

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) McLean Health Center	
Address (No. & Street, City, State, Zip Code) 75 Great Pond Road, Simsbury, CT 06070	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider 07-5216
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Medicaid Provider Numbers:	CCNH 884-C	RHNS	ICF-IID 1712-RCH
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For Department Use Only

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

General Information

Name of Facility (as licensed) McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for McLean Health Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lisa Clark			Printed Name (Owner) David Bordonaro, President		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility McLean Health Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 75 Great Pond Road, Simsbury, CT 06070				
Report Prepared By McLean Affiliates, Inc.		Phone Number (860) 658-3759	Date	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 10,222			10,222
2. Laundry wages paid	\$ 25			25
3. Housekeeping wages paid	\$ 6,228			6,228
4. Nursing wages paid	\$			
5. All other wages paid	\$ 69,185			69,185
6. Total Wages Paid	\$ 85,660			85,660
7. Total salaries paid	\$ 8,333			8,333
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 93,993			93,993

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860)658-3700		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) McLean Health Center		Address (No. & Street, City, State, Zip) 75 Great Pond Road, Simsbury, CT 06070		
License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider No. 07-5216
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lisa Clark		Nursing Home Administrator's License No.:	001842	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
McLean Affiliates, Inc	75 Great Pond Road, Simsbury, CT 06070		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached List of McLean Affiliate Directo				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
McLean Fund	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Gifts to McLean Affiliates, Inc. through inc	Various		
The McLean Foundation, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Gifts to McLean Affiliates, Inc for various e	Various		
McLean Game Refuge, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		None - McLean Affiliates, Inc provides bo	Page 10, 11b		
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
The McLean Foundation, Inc., supports certain programs and capital acquisitions of the Health Center via donations and grants. The McLean Fund uses income from investments to fund a portion of the Operating Expenses. Any funding by these entities is at cost.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
See pre Cost Report Allocation w/s.				

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility		License No.		Report for Year Ended			Page	of
McLean Health Center		884-C		9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Mailfinance (Formerly Neopost), 478 Weelers Farm Rd, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	05/24/11	Paid Quarterly	1,716	743	
TCF Equipment Finance 11100 Wayzata Blvd, Minnetonka, MN 55305 Suite801	<input type="radio"/>	<input checked="" type="radio"/>	Service Bus	11/15/16	Monthly	13,380	2,774	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							3,517	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127
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Services Provided by This Firm (*describe fully*)

1	Independent Audit of 2018 Financials & Employee 401k fund, Preparation of FY 2018 Medicare CR	\$	44,557
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 44,557

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

- Yes No Pg 15, 1D - CCNH \$16,911, RCH \$254, Outpatient/Other not on Annual Report \$27,391.

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggan & Dana 2 Michalik, Bauer, Silvia 3 Day Pitney, LLP 4 SIEGEL, O'CONNOR, O'DONNELL & BECK P.C. 5 SHIPMAN & GOODWIN LLP	Telephone Number
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Address (*No. & Street, City, State, Zip Code*)

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1	Various Service and Advice - all costs will be adjusted on Pg 28 of the CR	\$	78,966
2		\$	
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 78,966

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

- Yes No Pg 15, 1E - CCNH \$34,969 RCH \$514 Outpatient/Other not on Annual Report \$43,483 (see page 28 line 10 adjustment for \$34,969 and \$514)

Schedule of Resident Statistics

Name of Facility McLean Health Center		License No. 884-C			Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	92	89		3	92	89		3	92	89			3
B. On last day of THIS report period	92	89		3	92	89		3	92	89			3
2. Number of Residents													
A. As of midnight of PREVIOUS report period	80	78		2	80	78		2	81	79			2
B. As of midnight of THIS report period	81	79		2	81	79		2	81	79			2
3. Total Number of Days Care Provided During Period													
A. Medicare	5,558	5,558			4,453	4,453			1,105	1,105			
B. Medicaid (Conn.)	12,460	12,460			9,472	9,472			2,988	2,988			
C. Medicaid (other states)													
D. Private Pay	9,055	9,055			6,366	6,366			2,689	2,689			
E. State SSI for RCH	694			694	510			510	184				184
F. Other (Specify) HMO, Managed Medicare	1,489	1,489			1,024	1,024			465	465			
G. Total Care Days During Period (3A thru F)	29,256	28,562		694	21,825	21,315		510	7,431	7,247			184
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	52	52			33	33			19	19			
5. Total Resident Days (3G + 4A + 4B)	29,308	28,614		694	21,858	21,348		510	7,450	7,266			184

Schedule of Resident Statistics (Cont'd)

Name of Facility McLean Health Center			License No. 884-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	14		33		28		130						
Per Diem Rate													
a. One bed rm.	RUGS		248.59		\$495-\$525								
b. Two bed rms.	RUGS		248.59		\$474-\$499								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									1,443	1,443			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									18,137	18,137			
D. Total Physical Therapy Treatments									19,580	19,580			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									268	268			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,564	1,564			
D. Total Speech Therapy Treatments									1,832	1,832			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									927	927			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									14,720	14,720			
D. Total Occupational Therapy Treatments									15,647	15,647			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	99,058	753			1,490	11
2. Administrator(s) (Complete also Sec. III of Schedule A1)	91,499	1,173			2,219	28
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	436,581	11,777			4,623	136
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	421,463	26,535			10,222	644
6. Housekeeping Service						
a. Head Housekeeper	12,522	577			483	22
b. Other Housekeeping Workers	149,019	11,021			5,745	425
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	39,205	968			1,512	37
b. Other Maintenance Workers	50,133	3,021			1,933	116
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	25,221	2,012			25	2
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	47,226	967			710	15
b. Other Accountants	88,530	3,318			1,332	50
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	107,981	2,118				
b. RN						
1. Direct Care	1,457,448	38,726				
2. Administrative**	131,642	3,497			35,140	1,251
c. LPN						
1. Direct Care	354,872	10,288				
2. Administrative**						
d. Aides and Attendants	2,047,889	101,209			26,321	1,483
e. Physical Therapists	363,742	10,293				
f. Speech Therapists	68,251	1,153				
g. Occupational Therapists	236,728	6,859				
h. Recreation Workers	92,254	4,300			2,238	104
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	67,043	2,675				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	43,144	2,086				
<i>A-13. Total Salary Expenditures</i>	6,431,449	245,322			93,993	4,325

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 43,144	2,086				
Total	\$ 43,144	2,086	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
McLean Health Center				884-C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
David J. Bordonaro, CEO, President, McLean Affiliates, Inc. (Amt Claimed on C/R)	60,843		915	Standard Package	President, McLean Affiliates	382	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	1,167	188,628
Carol Barno, CFO, Treasurer, McLean Affiliates, Inc (Amt Claimed on C/R)	38,214		575	Standard Package	CFO, McLean Affiliates	382	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	1,167	118,473
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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
McLean Health Center				884-C		9/30/2018			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Lisa Clark, Administrator, Secretary, McLean Affiliates	91,499		2,219	Standard Package	Licensed Administrator	1,201	10 A2	McLean Outpatient Allocation	879	68,597
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	35,442	835			860	20
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)	76,570	1,043				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	7,200	72				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	119,212	1,950			860	20

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

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

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

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

Name of Facility McLean Health Center		License No. 884-C		Report for Year Ended 9/30/2018		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Dietary Consultant/Dietician	<input type="radio"/>	<input checked="" type="radio"/>				
PAULEKAS, WAYNE M.D., 251 Wickham Road, Glastonbury, CT 06033	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>				
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Housekeeping Services	<input type="radio"/>	<input checked="" type="radio"/>				
COLLITON, MATTHEW M.D. , 20 Isham Rd West Hartford, CT 06107	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>				
The Center for Geriatric & Psychiatric Services, 55 Nye Road, Suite 102, Glastonbury, CT 06033	Psych Services to Patients	<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
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		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
McLean Health Center	884-C	9/30/2018		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 112,523	111,284			1,239
2. Disability Insurance	\$ 6,056	5,969			87
3. Unemployment Insurance	\$ 3,552	3,501			51
4. Social Security (F.I.C.A.)	\$ 482,293	475,346			6,947
5. Health Insurance	\$ 368,088	362,786			5,302
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,367	7,261			106
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 408,940	403,049			5,890
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 48,522	47,823			699
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 17,165	16,911			254
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 35,483	34,969			514
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 26,131	25,619			512
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 13,075	12,882			194
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 462,798	462,798			
Subtotal	\$ 1,991,994	1,970,199			21,795

* 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**

McLean Health Center
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
HUM RES TRAINING/INSERVICE	\$ 1,668		\$ 24
EDUCATION SUPPLIES	\$ 974		\$ 14
EDUCATION PURCHASED SERVICES	\$ 1,722		\$ 25
EMP BEN OTHER	\$ 663		\$ 10
EMP BEN INMUNIZATIONS	\$ -		\$ -
EMP BEN-EMPLOYEE HEALTH/X RAYS	\$ 576		\$ 8
EMP BEN-PRE-EMPLOYMENT EXPENSES	\$ 7,526		\$ 110
EMP BEN TOTAL BEN ADMIN EXP	\$ 5,703		\$ 83
EMP BEN WKLY BEN:PENS,FICA,GH-ACCRU	\$ (9,138)		\$ (134)
EMP BEN BENEFITS ERGONOMICS	\$ 2,609		\$ 38
EMP BEN BENEFITS-EXTENDED ILLNESS	\$ 35,520		\$ 519
Total	\$ 47,823	\$ -	\$ 699

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2018	16	37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	1,991,994	1,970,199		21,795
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 2,900	2,831		69
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 1,437	1,417		21
4. Employee Travel	\$ 3,276	3,215		60
5. Education Expenses Related to Seminars and Conventions	\$ 6,631	6,543		88
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 412	396		15
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 4,316	4,297		18
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 38,953	38,453		500
4. Fund-Raising***	\$			
5. Medical Records	\$ 1,140	1,140		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 7,919	7,563		357
7. Postage	\$ 4,733	4,663		70
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 17,600	17,246		354
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 53,012	52,243		769
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 179,242	177,149		2,093
C-14 Total Administrative & General Expenditures	\$ 2,310,288	2,284,139		26,149

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Various Marketing Expenses (Disallowed - See Pg 28)	\$ 38,453		\$ 500
Total Other Advertising	\$ 38,453	\$ -	\$ 500

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
AL	\$ -		\$ 94
ALTCFM	\$ 105		\$ 2
CALTC	\$ 412		\$ 6
CHA	\$ 2,534		\$ 38
Leading Age	\$ 5,428		\$ 82
Notary Fee	\$ 6		\$ 0
Vistage WW	\$ 6,791		\$ 102
Misc Adjust (Page 28)	\$ 1,970		\$ 30
Total Dues	\$ 17,246	\$ -	\$ 354

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
NURSING PURCHASED SERVICES	\$ 910		\$ -
NURSING COMPUTER SUPPORT FEES	\$ 17,132		\$ -
NURSING FORMS	\$ 1,150		\$ -
HEALTH RECORDS STORAGE	\$ 16,404		\$ -
HEALTH INFORMATION SYS-EQUIPMENT	\$ 1,109		\$ -
DIETARY-COMPUTER SUPPORT FEES	\$ 557		\$ 14
ADMISSIONS-COMPUTER SUPPORTFEES	\$ 2,690		\$ 8
ADMISSIONS-EQUIPMENT	\$ 1,771		\$ 6
ADMINISTRATION-COMPUTER SUPPORT FEES	\$ 429		\$ 6
ADMIN LICENSE,PERMITS,REGIST	\$ 937		\$ 14
ADMIN PROFESSIONAL FEES	\$ 1,681		\$ 25
ADMINISTRATION-EQUIPMENT	\$ 9,279		\$ 140
BUS OFF COMPUTER SUPPORT FEES	\$ 2,299		\$ 35
BUS OFF EQUIPMENT	\$ 826		\$ 12
ACCOUNTING COMPUTER SUPPORT FEES	\$ 7,364		\$ 111
ACCOUNTING BANK CHARGES	\$ 4,629		\$ 70
MRKTG.SALES-EQUIPMENT	\$ 503		\$ 8
HUM RES CONSULTANTS	\$ 1,182		\$ 17
HUM RES PURCHASED SERVICES	\$ 109		\$ 2
HUMAN RESOURCES-EQUIPMENT	\$ 500		\$ 7
INF SYS PURCHASED SERVICES	\$ 3		\$ 0
INF SYS COMPUTER SUPPORT FEES	\$ 98,794		\$ 1,486
INFORMATION SYSTEMS-EQUIPMENT	\$ 4,591		\$ 69
PURCHASING COMPUTER SUPPORT FEES	\$ 1,063		\$ 16
ACRETION EXPENSE MCLEAN	\$ 1,238		\$ 48
Total Other Administrative and General	\$ 177,149	\$ -	\$ 2,093

Schedule C-1 - Management Services*

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	71,471	Inpatient Dietary Mgmt	Pg 18, 2c
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	45,825	Housekeeping Services	Pg 20, 4c

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

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

Name of Facility McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2018		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	266,425	260,117			6,309
2. Non-Food Supplies	\$	40,519	39,560			959
3. Other (<i>Specify</i>) _____ Dietary Controllables (Sodexo) Non Controllable Dietary Related	\$	47,675	46,546			1,129
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (<i>Specify</i>) _____ Sodexo Dietary Management Services DIETARY LAUNDRY/LINEN & UNIFORMS	\$	82,982	81,017			1,965
2D. Total Dietary Expenditures (2a + b + c + d)	\$	437,602	427,240			10,362
2F. Dietary Questionnaire						
G. Resident Meals:	Total no. of meals served per day:*	241	235			6
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$107,653						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$107,653						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Pg 30, Line IV 1						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item) N/A						

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

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

Name of Facility McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.	7,237	7,230		7
		Amt. \$	10,637	10,460		178
	b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	1,071	1,045		25
	c. Other (<i>Specify</i>) LAUNDRY CONTRACTED SRVC FEES	\$	54,155	52,872		1,282
3D.	Total Laundry Expenditures (3a + b + c)	\$	65,863	64,378		1,485
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			N/A	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
McLean Health Center		884-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel	39,457	38,060		1,397
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	27,841	26,808		1,034
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>) HOUSEKPG CONTRACTED SERVICES	\$	45,825	44,124		1,701
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	73,666	70,932		2,735
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	223,192	223,192		
	b. Medicine Cabinet Drugs	\$	33,203	33,203		
	c. Medical and Therapeutic Supplies	\$	190,582	190,582		
	d. Ambulance/Limousine***	\$	6,915	6,915		
	e. Oxygen					
	1. For Emergency Use	\$	9,919	9,919		
	2. Other***	\$	16,631	16,631		
	f. X-rays and Related Radiological Procedures***	\$	35,645	35,645		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	36,696	36,696		
	i. Recreation	\$	15,385	15,021		364
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	20,301	20,301		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	588,469	588,105		364

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
NURSING_PHARM CONSULTANT	\$ 10,158		
NURSING_TRAINING/INSERVICE	\$ 225		
NRSG SUPPL_BILL/BLOOD TEST ACCUCHEC	\$ 1,801		
NRSG SUPPLIES MCR (DISALLOWED)	\$ 143		
REHAB_SUPPLIES (DISALLOWED)	\$ 679		
REHAB_PURCHASED SERVICES ST (DISALLOWED)	\$ 1,895		
REHAB_COMPUTER SUPPORT FEES	\$ 1,000		
REHABILITATION INPATIENT-EQUIPMENT (DISALLOWED)	\$ 4,400		
Total Other Resident Care	\$ 20,301	\$ -	\$ -

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

Name of Facility McLean Health Center			License No. 884-C	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Please see attached		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
McLean Health Center	884-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 164,738	159,141			5,596	
b. Heat	\$ 32,228	31,032			1,196	
c. Light & Power	\$ 162,470	156,439			6,032	
d. Water	\$ 8,803	8,476			327	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 743	732			11	
f. Other (<i>itemize</i>)	\$ 37,521	36,128			1,393	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 406,503	391,948			14,555	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 63,212	60,853			2,358	
b. Building & Building Improvements	\$ 130,886	127,043			3,843	
c. Non-Movable Equipment	\$ 143,755	140,731			3,024	
d. Movable Equipment	\$ 57,103	56,019			1,084	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 394,956	384,646			10,310	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 394,956	384,646			10,310	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
PLANT UTILITIES-REFUSE REMOVAL	\$ 9,040		\$ 349
PLANT UTILITIES-CABLE TV	\$ 17,200		\$ 663
PLANT UTILITIES SEWER	\$ 9,888		\$ 381
Total Other Repairs and Maintenance	\$ 36,128	\$ -	\$ 1,393

Depreciation Schedule

Name of Facility McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2018			Page 23	of 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													
1. Acquired prior to this report period			1,320,254		713,564	551,674	SL	Various	106,625				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			773,545		773,545		SL	Various	37,910				
A-4. Subtotal										144,535			
B. Building and Building Improvements													
1. Acquired prior to this report period			12,149,306		12,149,306	8,242,848	SL	Various	443,469				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			2,146,219		2,146,219		SL	Various	50,114				
B-4. Subtotal										493,583			
C. Non-Movable Equipment													
1. Acquired prior to this report period			5,185,753		5,185,753	3,274,558	SL	Various	277,491				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			256,918		256,918		SL	Various	14,167				
C-4. Subtotal										291,658			
		Is a mileage logbook maintained?		Date of Acquisition									
		Yes	No	Month	Year	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
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.		X		Var	Var	42,442		42,442	42,442	SL	Various		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						2,452,392		2,452,392	1,981,598			113,599	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						220,408						8,971	
D-3. Subtotal													122,570
E. Total Depreciation													1,052,347

McLean Health Center
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	<i>See attached schedule</i>			
Total additions for Land Improvements		\$ 773,545		\$ 37,910
Deletions:				
Total deletions for Land Improvement:		\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	<i>See attached schedule</i>			
Total additions for Building Improvements		\$ 2,146,219		\$ 50,114
Deletions:				
Total deletions for Building Improvement:		\$ -		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	<i>See attached schedule</i>			
Total additions for Non-Movable Equipment		\$ 256,918		\$ 14,167
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	<i>See attached schedule</i>			
Total additions for Movable Equipment		\$ 220,408		\$ 8,971
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*			<input checked="" type="radio"/> Yes	<input type="radio"/> No
			If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		Unknown, Prior to 1930		
2. Date Structure Completed		1971, Additions '74,'89 & '01		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		92		
6. Square Footage		141,249		
7. Acquisition Cost				
a. Land		29,950		
b. Building		1,460,189		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
McLean Health Center		884-C	9/30/2018			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
McLean Health Center	884-C	9/30/2018	27	37	
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:					
12. C. Movable Equipment					
1. Automotive Equipment					
\$					
A. Item	Rate	Amount			
Lender					
Address of Lender					
2. Other (Specify)					
\$					
A. Item	Rate	Amount			
Lender					
Address of Lender					
B. Item	Rate	Amount			
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$			
12. D. Other Interest Expense (Specify)		\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$			
14. Insurance					
a. Insurance on Property (buildings only)	\$	29,350	28,915		435
b. Insurance on Automobiles	\$	1,974	1,945		29
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)					
\$					
2. Fire and Extended Coverage					
\$					
3. Other (Specify)					
Prof & Gen Liability					
	\$	22,935	22,595		340
14d. Total Insurance Expenditures (14a + b + c)		\$	54,259	53,455	804
15. Total All Expenditures (A-13 thru C-14)		\$	10,977,120	10,815,503	161,617

D. Adjustments to Statement of Expenditures

Name of Facility McLean Health Center				License No. 884-C	Report for Year Ended 9/30/2018	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 236,729	236,729		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 13,700	13,700		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 35,483	34,969		514
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 conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 412	396		15
18.	16	M3	Unallowable Advertising *	\$ 38,953	38,453		500
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 7,919	7,563		357
23.			Other - See attached Schedule	\$ 12,892	12,701		190
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 59,271	57,619		1,653
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 405,358	402,130		3,229

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M 13	ACCOUNTING BANK CHARGES	\$ 4,629		\$ 70
16	L 3	HUM RES_PERS RECOG	\$ 1,417		\$ 21
16	L 5	ADMIN_MEETINGS	\$ 4,685		\$ 70
16	M 8	Dues & Fees	\$ 1,970		\$ 30
Total Other A&G Adjustments			\$ 12,701	\$ -	\$ 190

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

Name of Facility				License No.	Report for Year Ended	Page	of
McLean Health Center				884-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 405,358	402,130		3,229
Page 20 - Resident Care Supplies***							
27.	20	5 a2	Prescription Drugs	\$ 223,192	223,192		
28.	20	5 d	Ambulance/Limousine	\$ 6,915	6,915		
29.	20	5 f	X-rays, etc	\$ 35,645	35,645		
30.	20	5 h	Laboratory	\$ 36,696	36,696		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 16,631	16,631		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 7,118	7,118		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 6,411	6,184		227
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 11,815	11,216		600
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 751,375	747,304		4,071

*** 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.

McLean Health Center
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	REHAB SUPPLIES-DISALLOW	\$ 679		
20	5j	REHAB PURCHASED SERVICES ST-DISALLOW	\$ 1,895		
20	5j	REHABILITATION INPATIENT-EQUIPMENT-DISALLOW	\$ 143		
20	5j	NRSNG SUPPLIES MCR	\$ 4,400		
Total Other Ancillary Costs			\$ 7,118	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7C	To adjust 25 yr deprec taken on sprinkler written off as 5 yrs	\$ 6,184		\$ 227
		Note: The final year for this adjustment will be 09/30/2030			
Total Other Property Adjustments			\$ 6,184	\$ -	\$ 227

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	11	Bookkeeping McLean Game Refuge	\$ 2,654		\$ 36
30	IV 4	Radio and Television Revenue	\$ 8,562		\$ 564
Total Other Adjustments			\$ 11,216	\$ -	\$ 600

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018			Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,981,078	5,864,591		116,487		
b. Medicaid Room and Board Contractual Allowance **	\$ (2,814,659)	(2,786,222)		(28,437)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,768,996	2,768,996				
b. Medicare Room and Board Contractual Allowance **	\$ 173,425	173,425				
4. a. Private-Pay Residents and Other	\$ 5,200,824	5,200,824				
b. Private-Pay Room and Board Contractual Allowance **	\$ (184,284)	(184,284)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 163,947	163,947				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (164,153)	(164,153)				
c. Prescription Drugs - Non-Medicare	\$ 56,673	56,673				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (51,478)	(51,478)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 758,052	758,052				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (697,905)	(697,905)				
c. Physical Therapy - Non-Medicare	\$ 188,282	188,282				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (173,821)	(173,821)				
4. a. Speech Therapy - Medicare	\$ 98,051	98,051				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (73,227)	(73,227)				
c. Speech Therapy - Non-Medicare	\$ 41,192	41,192				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (28,747)	(28,747)				
5. a. Occupational Therapy - Medicare	\$ 650,154	650,154				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (612,632)	(612,632)				
c. Occupational Therapy - Non-Medicare	\$ 158,396	158,396				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (151,431)	(151,431)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 2,104	2,104				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,910	4,910				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,293,746	11,205,696		88,050		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 102,497	99,799		2,698		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 8,918	8,562		356		
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 14,209	13,900		308		
8. Other (<i>Specify</i>)	\$ 8,584	8,584				
V. Total Other Revenue (1 thru 8)	\$ 134,208	130,846		3,362		
VI. Total All Revenue (III +V)	\$ 11,427,954	11,336,542		91,412		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Lab Medicare	\$ 28,676		
	Lab Medicare Allowance	\$ (28,676)		
	Oxygen Medicare	\$ 5,485		
	Oxygen Medicare Allowance	\$ (5,448)		
	Pharmacy Flu Vaccine Medicare	\$ 2,068		
	Xray Medicare	\$ 22,143		
	Xray Medicare Allowance	\$ (22,143)		
Total Other Resident Revenue - Medicare		\$ 2,104	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Oxygen Non- Medicare	\$ 5,397		
	Oxygen Non- Medicare Allowance	\$ (486)		
	Xray Non- Medicare	\$ 5,167		
	Xray Non- Medicare Allowance	\$ (5,167)		
Total Other Resident Revenue		\$ 4,910	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	H&W RENT OFFICES/MTG ROOMS	\$ 2,584		
	BOOKKEEPING-REFUGE (Disallowed)	\$ 6,000		
Total Other Revenue		\$ 8,584	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	6,428,941
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,745,906
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	470,172
a. _____				
b. _____				
c. _____				
d. See Schedule		470,172		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	270,553

See Schedule		270,553		
A-9. Total Current Assets (Lines A1 thru 8)			\$	8,915,572
B. Fixed Assets				
1. Land			\$	29,950
2. Land Improvements	*Historical Cost	2,093,799	\$	1,397,590
	Accum. Depreciation	696,208		Net
3. Buildings	*Historical Cost	14,313,580	\$	5,577,146
	Accum. Depreciation	8,736,435		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	5,426,535	\$	1,860,318
	Accum. Depreciation	3,566,217		Net
6. Movable Equipment	*Historical Cost	2,672,796	\$	620,040
	Accum. Depreciation	2,052,756		Net
7. Motor Vehicles	*Historical Cost	42,442	\$	
	Accum. Depreciation	42,442		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	11,440,997

See Schedule		11,440,997		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	20,926,041

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	29,841,613
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	10,488,692
PLANT REPLACEMENT TRADE REC-SCHW				
10,488,692				
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	962,812
See Schedule				
			962,812	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	11,451,504
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	41,293,117

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		AR Other Auxiliary C Card	\$ 878
		Prepaid Insurance Liability	\$ 85,297
		Prepaid Expense	\$ 278,635
		Prepaid Property Taxes	\$ 105,363
Total Prepaid Expenses			\$ 470,172

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

Page Ref	Line Ref	Description	
		Due from Related Party	\$ 81,553
		Notes Receivable	\$ 189,000
Total Other Current Assets (Itemize)			\$ 270,553

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

Page Ref	Line Ref	Description	
		Village and Village Net Asset (Independent Living)	\$ 11,014,749
		Construction in Progress	\$ 426,248
Total Other Other Fixed Assets (Itemize)			\$ 11,440,997

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Assets Whos Use Is Limited	\$ 287,125
		CCRC Deferred Villas Marketing EXP-1ST10 (Other non current asset)	\$ 129,721
		Interest in McLean Foundation (Charitable Remainder Trust, Net)	\$ 545,966
Total Other Assets			\$ 962,812

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

Page Ref Line Ref Description

		Deferred Revenue	\$ 492,364
		Deposits Held for Residents	\$ 1,018,183
		Entrance Fee Refunds Payable	\$ 3,071
		Accrued Payables	364911
Total Other Current Liabilities (Itemize)			\$ 1,878,529

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

Page Ref Line Ref Description

		Refundable Entrance Fees	\$ 5,608,513
		Deferred Revenue from Nonrefundable Entrance Fees	\$ 3,452,736
		FIN 47 Asset Retirement Obligation	\$ 66,621
Total Other Current Liabilities (Itemize)			\$ 9,127,870

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
McLean Health Center		884-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,113,991
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	1,129,408
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,878,529

See Schedule				1,878,529	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,121,928

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				4,121,928
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 9,127,870
See Schedule				9,127,870
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,127,870
C. Total All Liabilities (Lines A-13 + B-5)				\$ 13,249,798

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

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	25,783,715
6. Gain or Loss for Period			\$	2,259,606
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	28,043,321
C. Total Reserves and Net Worth			\$	28,043,321
D. Total Liabilities, Reserves, and Net Worth			\$	41,293,119

H. Changes in Total Net Worth

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	25,783,715
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	28,505,494
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	26,727,647
D. Net Income or Deficit			\$	1,777,847
E. Balance			\$	27,561,562
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Interest and Dividend Income	179,880			
Change in Unrealized Losses on Investment	177,442			
Change in Temporary Restricted Net Assets	124,437			
F-3. Total Additions			\$	481,759
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	28,043,321

I. Preparer's/Reviewer's Certification

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>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.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Adam Axelrad				
Address Address			Phone Number	
75 Great Pond Road, Simsbury, CT 06070			(860) 658-3749	
Annual Report Contact			Phone Number	
Adam Axelrad			(860) 658-3749	
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adam.axelrad@mcleancare.org				