serviced	
		Number of	hours of routine care provid	ed by EACH
Nursing		employee o	classification, i.e., Director (	or Charge Nurse),
		Registered	Nurses, Licensed Practical N	Nurses, Aides and
		Attendants		
Direct Resident Care Consultants		Number of	hours of resident care provide	ded by EACH
		specialist (	(See listing page 13)	
Maintenance and operation of plant		Square feet	t	
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salar		
Management services			e cost center involved	
All other General Administrative expenses		Total of Di	rect and Allocated Costs	
The preparer of this report must answer the foll	lowing quest	ions applic	able to the cost information	provided.
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why s	uch allocation was
costs allocated as required?	O Tes	O 110	not made.	
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting d	ata.
3. Did the Facility appropriately allocate and so	elf-disallow	direct and i	ndirect costs to non-nursing	home cost centers?
(e.g., Assisted Living, Home Health, Outpat	ient Service	s, Adult Da	y Care Services, etc.)	
	• Yes	O No	If "No," explain fully why s	uch allocation was
			not made.	

## 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	ear Ended		Page of
Highvue Manor, Inc.			1170	9/30/2015			6 37
	Ow	ed * to ners,					
	Off	ators, icers		Date of	Term of	Annual Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	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 Al	l Leased V	ehicles	? O Yes	, O	No	Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles?

 $<sup>\</sup>ast$  Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

### General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Highvue Manor, Inc.	1170	9/30/2015		7	37
The records of this facility for the	period covered by this report	were maintained on the following basis:			
	O Modified Cash	· ·			
Is the accounting basis for this					
<del>-</del>	9 Yes	If "No," explain.			
•	O No				
F F					
Independent Accounting Firm		T			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Fiondella, Milone & LaSarac	eina	300 Winding Brook Dr, Glastonbury, CT	06033		
2					
3					
Services Provided by This Firm (a	describe fully)				
Services Provided by This Firm (a	aescribe juily )				
<u> </u>	st report, year end, tax and payroll f	ilings	\$	10,800	
2			\$		
3			\$		
4			\$	~ · ъ	
			Charge for		rovided
			\$	10,800	
	enditure Portion of This Report? If 15 11d	Yes, Specify Expense Classification and Line No.			
O Yes O No	13 110				
Legal Services Information			Talambana	Maranhan	
Name of Legal Firm or Independe 1 None	ent Attorney		Telephone	Number	
2					
3					
4					
5					
Address (No. & Street, City, State	e, Zip Code)				
1	, 1				
2					
3					
4					
5					
Services Provided by This Firm (a	describe fully)				
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
<u> </u>			Charge for	Services D	rovided
			\$	DCI VICES FI	ovided
Are These Charges Reflected in the Expo	enditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	Φ		
O Yes O No	•				

## **Schedule of Resident Statistics**

Name of Facility		License 1	No.				or Year Ende	ed		Page	of	
Highvue Manor, Inc.			1170			9/30/2015				8	37	
						Period 10	/1 Thru 6/	71 Thru 6/30 Period 7/1			1 Thru 9/3	30
	Total All	Total CCNH	Total RHNS	Total Residential				Residential				Residential
	Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
Certified Bed Capacity												
A. On last day of PREVIOUS report period	47			47	47			47	47			47
B. On last day of THIS report period	47			47	47			47	47			47
2. Number of Residents												
A. As of midnight of PREVIOUS report period	45			45	45			45	46			46
B. As of midnight of THIS report period	45			45	44			44	45			45
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	3,276			3,276	2,457			2,457	819			819
E. State SSI for RCH	13,263			13,263	10,137			10,137	3,126			3,126
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	16,539			16,539	12,594			12,594	3,945			3,945
Total Number of Days Not Included in Figures in 3G												
4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	16,539			16,539	12,594			12,594	3,945			3,945

## **Schedule of Resident Statistics (Cont'd)**

Name of Faci	lity			Licer	nse No.				Repor		Page of			
Highvue Man	or, Inc.			1	1170					9/30/201	5		9	37
	-	-	in the certified b	bed capacity during the report year? O Yes O intion:							No			
	т -		Change		Cl	nange	in Bed	s		Car	pacity Afte	er Change		
			Residential										1	
Date of	CCNH	RHNS	Care Home		Lost		(	Gaine	d					
Change	(1)	(2)	(2)	(1)	(2)	(2)	(1)	(2)	(2)	COM	DIDIG	Residential	D 6	CI.
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
5 If there y	voc onv	change i	in certified bed	onoci	ty during	the re	anort w	or (oc	raport	tad in itan	A abova)	provide the nur	mber of	
	-	_	90 days following	_		uie ie	eport ye	zai (as	тероп	ieu iii iieii	1 4 above)	provide the nui	noer or	
KESIDI	ZIVI DA	113 101	90 days followii	ig the	change.									
			Change in R	acidar	nt Davie					CC	NH	RHNS	Residential	Care Home
1st chang	ge.		Change in K	esidei	n Days						ЛИП	KIIINS	Residential	Care Home
2nd char														
3rd chan														
4th chan														
6. Number	of Resid	dents and	d Rates on Septe	mber			ar			~	10.70		0.1. 0.	
		ŀ	Medicare	-	Medi	caid				Se	lf-Pay		Other Sta	te Assisted
												D 11 41		
	Item		CCNH		CNH	DI	HNS	CC	CNH	DL	INS	Residential Care Home	R.C.H.	ICF-MR
No. of R			ССІЛП		CNII	KI	1110		ЛП	KI	1110	Care Home	к.с.п.	ICI'-WIK
Per Dien		,										,	50	
a. One b												86.83		
b. Two l	bed rms											77-81		
c. Three		e												
bed r	ms.													
														D ! 1 (! . 1
7 Total Nu	ımbar at	Dhysiae	al Therapy Treat	monte	,					то	TAL	CCNH	RHNS	Residential Care Home
		re - Part		meme	•					10	IAL	CCMI	KIINS	Care Home
			usive of Part B)											
			e Treatments											
		torative '	Treatments											
	Other	N7 · 7	m m											
			Therapy Treatm											
		re - Part	Therapy Treatn	nents										
			usive of Part B)											
			e Treatments											
		torative '	Treatments											
	Other													
		_	herapy Treatm											
		f Occupa ire - Part	ational Therapy	ı reatı	nents									
			usive of Part B)											
D.		,	e Treatments											
			Treatments											
	Other													
D.	Total C	ecupati)	onal Therapy T	reatm	ients									

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	r Ended	Page	of
Highvue Manor, Inc.	1170		9/30/2015		10	37
Are time records maintained by all individuals receiving co	ompensation?	•	Yes	0	No	
, ,	i		Total Cost a	and Hours		
			Total Cost i	liu Hours		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					57,591	2,08
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone					20.074	• • •
operator, clerks, receptionists, etc.)					39,052	2,08
Dietary Service     a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					85,101	5,42
6. Housekeeping Service					05,101	3,12
a. Head Housekeeper						
b. Other Housekeeping Workers					59,571	3,79
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					42,550	2,71
8. Laundry Service						
a. Supervisor					0.510	E 1
b. Other Laundry Workers  9. Barber and Beautician Services					8,510	54
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
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						
Administrative**  d. Aides and Attendants					229,773	14.62
e. Physical Therapists					229,113	14,63
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
i. Physicians						
Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists	+		+	+	+	
k. Pharmacists	+	+	<del>                                     </del>	+	+	
1. Podiatrists				+		
m. Social Workers/Case Management			1		1	
n. Marketing				1		
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures					522,148	31,27

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

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

	CCNH		RH	INS	Residential Care Home		
Position	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

\_\_\_\_\_

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

	CCNH		RH	INS	Trebracinian Care IIonne		
Service	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

\_\_\_\_\_

CSP-11 Rev. 10/2005

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

Name of Facility				License No.	Report for Year Ended					- c
-						_	i ear Ended		Page	of I
Highvue Manor, Inc.	1			1170		9/30/2015			11	37
Name	CCNH	Salary Pai	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Јо										
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).										

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all employment worked during the cost year.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Highvue Manor, Inc.				1170		9/30/2015			12	37
		Salary Pai		Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Joseph Santavenere			57,591			2,080				
Section IV - Assistant Administrators										

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees** 

B. Report of E.  Name of Facility	License No.		Report for Y		Page	of
Highvue Manor, Inc.	11	70	13	37		
ingrivuo iriunor, inc.	11	70	9/30/2015 Total Cost	and Hours	13	31
		l	Total Cost	and Hours	l I	
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
B. Direct care consultants paid on a fee	CCIVII	Hours	IGHAS	Hours	cure Home	Hours
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)						
<ol> <li>Staff Development Committee</li> </ol>						
(Once annually)						
e. Other (Specify)						
O. Crassis Theresist						
<ul><li>9. Speech Therapist</li><li>a. Resident Care</li></ul>						
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			<u> </u>			
d. Other						
12. Other (Specify)						
See Attached Schedule						
3-13 Total Fees Paid in Lieu of Salaries				Ì		

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

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

Name of Facility Highvue Manor, Inc.	License No. 1170		Report for Y 9/30/2015	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** Operator Yes	to Owners, rs, Officers	Expla	nation of Re	
		O	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

CSP-15 Rev. 10/2005

## C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Lic	ense No.	Report for Yo	ear Ended	Page	of
Highvue Manor, Inc.	1170	9/30/2015		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	23,111			23,111
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	7,425			7,425
4. Social Security (F.I.C.A.)	\$	39,945			39,945
5. Health Insurance	\$	237,797			237,797
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$	1,859			1,859
7. Pensions (Non-Discriminatory)	\$	45,028			45,028
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$	3			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	3			
d. Accounting and Auditing	\$	10,800			10,800
e. Legal (Services should be fully described on a	Page 7) \$	3			
f. Insurance on Lives of Owners and	\$	3			
Operators (Specify)*					
g. Office Supplies	\$	4,496			4,496
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	3,947			3,947
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and	\$				
attach copy )*					
j. Corporation Business Taxes (franchise tax)	\$	3,059			3,059
k. Other Taxes (Not related to property - See Po	age 22)				
1. Income*	\$				
2. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
3. Resident Day User Fee	\$				
Subtotal	\$	377,467			377,467

<sup>\*</sup> 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

Highvue Manor, Inc. 9/30/2015

Attachment Page 15

### **Schedule of Other Employee Benefits**

Description	CCNH	RHNS	Residential Care Home
Description	001(11		
Total	\$ -	\$ -	\$ -

\_\_\_\_\_\_

### **Schedule of Other Taxes**

			Residential
Description	CCNH	RHNS	<b>Care Home</b>
Total	\$ -	\$ -	\$ -

CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Y	Year Ended	Page	of
Highvue Manor, Inc.	1170	9/30/2015		16	37
_					Residential
Item	<del> </del>	Total	CCNH	RHNS	Care Home
	ls Brought Forward.	377,467			377,467
1. Travel and Entertainment					
Resident Travel and Entertainment		_			
2. Holiday Parties for Staff		5			
3. Gifts to Staff and Residents		3			
4. Employee Travel		765			765
<ol><li>Education Expenses Related to Seminars ar</li></ol>	nd Conventions S	S			
6. Automobile Expense (not purchase or depr	reciation) S	830			830
7. Other ( <i>Specify</i> )		S			
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expense	(s)	S			
2. Advertising Telephone Directory (all such	expenses )***	S			
3. Advertising Other (Specify)***		3			
See Attached Schedule					
4. Fund-Raising***		3			
5. Medical Records		3			
6. Barber and Beauty Supplies (if this service					
directly and not by contract or fee for service	1 1				
7. Postage		951			951
* 8. Dues and Membership Fees to Professional		3 202			202
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-A	Illowable Org.***	650			650
9. Subscriptions	•	356			356
10. Contributions***					555
See Attached Schedule					333
11. Services Provided by Contract ( <i>Specify and</i>	Complete	3			
Schedule C-2, Page 21 for each firm or ind	•				
12. Administrative Management Services**		6			
13. Other ( <i>Specify</i> )		6			
See Attached Schedule		,			
C-14 Total Administrative & General Expenditures		381,776			201 774
C-17 I otat Auministrative & General Expenditures		381,776			381,776

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

#### Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Quinnipiac Valley Health - food license			\$ 235
Town of Hamden - fire inspection			\$ 25
Bank fees			\$ 12
Miscellaneous - banking			\$ (70)
Total Dues	\$ -	\$ -	\$ 202

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
St. Stephen - church bulletin	9 9 1 1 2		\$ 555
Total Contributions	\$ -	\$ -	\$ 555

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Total Other Administrative and General	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Highvue Manor, Inc.	1170	9/30/2015	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

<sup>\*</sup> 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)

	ne of Facility		Licens		-	Year Ended	Page of
Higl	nvue Manor, Inc.			1170	9/30/20	15	18   37
	Item			Total	CCNH	RHNS	Residential Care Home
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$	114,993			114,993
	2. Non-Food Supplies		\$	2,752			2,752
	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 (Specify)		_ \$				
2E.	Total Dietary Expenditures $(2a + b + c + d)$		9	117,745			117,745
	<u> </u>		4	117,710			Residential Care
2F.	Dietary Questionnaire			Total	CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	· da	v:*				
H.	Is cost of employee meals included in 2E?		Yes	•	No	·	•
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)		
V	Is cost of meals provided to persons other than employees or residents (i.e., Board	$\sim$	V	0	NI -	If yes, specify	
K.	Members, Guests) included in 2E?	O	Yes	•	No	cost.	
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.	
M.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)		
	Is cost of food (other than meals, e.g.,		-	<del>-</del>			
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	•	No	If yes, specify cost.	
O.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)		

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

<sup>\*\*</sup> 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 License No. Report for Year Ended 9/30/2015				Page of	
Higi	nvue Manor, Inc.		11/0	9/30/2013	<u> </u>	19   37
	Item		Total	CCNH	RHNS	Residential Care Home
3.	Laundry  a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	6,020			6,020
	washed, ironed, and/or processed.***  2. Employee items including uniforms,	Lbs.	,			,
	gowns, etc. washed, ironed and/or	Los.				
	processed.***	Amt. \$			<u> </u>	
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs. Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. \$				
	c. Management Services**	\$				
	d. Other ( <i>Specify</i> )	\$			_	
3E.	<b>Total Laundry Expenditures</b> $(3a + b + c + d)$	\$	6,020			6,020
3F. G.	Laundry Questionnaire  Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.	
Н.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cos	t Report?		(Page/Lin	e Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	
K.	Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cos	t Report?	,	(Page/Lin	e Item)	

<sup>\*</sup> 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.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Repo	oort for Year Ended		Page	of
Highvue Manor, Inc.	1170		9/30/2015		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced		10001	001111	11111	
a. In-House Care	by Personnel					
1. Supplies - Cleaning ( <i>Mops</i> ,	Amt.	\$	17,632			17,632
pails, brooms, etc.)		Ť	,			
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. Total Housekeeping Expenditures (4a -	+b+c+d)	\$	17,632			17,632
5. Resident Care (Supplies)**		- 1				
a. Prescription Drugs***		- 1				
1. Own Pharmacy		\$				
2. Purchased from		\$				
b. Medicine Cabinet Drugs		\$				
c. Medical and Therapeutic Supplies		\$				
d. Ambulance/Limousine***		\$				
e. Oxygen		Φ.				
1. For Emergency Use		\$				
2. Other***		\$				
f. X-rays and Related Radiological Procedures***		\$				
g. Dental ( <i>Not dentists who should be in</i>	aludadd s	φ				
	стиаеа unaer	\$				
h. Laboratory***		\$				
i. Recreation		\$	7,044			7,044
j. Other (Specify)****		\$	7,044			7,044
See Attached Schedule		Ψ				
5K. Total Resident Care Expenditures (5a -	5i)	\$	7,044			7,044
JA. Tom Resmem Care Expenditures (Ja-	<i>J)</i>	Ψ	7,044			7,044

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*</sup> Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

#### **Schedule of Other Resident Care**

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

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

Name of Facility Highvue Manor, Inc.				License No. 1170	Report for Year Ended 9/30/2015				Page 21	of 37		
		Related ** Operators					Total Cost/Page Ref.*		Total Cost/Page Ref.***		/Page Ref.***	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home		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									

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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

Naı	ne of Facility	License No.	Report for Yo		Page	of	
Hig	hvue Manor, Inc.	1170	9/30/2015	22	37		
						Resident	ial Care
	Item		Total	CCNH	RHNS	Ho	me
6.	Maintenance & Operation of Plant						
	a. Repairs & Maintenance	\$	47,945				47,945
	b. Heat	\$	22,572				22,572
	c. Light & Power	\$	23,522				23,522
	d. Water	\$	9,295				9,295
	e. Equipment Lease (Provide detail on pa	(ge 6) \$					
	f. Other (itemize)	\$					
	See Attached Schedule						
6g.	Total Maint. & Operating Expense (6a - 6	6f) \$	103,334				103,334
7.	Depreciation (complete schedule page 23*	:)					
	a. Land Improvements	\$					
	b. Building & Building Improvements	\$					
	c. Non-Movable Equipment	\$					
	d. Movable Equipment	\$	5,925				5,925
*7e	Total Depreciation Costs $(7a + b + c + d)$	\$	5,925				5,925
8.	Amortization (Complete att. Schedule Page	e 24*)					
	a. Organization Expense	\$					
	b. Mortgage Expense	\$					
	c. Leasehold Improvements	\$	23,171				23,171
	d. Other (Specify)	\$					
*8e	. Total Amortization Costs $(8a + b + c + d)$	\$	23,171				23,171
9.	Rental payments on leased real property lea	SS					
	real estate taxes included in item 10b	\$	91,200				91,200
10.	Property Taxes						
	a. Real estate taxes paid by owner	\$					
	b. Real estate taxes paid by lessor	\$	24,799				24,799
	c. Personal property taxes	\$	1,828				1,828
11.	Total Property Expenses $(7e + 8e + 9 + 1e)$	0) \$	146,923				146,923

<sup>\*</sup> 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	COMIL	DIING	Residential
Description	CCNH	RHNS	Care Home
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

.....

CSP-23 Rev. 10/2006

**Depreciation Schedule** 

Name of Facility					License No.	iauon oc		Report for Year E	Ended		Page	of
Highvue Manor, Inc.				117	0		9/30/2015			23	37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements												
<ol> <li>Acquired prior to this report period</li> </ol>												
2. Disposals (attach schedule)												
<ol><li>Acquired during this report period (atta</li></ol>	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
<ol> <li>Acquired prior to this report period</li> </ol>												
2. Disposals (attach schedule)												
<ol><li>Acquired during this report period (atta</li></ol>	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												
	logl	nileage book ained?	Dat Acqui		Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment								•	1			
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. Ford Expedition	yes			1997	32,443		32,443	32,443		5		
b. Ford Expedition - Repairs/bettermer	yes		10	2004	5,056		5,056	5,056	SL	5		
C.												
d.												
Movable Equipment												
a. Acquired prior to this report period Var Var		72,127		72,127	55,960	SL	5	5,750				
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)					1,048		1,048		SL	3	175	
D-3. Subtotal												5,925
E. Total Depreciation												5,925

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

Life	e Depreciation
+	
+	
	\$ -
-	
	\$ -

<sup>\*</sup>Ties to Page 23, Line A3

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

~ <b>8</b>	provenions required during and report period		Useful					
Acquisition Date	Description of Item	Cost	Life	Depreciation				
Additions:								
Total additions for Build	ling Improvements	\$ -		\$ -				
Deletions:								
Total deletions for Build	ing Improvements	\$ -		\$ -				

<sup>\*</sup>Ties to Page 23, Line B3

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Non-Mova	ole Equipment	\$ -		\$ -
Deletions:				
Total deletions for Non-Moval	ole Equipment	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

		Useful						
<b>Acquisition Date</b>	Description of Item	Cost	Life	Depreciation				
Additions:	_							
4/13/2015	Computer	\$ 1,048	3	\$	175			
Total additions for	Movable Equipment	\$ 1,048		\$	175			
Deletions:								
Total deletions for	Movable Equipment	\$ -		\$	-			

<sup>\*</sup>Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful		
<b>Acquisition Date</b>	Description of Item	Cost	Life	Depreciatio	n
Additions:					
10/17/2014	Driveway seal	\$ 2,254	5	\$ 40	00
1/7/2015	Bathroom remodel	\$ 15,159	10	\$ 41	13
2/26/2015	Remove/replace carpet	7973	5	11	37
6/22/2015	Drop ceiling and lighting project	22150	15	9	30
7/14/2015	Remove/replace water heater	2447	10	3	69
					61
Total additions for	Leasehold Improvement	\$ 49,983		\$ 3,31	0
Deletions:					
Total deletions for Leasehold Improvement		\$ -		\$ -	

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

CSP-24 Rev. 10/2006

### **Amortization Schedule\***

Name of Facility				License No.		Report for Year Ended			Page	of
Highvue Manor, Inc.				11'	70	9/30/2015			24	37
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	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.	<b>Leasehold Improvements and Other</b>									
	1. Acquired prior to this report period	Var	Var	Var	618,287	495,725	SL		20,674	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)	Var	Var	Var	49,983		SL		2,497	
C-4.	Subtotal									23,171
D.	Total Amortization									23,171

<sup>\*</sup> Straight-line method must be used.

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

<sup>\*\*</sup> Specify which of the following bases were used:

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

	Name of Facility License No.				Report for Year En		Page of	
Hig	ıvu	e Manor, Inc.	11	170	9/30/2015			25   37
11.	Pro	operty Questionnaire						
		art A						
	Is	the property either owned by th	e Facility		•			If "Yes," complete Part B.
		leased from a Related Party?*	•	•	Yes	O	No	If "No," complete Part C.
		*If any owner or operator of this fac	cility is relate	d by family, m	narriage, ownership, abi	lity to control or		-
		business association to any person of	or organizatio	n from whom	buildings are leased, th	en it is considered		
		a related party transaction.						
	-	Description			Total			
		Date Land Purchased			10/01/81			
		Date Structure Completed  If <b>NOT</b> Original Owner, Date	of Duraha		10/01/81			
	3. 4.	Date of Initial Licensure	of Fulcilas	se	06/01/83 06/01/83			
	5.	Total Licensed Bed Capacity			47			
	6.	Square Footage			11,500			
		Acquisition Cost			11,500			
	, <b>.</b>	a. Land						
		b. Building			465,000			
	Pa	rt B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
		Financing					8.8	
		a. Type of Financing (e.g., fi	ixed, variab	le)				
		b. Date Mortgage Obtained						
		c. Interest Rate for the Cost	Year					
		d. Term of Mortgage (number						
		e. Amount of Principal Borro						
		f. Principal balance outstand	ling as of _					
		Complete if Mortgage was I						
		<b>During Current Cost Ye</b>						
		g. Type of Financing (e.g., fi	ixed, variab	le)				
		h. Date of Refinancing						
		i. New Interest Rate	c >					
		j. Term of Mortgage (number						
		<ul><li>k. Amount of Principal Borro</li><li>l. Principal Outstanding on I</li></ul>		)tt				
		Part C - Arms-Length Lease			mnrovoments Only			
		Name and Address of Lesson			perty Leased		Torm of Loos	Annual Amount of Lease
		Name and Address of Lesso.	I	PIO	berty Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		Report for Y	ear Ended		Page of		
Highvue Manor, Inc.	1170		9/30/2015			26   37	
_						Residential Care	
Iter	n		Total	CCNH	RHNS	Home	
12. Interest A. Building, Land Improv Equipment	vement & Non-Movab	ole					
1. First Mortgage		\$	;				
Name of Lender		Rate					
Address of Lender		•					
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender			-				
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender		<b>.</b>					
B. CHEFA Loan Informa	tion		-				
1. Original Loan Amo	ount	\$					
2. Loan Origination D	ate						
3. Interest Rate %							
4. Term							
5. CHEFA Interest Ex	pense						
12 B7. Total Building Interest Ex	epense $(A1 - A4 + B5)$	5) \$		<u> </u>			

(Carry Subtotals forward to next page)

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

Name of Facility Highvue Manor, Inc.		Report for Year Ended 9/30/2015			Page of 27   37	
Highvue Wahor, file.	1170		9/30/2013		1	
Ite	m		Total	CCNH	RHNS	Residential Care Home
	Subtotals E					
12. C. Movable Equipment						
1. Automotive Equipme		\$				
A. Item	Rate	e Amount				
Lender	L					
Address of Lender						
2. Other (Specify)		\$	835			835
A. Item	Rate					
Capital Lease	13.94	13,698				
Lender						
Address of Lender						
B. Item	Rate	e Amount				
Lender	I	<b>I</b>				
Address of Lender						
12. C. 3. Total Movable Equip	ment Interest					
Expense $(C1 + 2)$		\$	835			835
12. D. Other Interest Expense (a	Specify)	\$				
13. Total All Interest Expense (1	12B7 + 12C3 + 1	2D) \$	835			835
14. Insurance						
a. Insurance on Property (b	uildings only)	\$				28,522
b. Insurance on Automobile		\$				
c. Insurance other than Pro		,				
1. Umbrella ( <i>Blanket Co</i>		\$				
2. Fire and Extended Co	overage	\$				
3. Other ( <i>Specify</i> )		\$				
14d Total Incomes - E	ng (14~ + 1- + -)	ф	29.522			20.522
<ul><li>14d. Total Insurance Expenditure</li><li>15. Total All Expenditures (A-1.</li></ul>		<u> </u>				28,522
15. Ioun An Expenditures (A-1.	5 m u C-14)	<u> </u>	1,331,9/9			1,331,979

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

	e of Fa	•		Lic	cense No.	Report for Ye	ar Ended	Page of
High	vue M	anor,	Inc.		1170	9/30/2015		28   37
					Total			
	Page				Amount of			Residential Care
	No.		Item Description		Decrease	CCNH	RHNS	Home
Page	10 - S	Salarie	es and Wages					
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
	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.			Cellular Telephone	\$				
13.			Life insurance premiums on the life					
			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or					
			universities for tuition and related costs					
			for owners and employees	\$				
16.			Travel for purposes of attending	4				
10.			conferences or seminars outside the					
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$				
17.			Automobile Expense (e.g. personal use)	\$				
18.			Unallowable Advertising *	\$				
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$	650			650
21.			Unallowable Management Fees	\$	030			030
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$				
	10 1	)iota=	y Expenditures	Ф				
<i>Page</i> 24.	10 - L		Meals to employees, guests and others					
24.			who are not residents	¢				
D	10 7			\$				
	19 - L		ry Expenditures					
25.			Laundry services to employees, guests	Φ				
D	20 -	7	and others who are not residents	\$				
	20 - E		keeping Expenditures					
26.			Housekeeping services to employees, guests					
			and others who are not residents	\$		+		
			Subtotal (Items 1 - 26	) \$	650		<u> </u>	650

<sup>\*</sup> All except "Help Wanted".

(Carry Subtotal forward to next page)

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

#### **Schedule of Other Salaries Adjustment**

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
<b>Total Othe</b>	otal Other Salaries Adjustment			\$ -	\$ -

#### **Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
_		-			
<b>Total Othe</b>	er Fees Adju	astments	\$ -	\$ -	\$ -

#### Schedule of Other A&G Adjustments

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
<b>Total Othe</b>	otal Other A&G Adjustments			\$ -	\$ -

.....

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

Nome	e of Fa	oility	D. Adjustments to Statemen		ense No.			Page	of
	vue M	•		LIC	1170				37
nigii	vue ivi	anoi,	IIIC.		Total	9/30/2013	I	29	31
Itam	Dogo	Lina						Davida	ential Care
	Page				Amount of	CCNII	DIING		inuai Care Iome
No.	No.	NO.	Item Description	Ф	Decrease	CCNH	RHNS	Г	
Dana	20 1	) a a i d a	Subtotals Brought Forward	<b></b>	650				650
27.	20 - K	tesiae	nt Care Supplies***	Φ					
28.			Prescription Drugs Ambulance/Limousine	\$					
				\$					
29. 30.			X-rays, etc	\$					
31.			Laboratory Medical Supplies	\$ \$					
32.			**	\$					
			Oxygen (non emergency)						
33. 34.			Occupational Therapy Other - See Attached Schedule	\$					
	22 1	M* 4	enance and Property	\$					
	' ZZ - IV	aint	1 1						
35.			Excess Movable Equipment Depreciation	ф					
26			See Attached Schedule	\$					
36.			Depreciation on Unallowable	Ф					
27			Motor Vehicles	\$					
37.			Unallowable Property and Real	ф					
20			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.	27. 7		Other - See Attached Schedule	\$					
_	27 - I	nsura		ф					
40.			Mortgage Insurance	\$					
41.	1.71		Property Insurance	\$					
	r - Mis	scella	-						
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.			Expenditures made for the protection,						
			enhancement or promotion of the	_					
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See						
			Attached Schedule	\$	700				700
	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)	\$	1,350				1,350

<sup>\*\*\*</sup> 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.

Highvue Manor, Inc. 9/30/2015

#### **Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		•			
<b>Total Othe</b>	r Ancillary	Costs	\$ -	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation** 

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

\_\_\_\_\_

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

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

\_\_\_\_\_

Page Ref	Line Ref	Description	CCNH	RHNS	Reside Care H	
30		Dividend income			\$	630
16	m13	Misc reconciling differences			\$	70
<b>Total Othe</b>	Total Other Adjustments \$ - \$					700

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unal	llowable Bu	nilding Interest	\$ -	\$ -	\$ -

CSP-30 Rev.10/2005

#### F. Statement of Revenue

Highwae Manor, Inc.   170   0,30,2015   30   37   Residential CNH RHNS	N CE III	r. Statement of Re		E 1 1		ID 2
Total   CCNH   RHNS   Residential Car   Revenue	Name of Facility	License No.	_	ear Ended		Page of
Item	riighvue mallor, inc.	11/0	<i>5/30/2</i> 013		1	
1. a. Medicaid Residents (CT only) b. Medicaid Room and Board Contractual Allowance ** \$ 2. a. Medicaid (All other states) 5. b. Other States Room and Board Contractual Allowance ** \$ 3. a. Medicare Residents (all inclusive) 5. b. Medicare Room and Board Contractual Allowance ** \$ 4. a. Private-Pay Rosidents and Other 5. b. Private-Pay Rosidents and Other 6. a. Private-Pay Rosidents and Other 7. b. Prescription Drugs - Medicare 8. c. Prescription Drugs - Medicare Contractual Allowance ** \$ 5. c. Prescription Drugs - Medicare Contractual Allowance ** \$ 6. c. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ 7. c. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ 8. c. Medical Supplies - Medicare Contractual Allowance ** \$ 9. c. Medical Supplies - Medicare Contractual Allowance ** \$ 9. c. Medical Supplies - Medicare Contractual Allowance ** \$ 9. c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 9. c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 9. c. Physical Therapy - Medicare Contractual Allowance ** \$ 9. c. Physical Therapy - Medicare Contractual Allowance ** \$ 9. c. Physical Therapy - Medicare Contractual Allowance ** \$ 9. c. Physical Therapy - Medicare Contractual Allowance ** \$ 9. c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Speech Therapy - Medicare Contractual Allowance ** \$ 9. c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Cocupational Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ 9. c. Ober (Specify) - Medicare Contractual Allowance ** \$ 9. c. Other (Specify) - Non-Medicare Contractual Allowance ** \$ 9. c. Physical The		Item	Total	CCNH	RHNS	
b. Medicaid (Alf other states)  2. a. Medicaid (Alf other states)  3. a. Medicare Residents (all inclusive)  b. Other States Room and Board Contractual Allowance **  5. a. Medicare Residents (all inclusive)  b. Medicare Room and Board Contractual Allowance **  5. a. Private-Pay Residents and Other  5. b. Private-Pay Room and Board Contractual Allowance **  5. c. Private-Pay Room and Board Contractual Allowance **  1. a. Prescription Drugs - Medicare  5. c. Prescription Drugs - Medicare Contractual Allowance **  6. d. Prescription Drugs - Non-Medicare Contractual Allowance **  7. d. Prescription Drugs - Non-Medicare Contractual Allowance **  8. d. Prescription Drugs - Non-Medicare Contractual Allowance **  9. d. Medical Supplies - Medicare Contractual Allowance **  9. d. Medical Supplies - Medicare Contractual Allowance **  9. d. Medical Supplies - Non-Medicare Contractual Allowance **  9. d. Medical Supplies - Non-Medicare Contractual Allowance **  9. d. Medical Supplies - Non-Medicare Contractual Allowance **  9. d. Physical Therapy - Medicare Contractual Allowance **  9. d. Physical Therapy - Medicare Contractual Allowance **  9. d. Physical Therapy - Medicare Contractual Allowance **  9. d. Physical Therapy - Non-Medicare Contractual Allowance **  9. d. Speech Therapy - Medicare Contractual Allowance **  9. d. Speech Therapy - Medicare Contractual Allowance **  9. d. Speech Therapy - Medicare Contractual Allowance **  9. d. Speech Therapy - Non-Medicare Contractual Allowance **  9. d. Speech Therapy - Non-Medicare Contractual Allowance **  9. d. Speech Therapy - Non-Medicare Contractual Allowance **  10. c. Occupational Therapy - Medicare Contractual Allowance **  11. Total Resident Revenue (Section I. thru Section II.)  12. 1339,472  13. 139,472  13. 139,473  17. Other Resident Revenue (Section I. thru Section II.)  13. 139,472  13. 139,473  14. Rental of Television and Cable Services  15. Interest Income (Specify)  16. Private Duty Nurses Tees  17. Barbar Coffee, Beauty and Gift shops  18. Cother (Specify)	I. Resident Room, Board & Ro	outine Care Revenue				
2. a. Medicaid (All other states) b. Other States Room and Board Contractual Allowance ** \$ 5. a. Medicare Residents (all inclusive) b. Medicare Room and Board Contractual Allowance ** \$ 7. a. Private-Pay Residents and Other \$ 8. a. Private-Pay Room and Board Contractual Allowance ** \$ 8. a. Prescription Drugs - Medicare \$ 8. a. Prescription Drugs - Medicare \$ 8. b. Prescription Drugs - Medicare \$ 8. c. Prescription Drugs - Non-Medicare \$ 9. c. Prescription Drugs - Non-Medicare \$ 9. c. Prescription Drugs - Non-Medicare \$ 9. d. Prescription Drugs - Non-Medicare \$ 9. d. Medical Supplies - Medicare Contractual Allowance ** \$ 9. c. Medical Supplies - Medicare Contractual Allowance ** \$ 9. d. Medical Supplies - Medicare Contractual Allowance ** \$ 9. d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 9. d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medica	1. a. Medicaid Residents (C	T only)	\$ 1,064,962			1,064,962
b. Other States Room and Board Contractual Allowance ** \$ 3. a. Medicare Rosidents (all inclusive) \$ 5. b. Medicare Room and Board Contractual Allowance ** \$ 4. a. Private-Pay Residents and Other \$ 5. private-Pay Room and Board Contractual Allowance ** \$ 7. c. Private-Pay Room and Board Contractual Allowance ** \$ 8. private-Pay Room and Board Contractual Allowance ** \$ 8. private-Pay Room and Board Contractual Allowance ** \$ 8. prescription Drugs - Medicare Bob Prescription Drugs - Medicare Contractual Allowance ** \$ 8. prescription Drugs - Non-Medicare Contractual Allowance ** \$ 9. prescription Drugs - Non-Medicare Contractual Allowance ** \$ 9. prescription Drugs - Non-Medicare Contractual Allowance ** \$ 9. p. Medical Supplies - Medicare Contractual Allowance ** \$ 9. p. Medical Supplies - Non-Medicare Bob Prescription Progres - Non-Medicare Contractual Allowance ** \$ 9. p. Medical Supplies - Non-Medicare Bob Prescription Progres - Non-Medicare Contractual Allowance ** \$ 9. p. Physical Therapy - Medicare Contractual Allowance ** \$ 9. p. Physical Therapy - Medicare Contractual Allowance ** \$ 9. p. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 9. p. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 9. p. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 9. p.	b. Medicaid Room and B	oard Contractual Allowance **	\$			
3. a. Medicare Residents (all inclusive) b. Medicare Room and Board Contractual Allowance ** \$ 4. a. Private-Pay Residents and Other b. Private-Pay Room and Board Contractual Allowance ** \$ 5. II. Other Resident Revenue 1. a. Prescription Drugs - Medicare  8. b. Prescription Drugs - Medicare 8. b. Prescription Drugs - Medicare Contractual Allowance ** \$ 6. Prescription Drugs - Non-Medicare 8. d. Prescription Drugs - Non-Medicare 9. d. Prescription Drugs - Non-Medicare 9. d. Medical Supplies - Medicare Contractual Allowance ** \$ 7. d. Medical Supplies - Medicare Contractual Allowance ** \$ 8. d. Medical Supplies - Medicare Contractual Allowance ** \$ 8. d. Medical Supplies - Non-Medicare 9. d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 9. d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 9. d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 9. d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Medicare Contractual Allowance ** \$ 9. d. Physical Therapy - Non-Medicare \$ 9. d. Physical Therapy - Non-Medicare \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Medicare Contractual Allowance ** \$ 9. d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ 9. d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ 9. d. Occupational Therapy - Medicare Contractual Allowance ** \$ 9. d. Occupational Therapy - Medicare Contractual Allowance ** \$ 9. d. Occupational Therapy - Medicare Contractual Allowance ** \$ 1. J. Allowance Therapy - Medicare Contractual Allowance ** \$ 1. Medical Supplies - Medicare Contractual Allowance ** \$ 1. Medical Supplies - Medicare Contractual Allowance ** \$ 1. Medical Supplies - Medicare Contractual Allowance ** \$ 2. Rental of Tolow Son Medicare Contractual Allowance ** \$ 3. Telephone \$ 3. Telephone \$ 3. Telephone \$ 4. Rental of Television and Cable Services \$ 5. Interest Income (Specify) \$ 5. D. Other (Specify) - Medic	2. a. Medicaid (All other sta	ntes)	\$			
b. Medicare Room and Board Contractual Allowance **   \$   \$   274,510   274,510   274,510   5. Private-Pay Residents and Other   \$   \$   274,510   274,510   5. Private-Pay Room and Board Contractual Allowance **   \$   \$   \$   \$   \$   \$   \$   \$   \$	b. Other States Room and	Board Contractual Allowance **	\$			
4. a. Private-Pay Residents and Other	3. a. Medicare Residents (a)	ll inclusive)	\$			
b. Private-Pay Room and Board Contractual Allowance **  1. a. Prescription Drugs - Medicare  b. Prescription Drugs - Medicare Contractual Allowance **  c. Prescription Drugs - Non-Medicare Contractual Allowance **  d. Prescription Drugs - Non-Medicare Contractual Allowance **  c. Prescription Drugs - Non-Medicare Contractual Allowance **  d. Prescription Drugs - Non-Medicare Contractual Allowance **  c. Medical Supplies - Medicare Contractual Allowance **  c. Medical Supplies - Non-Medicare Contractual Allowance **  d. Medical Supplies - Non-Medicare Contractual Allowance **  b. Physical Therapy - Medicare Contractual Allowance **  c. Physical Therapy - Medicare Contractual Allowance **  c. Physical Therapy - Medicare Contractual Allowance **  d. Physical Therapy - Non-Medicare Contractual Allowance **  c. Physical Therapy - Medicare Contractual Allowance **  d. Speech Therapy - Medicare Contractual Allowance **  c. Speech Therapy - Medicare Contractual Allowance **  c. Speech Therapy - Medicare Contractual Allowance **  d. Speech Therapy - Non-Medicare Contractual Allowance **  c. Speech Therapy - Non-Medicare Contractual Allowance **  d. Speech Therapy - Non-Medicare Contractual Allowance **  b. Occupational Therapy - Medicare Contractual Allowance **  c. Occupational Therapy - Non-Medicare Contractual Allowance **  d. Occupational Therapy - Non-Medicare Speech Sp	b. Medicare Room and B	oard Contractual Allowance **	\$			
II. Other Residem Revenue	4. a. Private-Pay Residents	and Other	\$ 274,510			274,510
1. a. Prescription Drugs - Medicare b. Prescription Drugs - Medicare Contractual Allowance ** S c. Prescription Drugs - Non-Medicare d. Prescription Drugs - Non-Medicare Contractual Allowance ** S d. Prescription Drugs - Non-Medicare Contractual Allowance ** S c. Medical Supplies - Medicare Contractual Allowance ** S c. Medical Supplies - Medicare Contractual Allowance ** S d. Medical Supplies - Non-Medicare Contractual Allowance ** S d. Medical Supplies - Non-Medicare Contractual Allowance ** S d. Medical Supplies - Non-Medicare Contractual Allowance ** S d. Physical Therapy - Medicare Contractual Allowance ** S d. Physical Therapy - Non-Medicare Contractual Allowance ** S d. Physical Therapy - Non-Medicare Contractual Allowance ** S d. Speech Therapy - Medicare Contractual Allowance ** S d. Speech Therapy - Medicare Contractual Allowance ** S d. Speech Therapy - Non-Medicare Contractual Allowance ** S d. Speech Therapy - Non-Medicare S d. Speech Therapy - Non-Medicare S d. Speech Therapy - Non-Medicare Contractual Allowance ** S d. Occupational Therapy - Medicare Contractual Allowance ** S d. Occupational Therapy - Medicare Contractual Allowance ** S d. Occupational Therapy - Non-Medicare S d. Occupationa	b. Private-Pay Room and	Board Contractual Allowance **	\$			
b. Prescription Drugs - Medicare Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	II. Other Resident Revenue					
c. Prescription Drugs - Non-Medicare d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$  2. a. Medical Supplies - Medicare Contractual Allowance ** \$  b. Medical Supplies - Non-Medicare c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare Contractual Allowance ** \$  c. Medical Supplies - Non-Medicare Contractual Allowance ** \$  d. Medical Supplies - Non-Medicare Contractual Allowance ** \$  s. Physical Therapy - Medicare Contractual Allowance ** \$  c. Physical Therapy - Medicare Contractual Allowance ** \$  d. Physical Therapy - Non-Medicare Contractual Allowance ** \$  d. Physical Therapy - Non-Medicare Contractual Allowance ** \$  d. Speech Therapy - Medicare Contractual Allowance ** \$  c. Speech Therapy - Medicare Contractual Allowance ** \$  d. Speech Therapy - Non-Medicare Contractual Allowance ** \$  c. Speech Therapy - Medicare Contractual Allowance ** \$  d. Speech Therapy - Non-Medicare Contractual Allowance ** \$  c. Occupational Therapy - Medicare Contractual Allowance ** \$  d. Occupational Therapy - Medicare Contractual Allowance ** \$  d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  f. a. Other (Specify) - Non-Medicare Contractual Allowance ** \$  d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  f. a. Other (Specify) - Non-Medicare Contractual Allowance ** \$  d. Contractual Allowance ** \$  d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  f. a. Other (Specify) - Non-Medicare Contractual Allowance ** \$  f. Interest Income (Specify) \$  f. Meals sold to guests, employees & others \$  f. Interest Income (Specify) \$  f. Interest Income (Specify) \$  f. Private Duty Nurses Fees \$  f. Barber, Coffee, Beauty and Gift shops \$  f. Other (Specify) \$  f. O	1. a. Prescription Drugs - M	ledicare	\$			
d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	b. Prescription Drugs - M	ledicare Contractual Allowance **	\$			
2. a. Medical Supplies - Medicare b. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare S. a. Physical Therapy - Medicare Contractual Allowance ** b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** s. d. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare S. d. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Medicare d. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare S. d. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare S. d. Speech Therapy - Non-Medicare S. d. Speech Therapy - Non-Medicare S. d. Speech Therapy - Non-Medicare d. Occupational Therapy - Medicare d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare S. D. Occupational Therapy -	c. Prescription Drugs - N	on-Medicare	\$			
b. Medical Supplies - Medicare Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	d. Prescription Drugs - N	on-Medicare Contractual Allowance **	\$			
c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare Contractual Allowance ** s. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare Contractual Allowance ** d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** s. a. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Medicare Contractual Allowance ** d. Speech Therapy - Non-Medicare Contractual Allowance ** s. a. Occupational Therapy - Medicare Contractual Allowance ** b. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare s. d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare s. d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare s. d. Speech Therapy - Non-Medicare s. d. Speech T	2. a. Medical Supplies - Me	dicare	\$			
d. Medical Supplies - Non-Medicare Contractual Allowance ** \$  3. a. Physical Therapy - Medicare   b. Physical Therapy - Medicare Contractual Allowance ** \$  c. Physical Therapy - Non-Medicare Contractual Allowance ** \$  d. Physical Therapy - Non-Medicare Contractual Allowance ** \$  4. a. Speech Therapy - Medicare Contractual Allowance ** \$  b. Speech Therapy - Medicare Contractual Allowance ** \$  c. Speech Therapy - Non-Medicare Contractual Allowance ** \$  d. Speech Therapy - Non-Medicare Contractual Allowance ** \$  5. a. Occupational Therapy - Medicare Contractual Allowance ** \$  c. Occupational Therapy - Medicare Contractual Allowance ** \$  c. Occupational Therapy - Medicare Contractual Allowance ** \$  c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  f. a. Other (Specify) - Medicare \$  b. Other (Specify) - Non-Medicare S  f. Meals sold to guests, employees & others \$  g. Rental of rooms to non-residents \$  s. Telephone \$  4. Rental of Television and Cable Services \$  5. Interest Income (Specify) \$  6. Private Duty Nurses' Fees \$  7. Barber, Coffee, Beauty and Gift shops \$  8. Other (Specify) \$  6. Solo 636	b. Medical Supplies - Me	dicare Contractual Allowance **	\$			
3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** 5. 4. a. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Medicare Contractual Allowance ** b. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare Contractual Allowance ** d. Occupational Therapy - Non-Medicare Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Contractual Allowance ** d. Occupational Therapy - Non-Medicare Speech Therapy - Non-Medicare	c. Medical Supplies - No	n-Medicare	\$			
b. Physical Therapy - Medicare Contractual Allowance ** \$ c. Physical Therapy - Non-Medicare \$ d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 4. a. Speech Therapy - Medicare \$ b. Speech Therapy - Medicare Contractual Allowance ** \$ c. Speech Therapy - Non-Medicare \$ d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ 5. a. Occupational Therapy - Medicare \$ b. Occupational Therapy - Medicare Contractual Allowance ** \$ c. Occupational Therapy - Non-Medicare \$ d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ c. Occupational Therapy - Non-Medicare \$ d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ f. a. Other (Specify) - Non-Medicare \$ f. a. Other (Specify) - Non-Medicare \$ f. a. Other (Specify) - Non-Medicare \$ f. Meals sold to guests, employees & others \$ f. Meals sold to guests, employees & others \$ f. Meals sold to guests, employees & others \$ f. Meals sold to guests, employees & others \$ f. Interest Income (Specify) \$ f. Private Duty Nurses' Fees \$ f. Interest Income (Specify) \$ f. Private Duty Nurses' Fees \$ f. Barber, Coffee, Beauty and Gift shops \$ f. Other (Specify) \$	d. Medical Supplies - No	n-Medicare Contractual Allowance **	\$			
c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance **  4. a. Speech Therapy - Medicare Contractual Allowance ** b. Speech Therapy - Non-Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare f. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare f. Occupational Therapy - Non-Med	3. a. Physical Therapy - Me	dicare	\$			
d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** \$ c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ c. Occupational Therapy - Medicare Contractual Allowance ** \$ c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ fo. a. Other (Specify) - Medicare b. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare \$ full. Total Resident Revenue (Section I. thru Section II.) \$ full. Total Resident Revenue (Section I. thru Section II.) \$ full. Total Resident Revenue S full. Total Resident	b. Physical Therapy - Me	dicare Contractual Allowance **	\$			
4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare speech to the (Specify) - Medicare b. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare b. Other (Specify) - Non-Medicare speech to the speech	c. Physical Therapy - Nor	n-Medicare	\$			
b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare c. Occupational Therapy - Non-Medicare d. Octher (Specify) - Medicare b. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare III. Total Resident Revenue (Section I. thru Section II.)  IV. Other Revenue* 1. Meals sold to guests, employees & others 2. Rental of rooms to non-residents 3. Telephone 4. Rental of Television and Cable Services 5. Interest Income (Specify) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 8. 630 633	d. Physical Therapy - Nor	n-Medicare Contractual Allowance **	\$			
c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare contractual Allowance ** 6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare b. Other (Specify) - Non-Medicare TII. Total Resident Revenue (Section I. thru Section II.)  V. Other Revenue* 1. Meals sold to guests, employees & others 2. Rental of rooms to non-residents 3. Telephone 4. Rental of Television and Cable Services 5. Interest Income (Specify) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 5. 630 636	4. a. Speech Therapy - Med	icare	\$			
d. Speech Therapy - Non-Medicare Contractual Allowance ** \$  5. a. Occupational Therapy - Medicare \$	b. Speech Therapy - Med	icare Contractual Allowance **	\$			
5. a. Occupational Therapy - Medicare         \$           b. Occupational Therapy - Medicare Contractual Allowance **         \$           c. Occupational Therapy - Non-Medicare         \$           d. Occupational Therapy - Non-Medicare Contractual Allowance **         \$           6. a. Other (Specify) - Medicare         \$           b. Other (Specify) - Non-Medicare         \$           III. Total Resident Revenue (Section I. thru Section II.)         \$ 1,339,472           IV. Other Revenue*         \$           1. Meals sold to guests, employees & others         \$           2. Rental of rooms to non-residents         \$           3. Telephone         \$           4. Rental of Television and Cable Services         \$           5. Interest Income (Specify)         \$           6. Private Duty Nurses' Fees         \$           7. Barber, Coffee, Beauty and Gift shops         \$           8. Other (Specify)         \$           6. Other (Specify)         \$	c. Speech Therapy - Non-	-Medicare	\$			
b. Occupational Therapy - Medicare Contractual Allowance ** \$  c. Occupational Therapy - Non-Medicare \$  d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  6. a. Other (Specify) - Medicare \$  b. Other (Specify) - Non-Medicare \$  III. Total Resident Revenue (Section I. thru Section II.) \$  1,339,472 \$  IV. Other Revenue*  1. Meals sold to guests, employees & others \$  2. Rental of rooms to non-residents \$  3. Telephone \$  4. Rental of Television and Cable Services \$  5. Interest Income (Specify) \$  6. Private Duty Nurses' Fees \$  7. Barber, Coffee, Beauty and Gift shops \$  8. Other (Specify) \$  6. Associated Allowance ** \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	d. Speech Therapy - Non-	-Medicare Contractual Allowance **	\$			
c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare Contractual Allowance **  6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare  III. Total Resident Revenue (Section I. thru Section II.)  Fig. 1,339,472  IV. Other Revenue*  1. Meals sold to guests, employees & others 2. Rental of rooms to non-residents 3. Telephone 4. Rental of Television and Cable Services 5. Interest Income (Specify) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 8. Godon Godo	5. a. Occupational Therapy	- Medicare	\$			
d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$  6. a. Other (Specify) - Medicare	b. Occupational Therapy	- Medicare Contractual Allowance **	\$			
6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare  III. Total Resident Revenue (Section I. thru Section II.)  IV. Other Revenue*  1. Meals sold to guests, employees & others 2. Rental of rooms to non-residents 3. Telephone 4. Rental of Television and Cable Services 5. Interest Income (Specify) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 8 630 630	c. Occupational Therapy	- Non-Medicare	\$			
b. Other (Specify) - Non-Medicare  III. Total Resident Revenue (Section I. thru Section II.)  \$ 1,339,472  IV. Other Revenue*  1. Meals sold to guests, employees & others  2. Rental of rooms to non-residents  3. Telephone  4. Rental of Television and Cable Services  5. Interest Income (Specify)  6. Private Duty Nurses' Fees  7. Barber, Coffee, Beauty and Gift shops  8. Other (Specify)  \$ 630  630	d. Occupational Therapy	- Non-Medicare Contractual Allowance **	\$			
III. Total Resident Revenue (Section I. thru Section II.)  \$ 1,339,472  IV. Other Revenue*  1. Meals sold to guests, employees & others  2. Rental of rooms to non-residents  3. Telephone  4. Rental of Television and Cable Services  5. Interest Income (Specify)  6. Private Duty Nurses' Fees  7. Barber, Coffee, Beauty and Gift shops  8. Other (Specify)  \$ 630  630	6. a. Other (Specify) - Medi	care	\$			
IV. Other Revenue*  1. Meals sold to guests, employees & others  2. Rental of rooms to non-residents  3. Telephone  4. Rental of Television and Cable Services  5. Interest Income (Specify)  6. Private Duty Nurses' Fees  7. Barber, Coffee, Beauty and Gift shops  8. Other (Specify)  8 630  630	b. Other (Specify) - Non-	Medicare	\$			
1. Meals sold to guests, employees & others  2. Rental of rooms to non-residents  3. Telephone  4. Rental of Television and Cable Services  5. Interest Income (Specify)  6. Private Duty Nurses' Fees  7. Barber, Coffee, Beauty and Gift shops  8. Other (Specify)  \$ 630  630	III. Total Resident Revenue (Se	ection I. thru Section II.)	\$ 1,339,472			1,339,472
2. Rental of rooms to non-residents \$ 3. Telephone \$ 4. Rental of Television and Cable Services \$ 5. Interest Income (Specify) \$ 6. Private Duty Nurses' Fees \$ 7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ 630 630	IV. Other Revenue*					
3. Telephone       \$         4. Rental of Television and Cable Services       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees       \$         7. Barber, Coffee, Beauty and Gift shops       \$         8. Other (Specify)       \$       630       630	1. Meals sold to guests, emp	loyees & others	\$			
4. Rental of Television and Cable Services \$ 5. Interest Income (Specify) \$ 6. Private Duty Nurses' Fees \$ 7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ 630 630	2. Rental of rooms to non-re	sidents	\$			
5. Interest Income (Specify) \$ \$ 6. Private Duty Nurses' Fees \$ \$ 7. Barber, Coffee, Beauty and Gift shops \$ \$ 630 630	3. Telephone		\$			
6. Private Duty Nurses' Fees \$ 7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ 630 630	4. Rental of Television and C	Cable Services	\$			
7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ 630 630	5. Interest Income (Specify)		\$			
8. Other ( <i>Specify</i> ) \$ 630 630	6. Private Duty Nurses' Fees		\$			
	7. Barber, Coffee, Beauty an	d Gift shops	\$			
V Total Other Revenue (1 thru 8)	8. Other (Specify)		\$ 630			630
φ 050   050	V. Total Other Revenue (1 thru	8)	\$ 630			630
VI. Total All Revenue (III +V) \$ 1,340,102 1,340,102	VI. Total All Revenue (III+V)		\$ 1,340,102			1,340,102

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> 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 Othe</b>	r Resident Revenue - Medicare	\$ -	\$ -	\$ -

\_\_\_\_\_

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

#### Related Exp

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

\_\_\_\_\_

#### **Interest Income**

#### Account

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

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Dividends			\$ 630
<b>Total Othe</b>	er Revenue	\$ -	\$ -	\$ 630

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## G. Balance Sheet

Name of	of Facility	License No.	Report for Year Ended	Pag	e of
Highvu	e Manor, Inc.	1170	9/30/2015	31	37
		Account			Amount
Assets					
A. C	Current Assets				
1.	. Cash (on hand and in banks	)		\$	97,921
	. Resident Accounts Receivab	,	,	\$	77,680
3.	. Other Accounts Receivable	(Excluding Owners	or Related Parties)	\$	
4	Inventories			\$	
5.	. Prepaid Expenses			\$	
	a				
	b				
	C				
	d.				
6.				\$	
	. Medicare Final Settlement F			\$	
8.	. Other Current Assets ( <i>itemiz</i>	ze)		\$	
				$\dashv$	
				-	
	Total Current Assets (Lines Al	thru 8)		\$	175,601
B. F	ixed Assets				
	. Land			\$	
2.	. Land Improvements	*Historical Cost		\$	
		Accum. Deprecia	tion Net		
3.	. Buildings	*Historical Cost		\$	
		Accum. Deprecia			
4.	. Leasehold Improvements	*Historical Cost	668,270	\$	149,374
		Accum. Deprecia	tion 518,896 Net		
5.	. Non-Movable Equipment	*Historical Cost		\$	
		Accum. Deprecia	tion Net		
6.	. Movable Equipment	*Historical Cost	73,175	\$	11,290
		Accum. Deprecia	tion 61,885 Net		
7.	. Motor Vehicles	*Historical Cost	37,499	\$	
		Accum. Deprecia	tion 37,499 Net		
8.	. Minor Equipment-Not Depr	eciable		\$	
9.	. Other Fixed Assets (itemize	)		\$	
	m . 1 m . 1	21.1.0			
B-10.	Total Fixed Assets (Lines E	31 thru 9)		\$	160,664

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

## G. Balance Sheet (cont'd)

Nam	e of	f Facility	License No.	Report for Year Ended	Page	of
High	ıvue	Manor, Inc.	1170	9/30/2015	32   3	37
			Account		Amount	
				Total Brought Forward:	\$ 336,2	265
C.	Le	asehold or like property recor	ded for Equity Purpose	·S.		
	1.	Leasehold or like property reco  1. Land  2. Land Improvements  3. Buildings  4. Non-Movable Equipment  5. Movable Equipment  6. Motor Vehicles  7. Minor Equipment-Not Dep  Total Leasehold or Like Prope Investment and Other Assets  1. Deferred Deposits  2. Escrow Deposits  3. Organization Expense  4. Goodwill (Purchased Only)  5. Investments Related to Res  6. Loans to Owners or Related  Name and Address  7. Other Assets (itemize)			\$	
	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	\$	
	7.	Minor Equipment-Not Depre	eciable		\$	
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		\$	
D.	Inv	vestment and Other Assets				
	1.	Deferred Deposits			\$	
	2.	Escrow Deposits			\$	
	3.	Organization Expense	*Historical Cost			
			Accum. Depreciation	n Net	\$	
	4.	Goodwill (Purchased Only)			\$	
	5.	Investments Related to Resid	dent Care (itemize)		\$	
	6.	Loans to Owners or Related	Parties (itemize)		\$	
		Name and Address	Amount	Loan Date		
	7.	Other Assets ( <i>itemize</i> )			\$	
		tal Investments and Other As	,		\$ 	
D-9.	To	tal All Assets (Lines A9 + B1	.0 + C8 + D8)		\$ 336,2	265

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

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

Name of Facility		License No.	_			of
Highvue Manor, Inc.		1170	9/30/2015		33	37
		Account			Am	ount
Liabilities						
Α. (	Current Liabilities					
1	1. Trade Accounts Payable					27,656
2	2. Notes Payable ( <i>itemize</i> )			\$		
			(·, · )	¢		2.242
3	<ul><li>B. Loans Payable for Equips</li><li>Name of Lender</li></ul>			\$		3,242
	Name of Lender	Purpose	Amount	Date Due		
	LCA Bank Corp	Capital Lease	3,242	01/24/17		
	LCA Bank Corp	Capital Lease	3,242	01/24/17		
4	4. Accrued Payroll (Exclusi	ve of Owners and/or Sto	ckholders only)	\$	1	11,778
5	5. Accrued Payroll (Owners	and/or Stockholders on	ly)	\$		1,856
$\epsilon$	6. Accrued Payroll Taxes P	ayable		\$		(950)
7	7. Medicare Final Settlemen	nt Payable		\$		
8	<ol><li>Medicare Current Finance</li></ol>	ing Payable		\$		
Ç	O. Mortgage Payable (Curre	ent Portion )		\$		
1	10. Interest Payable (Exclusion	ve of Owner and/or Rela	ted Parties)	\$		
	11. Accrued Income Taxes*			\$		
1	12. Other Current Liabilities	(itemize)		\$		7,508
	Accrued accounting	900				
	Accrued accounting state audit	4,000				
	Accrued pension	2,211				
	Accrued AFLAC	397				<b>5</b> 1.000
A-13. 7	Total Current Liabilities (Li	nes A1 thru 12)		\$		51,090

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

CSP-34 Rev. 6/95

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

Name of Facility	License No.	cility License No. Report for Year Ended			Page of	
Highvue Manor, Inc.	1170	9/30/2015			34   37	
A	Account				Amount 51,090	
	Total Brought Forward:					
Liabilities (cont'd)						
B. Long-Term Liabilities	<i>(</i> • • )			Φ.	4.40	
1. Loans Payable-Equipment		<u> </u>		\$	1,185	
Name of Lender	Purpose	Amount	Date Due			
LCA Bank Corp	Capital Lease	13,698	1/24/17			
2 M ( D 11				Ф		
<ul><li>2. Mortgages Payable</li><li>3. Loans from Owners or Relationships</li></ul>	otad Darting (itamiza)			\$ \$	440.770	
Name and Address of Lender	Amount	Loan Da	24.2	<b>3</b>	440,779	
Olive Santavenere	440,779					
4. Other Long-Term Liabilitie	es (itemize)			\$		
B-5. Total Long-Term Liabilities (				\$	441,964	
C. Total All Liabilities (Lines A-	13 + B-5)			\$	493,054	

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

	ne of Facility	License No.	Report for `	Year Ended	Page	of
Hig	hvue Manor, Inc.	1170	9/30/2015		35	37
_	Reserves	Account				Amount
A.						
	1. Reserve for value of leased	land			\$	
	2. Reserve for depreciation val	ue of leased build	lings and appurt	enances		
	to be amortized					
	3. Reserve for depreciation val	ue of leased perso	onal property (E	quity)	\$	
	4. Reserve for leasehold real p	roperties on which	n fair rental valu	ie is based	\$	
	5. Reserve for funds set aside a	as donor restricted	l		\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	30,000
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(194,914)
	6. Gain or Loss for Period	10/1/20	014 thru	9/30/2015	\$	8,125
	7. Total Net Worth				\$	(156,789)
C.	Total Reserves and Net Worth				\$	(156,789)
D.	Total Liabilities, Reserves, and	Net Worth			\$	336,265

## H. Changes in Total Net Worth

Nam	ne of Facility	License No.	Report for Year	Ended	Page		of
High	nvue Manor, Inc.	1170	9/30/2015		36		37
		Account			Aı	mount	
A.	Balance at End of Prior Period as s	hown on Report of (	09/30/2014		\$		
B.	Total Revenue (From Statement of	Revenue Page 30)			\$		
C.	Total Expenditures (From Stateme	nt of Expenditures F	Page 27)		\$		
D.	Net Income or Deficit	\$					
E.	Balance				\$		
F.	Additions						
	1. Additional Capital Contributed	(itemize)					
	2. Other ( <i>itemize</i> )						
F-3.	Total Additions				\$		
G.	Deductions						
	1. Drawings of Owners/Operators	S/Partners (Specify)			\$		
	Name and Address (No., City,	State, Zip)	Title	Amount			
	<u>.</u>	-					
	2. Other Withdrawings (Specify)				\$		
	Purpose	Ψ					
	Purpose Amount						
	2 T-4-1 D- 44				¢		
<u></u>	3. Total Deductions	00/00/	1.5		\$		
H.	Balance at End of Period	09/30/1	15		\$		

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

Name of Facility	License No.	Report for Year Ended	Page	of
Highvue Manor, Inc.	1170	9/30/2015	37	37
Check appropriate category				
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home		
Preparer/Reviewer Certification				
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer Fiondella, Milone & LaSaracina				
Addres Address		Phone Number		
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300 Winding Brook Drive, Glastonbury, CT 06033		860-657-3651 ext 220		

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Level Item Reported as