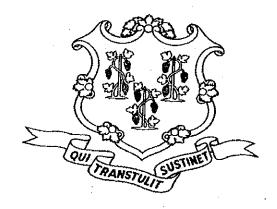
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as	licensed)							
Park Hill Manor, Inc.	•							
Address (No. & Stree	et, City, State, Z	Zip Code)						
105 Vine Street, New	z Britain, CT 06	5052						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	th Nursing				
☐ Nursing Home	e only		Supervision or	ıly	Ø	Residentia	l 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	Residential Care Home Medicare Pro-			dicare Provider
Medicaid Provider N	umbers:	CC	NH	RH	HNS ICF-IID		F-IID	
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	Jumber	Signed a	nd Notarize	h.	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a	ind Notariza	-Cu	Date Received

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Park Hill Manor, Inc.	1720	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 Park Hill 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
Printed Name (Administrator) William Faraci			Printed Name (Owner) William Faraci	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
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	tm	ent		Page	of
					1A	37
Nar	ne of Facility		Period Cov	rered:	From	То
Parl	k Hill Manor, Inc.				10/1/2014	9/30/2015
Add	lress of Facility					
105	Vine Street, New Britain, CT 06052					
Rep	ort Prepared By		Phone Nun	nber	Date	
Day	ris, Mascola & Phillips LLC		860-632-87	700		
						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

		one No. of Fac 0-224-7670	cility	Report for Yo	ear Ended		0	
Name of Espility (or shown on Lines)	800			9/30/2015		2	3	/
Name of Facility (as shown on license) Park Hill Manor, Inc.		,		Street, City, St				
CCNH	\neg	RHNS		New Britain, dential Care H		Medicare F	Dugraida	N.
License Numbers:		кпия	Kesi		1720	Medicare F	Toviae	r ino.
Type of Facility (Check appropriate box(es))			_!		1720			
Chronic and Convalescent	D ac	st Home with	Mura	ina				
Nursing Home only (CCNH)		pervision only			Residenti	ial Care Hon	ne	
Type of Ownership (Check appropriate box)		701 VISION ONLY	(1111					
O Proprietorship O LLC O Partnership	•	Profit Corp.	0	Non-Profit Co	rp. O	Government	T O	rust
			Date	e Opened	Date Clos	sed		
If this facility opened or closed during report year prov	vide:		İ					
Has there been any change in ownership			_					
or operation during this report year?		Yes	<u> </u>	No	If "Yes,"	explain fully	у.	
Administrator								
Name of Administrator				Nursing Ho	ome			
William Faraci				Administrat	tor's			
				License 1	No.:			
Other Operators/Owners who are assistant administrate	ors (ful	l or part time)	of th	<u> </u>				<u></u>
Name				License 1	No.:			
	<u></u>							

General Information and Questionnaire Partners/Members

Name of Facility			Report for Y	ear Ended	Page of 3 37
Park Hill Manor, Inc.		1720	9/30/2015	G4-4-(-) - 11/	
Land Name of Dout	n anglein /I I C	Business A	ddrago		or Town(s) in egistered
Legal Name of Parti	nersnip/LLC	Dusiness F	<u>xuaress</u>	Willen	egistered
Name of Partners/Members	Business Ac	ldress	r	Γitle	% Owned
Ivalue of Farthers, Members	Dubilios XX				, 0 = ,,,
			,,,,		
	÷				
			,		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Ended	Page	of
Park Hill Manor, Inc.	1720	9/30/2015		3A	37
If this facility is owned or operated as a co	rporation, provide	the following inform	nation:		
Legal Name of Corporation	Busi	ness Address	State(s) in Wh	ich Incorp	orated
Park Hill Manor, Inc.	105 Vine Stree 06052	et, New Britain, CT	Connecticut		
Name of Directors, Officers	Busi	ness Address	Title	No. Sl Held by	
William Faraci	Hubbard Road 06441	, Higganum, CT	President	50)
Julie Maier	258 Southland 06477	Drive, Orange, CT	Secretary	50)
N. CO. II II O.					
Names of Stockholders Owning at Least 10% of Shares					

State of Connecticut

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CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Park Hill Manor, Inc.	1720	9/30/2015	3B 37
If this facility is owned or operated as an individua	1 proprietorship, p	rovide the following informat	ion:
Own	ner(s) of Facility		
:			

State of Connecticut
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CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Park Hill Manor, Inc.		License No.	. No. 1720	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related	cility re	lated through		If "Yes." provide the Name/Address and	e Name/Ado	lress and
marriage, ability to conti	marriage, ability to control, ownership, family or business association?	ess assoc	iation? ©	Yes O No	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servi	ces,				
including the rental of prelated through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	to this fa , control	cility, or business	O Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this f	scility?		If "Yes," provide the following information:	e following	information:
	The state of the s						-
		Als	Also Provides		Indicate Where		
		Good -	Goods/Services to		Costs are Included		
Name of Related Individual or Company	Business Address	Non-R	Non-Related Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
-11		37		Frovided	Page # / Line #	Reported	Related Party
William Faraci	Hubbard Koad, Higganum, CT 06441	0	•	Real Estate Rental	Page 22, Line 9	21.600	
William Faraci	Hubbard Road, Higganum, CT 06441	0	•	Loan to Facility	Page 34 I ine R 3	136.654	
William Faraci	Hubbard Road, Higganum, CT 06441	0	•	Real Estate Taxes	Page 27 Tine 10a	13 675	
William Faraci	Hubbard Road, Higganum, CT 06441	0	•	Loan to Facility Pension	Page 34 Line B 3	0000	
Julie Maier	258 Southland Drive, Orange, CT 06477	0	•	Employee of Facility	Dans 10 Ting A A	2000	
		0	•	famous road factories	A-5c. A-12h	con,85	
		0	0	The state of the s		3	
		0	0				
		0	0				
3 7						_	

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of
Park Hill Manor, Inc.	1720		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH o	r provides A	JDS or TBl	services with special Medica	id rates,	costs
must be allocated to CCNH and RHNS as followed					
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping			square feet serviced		
			hours of routine care provide		
Nursing			lassification, i.e., Director (or		
		_	Nurses, Licensed Practical Nu	ırses, Ai	des and
		Attendants			
Direct Resident Care Consultants			hours of resident care provide	d by EA	.CH
			See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar			
Management services		Appropriate cost center involved Total of Direct and Allocated Costs			
All other General Administrative expenses					
The preparer of this report must answer the foll	lowing quest				
1. In the preparation of this Report, were all • Yes O No If "No," explain fully why such allocation was					
costs allocated as required?	0 100		not made.		
2. Explain the allocation of related company ex	kpenses and	attach copy	of appropriate supporting dat	a.	
·					
3. Did the Facility appropriately allocate and so	elf-disallow	direct and i	ndirect costs to non-nursing h	ome cos	t centers?
(e.g., Assisted Living, Home Health, Outpat	ient Service	s, Adult Day	y Care Services, etc.)		
	O Yes	O No	If "No," explain fully why su not made.	ch alloca	ntion was
N/A					

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General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Park Hill Manor, Inc.			1720	9/30/2015			
	Related * to	d * to					
	Owners,	ers,					
	Operators,	ators,		Doto of	J.	Annual	
Name and Address of Lessor	Yes	S No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0	The same of the sa				
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

% O

O Yes

^{**} Attach copies of newly acquired leases.

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

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Park Hill Manor, Inc.	1720	9/30/2015		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
^	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm			···-		
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Davis, Mascola & Phillips LLC		136 Berlin Road, Cromwell, CT 06416			
2					
3					
4					
Services Provided by This Firm (de.					
I monthly reconciliation of eash receipt	s & disbursements & preparation of	f payroll tax returns	\$	5,607	
2 Preparation of income tax returns, cor	npliation of annual financial staten	nents & annual cost report	\$	7,755	
3 Assist with State Audit			\$	6,123	
4			\$		
			Charge fo	r Services P	rovided
			\$	19,485	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		······································	
⊙ Yes O No	Accounting - Page 15, Line				
Legal Services Information					
Name of Legal Firm or Independent	t Attorney		Telephone	e Number	
1					
2					
3					
4					
5					
Address (No. & Street, City, State, 2	Zip Code)				
1					
2					
3					
4					
5 Services Provided by This Firm (<i>de</i> .	scribe fully)				
1					
2			\$		
3			\$		
4			<u> </u>		
5			\$		
			Charge fo	r Scrvices P	rovided
			\$		
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O Yes O No					

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

Schedule of Resident Statistics

TABLE TO THE PROPERTY OF THE P												
Name of Facility			License No.	√o.			Report fo	Report for Year Ended	q		Page	Jo
Park Hill Manor, Inc.			1	1720			9/30/2015	-			0 ∞	37
					Į	Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1 Thru 9/30	1 Thru 9/2	0
		Total	Total	Total								
	Total All	CCNH	RHINS	Residential		į		Residential				Residential
	revels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHINS	Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	15			15	15			15	15	•		
B. On last day of THIS report period	15			15	15			15	15			7
2. Number of Residents												CT
A. As of midnight of PREVIOUS report period	15			15	15			15	15			15
B. As of midnight of THIS report period	15			15	15			15	15			<u> </u>
3. Total Number of Days Care Provided During Period												Ci
A. Medicare						-						-
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH	5,475			5,475	4,095			4,095	1.380			1 380
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	5,475			5,475	4,095			4.095	1380			1 380
Total Number of Days Not Included in Figures in 3G. 4. for Which Revenue Was Received for Reserved												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G+4A+4B)	5,475			5,475	4,095			4,095	1,380			1,380

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	isc No.				Repor	t for Year	Ended		Page	of .
Park Hill Mar	or, Inc.			1	1720					9/30/201	5		9	37
1			in the certified b		pacity du	ring tl	he repo	rt yea	r?	0	Yes	0	No	
11 120			f Change	<u> </u>	CI	nange	in Bed			Car	nacity Afte	er Change		
		1 lace of	Residential	<u> </u>	Cı	lange	ш Бса			Ca	pacity 1110	Change		
Date of	CCNH	RHNS	Care Home		Lost		(Jaine	đ					
						П				1		Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
		. ,	3.1	- `- ´-			, , ,							
													<u></u>	
5 If there y	uac ansi	change i	in certified bed	ranaci	ty during	the re	enort ve	ar (as	renort	ed in iten	4 ahove)	provide the nu	nher of	
	-					inc it	oport ye	zar (as	героп	ca in non	1 4 400 (0)	provide the nui	noci oi	
RESIDI	INI DA	Y S 101	90 days following	ig ine	enange.					T			г	
			at the		. 5						(3. YT T	ninia	Dagidantial	Care Home
4 . 1			Change in Ro	esiden	t Days						!NH	RHNS	Residential	Care nome
1st chang														
2nd char 3rd chan					****									
4th chan														
		lents and	d Rates on Septe	ember	30 of Co	st Yea	ar						<u> </u>	
o. Italiooi	OI TOBIC	.011.5 411	Medicare		Medi					Se	lf-Pay		Other Sta	te Assisted
												Residential		
	Item		CCNH	C	CNH	RF	INS	CC	NH	RE	INS ·	Care Home	R.C.H.	ICF-MR
No. of R			001111										15	
								9/30/06		V/80/H/8/4/8/4/8/4/4/4/4/4/4/4/4/4/4/4/4/4/4				
Per Dien	i Kaie					100			7	V				
Per Dien a. One b													99.40	
	ed rm.												99,40 99,40	
a. One b	ed rm. oed rms.													
a. One b b. Two l c. Three	ed rm. oed rms. or more													
a. One b	ed rm. oed rms. or more													
a. One b b. Two l c. Three	ed rm. oed rms. or more													Residential
a. One b b. Two c. Three bed i	ed rm. oed rms. or more ms.	2	al Therapy Treat	ments						TO	TAL	ССИН		Residential Care Home
a. One be b. Two c. Three bed i	ed rm. oed rms. or more ms.	Physica		ments						TO	TAL	CCNH	99.40	
a. One bed 1 7. Total Nu	ed rm. oed rms. or more ms. mber of Medica Medica	Physica re - Par id (Exc	t B lusive of Part B)							ТО	TAL	CCNH	99.40	
a. One bed 1 7. Total Nu	ed rm. oed rms. or more ms. mber of Medica Medica 1. Mai	Physica re - Par id (Excl ntenanc	t B lusive of Part B) e Treatments							ТО	TAL	CCNH	99.40	
a. One b b. Two l c. Three bed i 7. Total Nu A. B.	need rms. oed rms. or more ms. mber of Medica Medica 1. Mai 2. Rest	Physica re - Par id (Excl ntenanc	t B lusive of Part B)							ТО	TAL	CCNH	99.40	
a. One b b. Two l c. Three bed 1 7. Total Nu A. B.	or more ms. or more ms. mber of Medica Medica 1. Mai 2. Rest	Physica re - Par id (Excl ntenance torative	t B lusive of Part B) e Treatments Treatments							TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B.	or more ms. mber of Medica Medica 1. Mai 2. Rest Other	Physical	t B lusive of Part B) e Treatments Treatments Therapy Treatm	nents						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu	or more ms. or more ms. mber of Medica Medica 1. Mai 2. Rest Other Total Fumber of	Physical C Speech	t B lusive of Part B) e Treatments Treatments Therapy Treatments Therapy Treatments	nents						TO	TAL	CCNH	99.40	
a. One bed 1 7. Total Nu A. B. C. D. 8. Total Nu A.	or more ms. mber of Medica Medica 1. Mai 2. Rest Other Total Fumber of Medica fumber of Me	Physical C Speech	t B lusive of Part B) e Treatments Treatments Therapy Treatm Therapy Treatm t B	nents						TO	TAL	CCNH	99.40	
a. One bed 1 7. Total Nu A. B. C. D. 8. Total Nu A.	or more ms. mber of Medica Medica 1. Mai 2. Rest Other Total F	Physical Physical Speech Partid (Exclorative Physical Phy	t B lusive of Part B) e Treatments Treatments Therapy Treatm t B lusive of Part B)	nents						TO	TAL	CCNH	99.40	
a. One bed 1 7. Total Nu A. B. C. D. 8. Total Nu A.	or more ms. or more ms. mber of Medica Medica 1. Mai 2. Rest Other Total F mber of Medica Medica 1. Mai 1. Mai	Physical Phy	t B lusive of Part B) e Treatments Treatments Therapy Treatm Therapy Treatm t B	nents						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu A. B.	or more ms. or more ms. mber of Medica Medica 1. Mai 2. Rest Other Total F mber of Medica Medica 1. Mai 1. Mai	Physical Phy	t B lusive of Part B) e Treatments Treatments Therapy Treatm t B lusive of Part B) e Treatments	nents						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu A. B.	mber of Medica Medica I. Mai 2. Rest Medica Medica I. Mai 2. Rest Medica Medica I. Mai 2. Rest Medica Medica Medica Medica Medica I. Mai 2. Rest Other	Physical Contenance or Partid (Exclusive Physical Expectation (Exclusive Physical Exclusive Partid (Exclusive Partid (Ex	t B lusive of Part B) e Treatments Treatments Therapy Treatm t B lusive of Part B) e Treatments	ments nents						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu A. B.	mber of Medica 1. Mai 2. Rest Medica Medica 1. Mai 2. Rest Medica 1. Mai 2. Rest Medica Medica Medica 1. Mai 2. Rest Medica 1. Mai 2. Rest Other Total S	Physical Capenda Physical Phys	t B lusive of Part B) e Treatments Treatments Therapy Treatm t B lusive of Part B) e Treatments Treatments	ments nents						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu A. B. C. D. 9. Total Nu A.	mber of Medica Medica I. Mai 2. Rest Medica Medica I. Mai 2. Rest Medica Medica Medica Medica Medica Medica Medica I. Mai 2. Rest Other Total Sumber of Medica	Physical forative Physical Speech are - Parid (Excintenance or Parid (Excitenance or Parid (Excitenanc	t B lusive of Part B) e Treatments Treatments Therapy Treatm t B lusive of Part B) e Treatments Treatments Treatments Treatments Treatments Treatments Therapy Treatments Therapy Treatments Therapy Treatments	nents nents ents Treatr						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu A. B. C. D. 9. Total Nu A.	mber of Medica Medica 1. Mai 2. Rest Other Total Fumber of Medica 1. Mai 2. Medica Medica 1. Mai 2. Medica Medica 1. Mai 2. Medica	F Physical id (Exclusive Physical Expection (Exclusive Physical Exclusive Physical Exclusive Physical (Exclusive Physical (Exclusive Physical Exclusive Physical (Exclusive Physical Exclusive Physical (Exclusive Physical Exclusive Physical Physical Exclusive Physical Physical Exclusive Physical Exclusive Physical Exclusive Physical Physi	t B lusive of Part B) e Treatments Treatments Therapy Treatment t B lusive of Part B) e Treatments Treatments Treatments Treatments Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments t B lusive of Part B)	nents nents ents Treatr						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu A. B. C. D. 9. Total Nu A.	mber of Medica 1. Mai 2. Rest Other Total S mber of Medica 1. Mai 1. Mai 2. Rest Medica 1. Mai 2. Rest Medica 1. Mai 2. Rest Other Total S mber of Medica 1. Mai 1. Mai 1. Mai 2. Rest Other Total S mber of Medica 1. Mai	Physical id (Exclusive Physical Exclusive Physical Exclusive Physical Exclusive Physical Exclusive Physical (Exclusive Precedit (Exclusive Partial	t B lusive of Part B) e Treatments Treatments Therapy Treatment t B lusive of Part B) e Treatments Treatments Treatments Treatments Treatments Therapy Treatment t B lusive of Part B) e Treatment t B lusive of Part B) e Treatment t B	nents nents ents Treatr						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu A. B. C. D. 9. Total Nu A. B.	mber of Medica Medica 1. Mai 2. Rest Other Total Funder of Medica Medica 1. Mai 2. Rest Other Total Sumber of Medica Medica 1. Mai 2. Rest Other Total Sumber of Medica Medica 1. Mai 2. Rest Other Total Sumber of Medica Medica 1. Mai 2. Rest Medica 1. Mai 2. Rest	Physical id (Exclusive Physical Exclusive Physical Exclusive Physical Exclusive Physical Exclusive Physical (Exclusive Precedit (Exclusive Partial	t B lusive of Part B) e Treatments Treatments Therapy Treatment t B lusive of Part B) e Treatments Treatments Treatments Treatments Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments t B lusive of Part B)	nents nents ents Treatr						TO	TAL	CCNH	99.40	
a. One b b. Two c. Three bed 1 7. Total Nu A. B. C. D. 8. Total Nu A. B. C. D. 9. Total Nu A. B.	or more ms. or more of Medica l. Mai	Physical (Exclusive Physical Speech 1) (Exclusive Physical Speech 1) (Exclusive Physical Speech 1) (Exclusive Physical (Exclusive Physical Speech 1) (Exclusive Physical (Exclusive Physic	t B lusive of Part B) e Treatments Treatments Therapy Treatment t B lusive of Part B) e Treatments Treatments Treatments Treatments Treatments Therapy Treatment t B lusive of Part B) e Treatment t B lusive of Part B) e Treatment t B	nents nents ents Treatr	ments					TO	TAL	CCNH	99.40	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Keport of Ex		- Salali			1	
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Park Hill Manor, Inc.	1720		9/30/2015		10	37
Are time records maintained by all individuals receiving co	ompensation?	•	Yes	0	No	
			Total Cost a	ind Hours		
			i		Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						
 Operators/Owners (Complete also Sec. I 						
of Schedule A1)						
Administrator(s) (Complete also Sec. III						
of Schedule A1)					51,767	2,080
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)			DESINATION OF THE PROPERTY OF			
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)					16,798	894
Dietary Service a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	+		 		34,354	1,623
6. Housekeeping Service					5,,554	1,025
a. Head Housekeeper	le Paris (National Assessment)					
b. Other Housekeeping Workers				~	20,021	1,337
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor b. Other Laundry Workers					4,895	382
9. Barber and Beautician Services					4,893	382
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						ROMAN TO STATE OF THE STATE OF
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					121,889	8,034
e. Physical Therapists						2,00
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	kasina mada katan matala			VALUE AND	16,407	874
i. Physicians						
Medical Director Utilization Review						
2. Utilization Review 3. Resident Care***	1					· · ·
4. Other (Specify)						
·· • • ···· (opvoing)						
j. Dentists						
k. Pharmacists						
I. Podiatrists						
m. Social Workers/Case Management						
n. Marketing				P		
o. Other (Specify)						
See Attached Schedule A-13. Total Salary Expenditures	-				266 121	15 004
л-15. года баану буреништех		L		L	266,131	15,224

^{*} 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)

	C	CNH	RH	INS	Residential	Care Home
Position	\$	Hours	\$	Hours	\$	Hours
			6.00			
			10 (0.00 (0.00))			
			10.000.000.000.000			
	20 10 10 10 10 10 10 10	301 051 108-1031	200 900 000 000 000 000	49 not 62 25 Cent		
			5 (5)			
		10 (20 (g) (30 (G) (E)				9 (1)
		1 000 000 000 000 000 000				
						5
	22 20 00 120 00 100 0	STATE OF STATE OF	- 15 CV 16 CV 16 CV 16 CV	10 (01 (03 (08) 06) (0		60,000,000,000,000
		70.00	(5.00)		Special III	25 (55) (51) (51)
			distribution of the life	36. 22.3 (5)	100.000	200 (80) (20) (20) (40) (40)
				a. 9. 6. 6. 6. 6.		
	3. (3.7.2) (3.6.0) (4.0.0)	90,000,000,000,000	asiana amin'ny	Television association (C)	0.0000000000000000000000000000000000000	
Total	\$ -	-	\$ -	-	\$ -	

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
					10 (0) (0) (0)	
	000000000000000000000000000000000000000	18 88 10 92 78 92	600/4537/301/301/301/301			
	5/60 55 60 60 55	3 (4 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2	per per che con access		g as subject to	9 15 15 15 15 15 15
	0.000.000.000.000	60462-06-10-06-06			(8) 164 (6) 16 (6)	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-01 -01 -00 -00 -00 -00 -00 -00 -00 -00		od ogados especialists	0.0000000000000000000000000000000000000	761106010000000000000000000000000000000	are the second of
		201				
	70.00.00.00.00.00.00.00		10, 100, 100, 100, 100, 100	50 30 60 90 60		26 (SE 120 (SE 161 (S
	No. 100 Carlotte Carlotte		As a process of the control of the c			
			20 00 00 00 00			
			2011/2014/2014	80 80 100 80 100 100		All objects of the control of
			aga a ta ann ang ana ana			
	0.000	10 00 00 00 00	1000 (2000)			
					99, 13, 12, 12, 12, 12, 12, 12, 12, 12, 12, 12	
				6 (8) (1) (9)	199	(4) (5) (5) (6) (6)
					_	
Total	\$ -	•	\$ -	<u> </u>	\$ -	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

			Assistan	t Administr	Assistant Administrators and Other Related Parties*	Relate	d Parties	4		
Name of Facility	٠			License No.		Report for	Report for Year Ended		Page	of
Park Hill Manor, Inc.				1720		9/30/2015				37
		Salary Paid	q							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	REINS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation
Section I - Operators/Owners										
Section II - Other related										
parties of Operators/Owners	-									
employed in and paid by										
tacility (EXCEPT those who may be the Administrator or			·							
Assistant Administrators who										
are identified on Page 12).										
Julie Maier, Southland Drive,					Bookkeeper,					
Orange, C1 064//			16,798	16,798 Pension	Receptionist	894 A-4		N/A	N/A	N/A
			5,860		Dietary	312	312 A-5c			
			16,407		Recreation	874	874 A-12h			
									_	_

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Bacility (as licensed)				License No	Xicense No	Benort for Vear Ended	Par Ended		Dage	٥
ואפויסיון (בי מביווני) (בי זורסיווים)				Trecorde 140:		Totarodon	nonin ma		- 1 tec	70
Park Hill Manor, Inc.				1720		9/30/2015			12	37
		Salary Paid	p.							
				Fringe Benefits and/or Other	; ;	Total			Tota!	
Name	CCNH	RHINS	Kesidential 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***										
William Faraci, President, Hubbard Rd. Higganum, CT 06441			51,767	51,767 Rent & Pension	Administrator	2,080 A-2		NA	N/A	N/A
Section IV - Assistant Administrators										
*No allowance for calaries will be considered unless full information is movided. He additional cheets if remained	he concider	Ped unless	full informatio	I representation of the	sadditional cheete if red	nired				

*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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	CS IIO	Report for Y		Page	of
Park Hill Manor, Inc.	17	20	9/30/2015	cai Ended	13	37
Turk Tim Hanor, mc.	1	20	Total Cost		1.3	31
			Total Cost	and mours	I	ľ
					Residential	
Item	CCNH	House	RHNS	Hayen	Care Home	YYanna
*B. Direct care consultants paid on a fee	CCNII	Hours	Knns	Hours	Care Home	Hours
for service basis in lieu of salary						
<u> </u>						
(For all such services complete Schedule B1) 1. Dietitian						
2. Dentist	1					
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	ļ					<u> </u>
b. Other						
6. Social Worker						
7. Recreation Worker					Transition of March 1975 Section 20	
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1 Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee					 .	
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care			West and the second			A SALES
b. Other						***************************************
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***		,		<u> </u>		
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other	S 100 100 100 100 100 100 100 100 100 10		C.	Carter de la companya de la company		
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management consultants or services which						

^{*} 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 Park Hill Manor, Inc.	License No. 1720		Report for Y 9/30/2015	ear Ended	Page of 14 37
Name & Address of Individual	Full Explanation of Service	Related** Operato Yes	to Owners, rs, Officers	Expla	nation of Relationship
		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		
		0	0		
		0	0		
		0	0		
			0		
		0	0		
		0	0		
		0	0		
		0	0		

^{*} Use additional sheets if necessary.

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

Annual Report of Long-Term Care Facility CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Y	ear Ended	Page	of
Park Hill Manor, Inc.	1720	9/30/2015		15	37
	1				
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
 Workmen's Compensation 		\$ 1,085			1,085
2. Disability Insurance	1	\$			
3. Unemployment Insurance		\$ 10,417			10,417
4. Social Security (F.I.C.A.)		\$ 20,321			20,321
5. Health Insurance	1	B			
6. Life Insurance (employees only)					
(not-owners and not-operators)		Б			
7. Pensions (Non-Discriminatory)	:	24,613			24,613
(not-owners and not-operators)					
8. Uniform Allowance		5			
9. Other (Specify)	9	S			
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	(S			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	5				
d. Accounting and Auditing					19,485
e. Legal (Services should be fully described					
f. Insurance on Lives of Owners and	9		DATE OF THE PARTY		
Operators (Specify)*					
g. Office Supplies	9	3,605			3,605
h. Telephone and Cellular Phones				16.5	
1. Telephone & Pagers					1,644
2. Cellular Phones	9	· · · · · · · · · · · · · · · · · · ·			1,234
i. Appraisal (Specify purpose and	\$				111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 11
attach copy)*					
i C. di D. di					
j. Corporation Business Taxes (franchise tax		250			250
k. Other Taxes (Not related to property - See	,				
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					
3. Resident Day User Fee Subtotal	\$				
* Facility should self disallow the expense on Page 20 of	\$	82,654			82,654

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

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

Park Hill Manor, Inc. 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
			operation of the second
	100 A		
			Jun (8 15) (9)
			And the second s
Total	\$ -	\$ -	\$ -

5	h	edi	ile	ωf	Oth	er '	Taxes

			Residential
Description	CCNH	RHNS	Care Home
			108-10
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Park Hill Manor, Inc.	1720		9/30/2015		16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
Subtota	ds Brought Forwa	rd:	82,654			82,654
1. Travel and Entertainment						
 Resident Travel and Entertainment 		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
Education Expenses Related to Seminars at	nd Conventions	\$				
6. Automobile Expense (not purchase or depr	reciation)	\$	3,156			3,156
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	es)	\$				
2. Advertising Telephone Directory (all such	expenses)***	\$				
3. Advertising Other (Specify)***		\$				
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for servi	ce)***					
7. Postage		\$				
* 8. Dues and Membership Fees to Professional		\$	600			600
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	60			60
See Attached Schedule						
11. Services Provided by Contract (Specify and	l Complete	\$. ,		
Schedule C-2, Page 21 for each firm or ind	lividual)					
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	664			664
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	87,134			87,134

^{*} 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

			Residential
Description	CCNH	RHNS	Care Home
		57 ASS 100 100 100 100 100 100 100 100 100 1	947017 (St. 150-16)
		#1000 X00 830 103	100000000000000000000000000000000000000
	251000000000000000000000000000000000000	10.000 to 150 video video	
	A Ceste Calabata Service (Ceste)	internitive condi-	01/05/2000
	100000000000000000000000000000000000000	draftsenning (von Nobel)	savos adtraces of
Total Other Travel and Entertainment	S -	s -	\$ -

Schedule of Other Advertising

			Residential
Description	CCNH	RHNS	Carc Home
	(2) 75 (20) (2)	18 SE 18 SO 180	98 (0.18) 28
		0.000	
			0 10 11 10 15
Total Other Advertising	S -	\$ -	S -

Schedule of Dues

Description	CCNH	RIINS	Residential Care Home
San's Club			\$ 100
CARCH : Assoc. Dues			\$ 500
	600000000000000000000000000000000000000		
and for paging produces a country of a mean and a management of the production of the country of the country of	5,500,000,000	90.000.000.000.000	50.000 (Sp. 65.78)
	5 15 35 30 30	35) 4533 4557, 959, 159	6547071748657(625)326
	1985-931 (88-92)	\$27,950 (\$25) (\$157.83)	19 St. 18 St
	000000000000000000000000000000000000000	50.888.888.888.088	go (g), (60) (60) (6
	44.666.000.000		(S) (S) (S) (S)
	6 (6) 150 (6) (6)	550(63)383,478(63)	600,000,000,000,000
	100000000000000000000000000000000000000	67.660 (60.000 (60	60148006948006
Total Ducs	\$ -	\$ 4	S 600

Schedule of Contributions

		Residential
CCNH	RHNS	Care Home
2000 Sept. 10 10 10 10 10 10 10 10 10 10 10 10 10		S 35
that the second second	Alternation (SALO)	\$ 25
550550 (500.05)	should be for health days	100 (00) (00) (00)
S -	\$	\$ 60
		Principle of the second

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Secretary of State	10/25/23/23/23/23/		S 150
CT Restaurant Assoc Food License	1 (1 (A) (B) (B)		\$ 175
City of New Britain Operations License			\$ 215
Purchase Cell Phone			\$ 124
	5.69.76.89789	30.52 (8.18) (8	
			00.00.00.46.9
			2018/18/19
	6 (12 W) av (5)	0.031.09.00.03	\$ 0.000 \$ 0.000
		2000	
Total Other Administrative and General	S	\$.	\$ 664

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Park Hill Manor, Inc.	1720	9/30/2015	17	37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate W are Included Report Pag	l in Annual
·				

^{*} 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)

Non	ne of Facility		Licen		No.	Report for Y	ear Ended	Page of
ł	a Hill Manor, Inc.		1720			9/30/2015		18 37
rair	THII Mallot, IIIC.		<u> </u>	$\overline{}$	1720	7/30/2013	1	Residential Care
	Itam				Total	CCNH	RHNS	Home
2.	<u>Item</u>				Total	CCMII	KHNS	Home
۷٠	a. In-House Preparation & Service							
	1. Raw Food			\$	46,558			46,558
	2. Non-Food Supplies			\$	2,156			2,156
	3. Other (Specify)			\$				_,
	C (-F 3)		-	e constant				
				000000000000000000000000000000000000000				
	b. Purchased Services (by contract other			\$				
	than through Management Services)			2000000				
	(Complete Schedule C-2 att. Page 21)			occupants.	A TREE			
	c. Management Services**			\$				-
	d. Other (Specify)		_	\$				
				000000000000000000000000000000000000000				
				1000000				SAN PLANTED AND ADDRESS OF THE PARTY OF THE
2E.	Total Dietary Expenditures $(2a + b + c + d)$			\$	48,714			48,714
								Residential Care
2F.	Dietary Questionnaire				Total	CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	r day	y:*		45			45
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	Cos	st Repo	ort	? (Page/Line	Item)		
	Is cost of meals provided to persons other						TC: C-	
K.	than employees or residents (i.e., Board	Ο	Yes		•	No	If yes, specify	
	Members, Guests) included in 2E?						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	Cos	st Repo	orť	? (Page/Line	Item)		
	Is cost of food (other than meals, e.g.,		-					
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	Cos	st Repo	ort	? (Page/Line	Item)		

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

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

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

Name of Facility		License	e No.		Year Ended	Page of	
Park Hill Manor, Inc.			1720	9/30/201:	5	19 37	
	Item		Total	CCNH	RHNS	Residential C Home	lare
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.	1000		ACTIVIS	Tionic	
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,547				1,547
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.	-				
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.			-		
	b. Purchased Services (by contract other	Amt. \$					
	than through Management Services)	Ф					
	(Complete Schedule C-2 att. Page 21)						
	c. Management Services**	\$		<u> </u>			
	d. Other (Specify)	\$					
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$	1,547]	1,547
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	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 Cost	Report?		(Page/Line	tem)		
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? O	Yes	•	No	If yes, specify amt.		
Ĺ .	Where is the revenue received reported in the Cost	Report?		(Page/Line			

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

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

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

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

Nar	ne of Facility	License No.	Rep	ort for Year E	inded	Page	of
Parl	k Hill Manor, Inc.	1720		9/30/2015		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced		10001	001122		
7.	a. In-House Care	by Personnel					
	Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	9,289			9,289
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*	l	\$				
	d. Other (Specify)		\$				1000
4E.	Total Housekeeping Expenditures (4a+	b+c+d	\$	9,289			9,289
5.	Resident Care (Supplies)**			,			
	a. Prescription Drugs***		1				
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen 1. For Emergency Use		\$				
	2. Other***		\$			-	
	f. X-rays and Related Radiological Procedures***		\$	255 2200 See 201 2800		100	
	g. Dental (Not dentists who should be inc salaries or fees)	luded under	\$				
	h. Laboratory***		\$				
	i. Recreation		\$	1,985			1,985
	j. Other (Specify)****		\$	Water Control of the			
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	ij)	\$	1,985			1,985

^{*} 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.

Park Hill Manor, Inc. 9/30/2015

Schedule of Other Resident Care

Dogavintian	CCNH	I RHNS	Residential Care Home
Description	CCIVII	i Kimis	Care Home
			10 10
			al Control
		9/9/9/9	8
			S
			66 25 55 68 55 65 65 65 65 65 65 65 65 65 65 65 65
		100	10 10 10 10 10 10 10 10 10 10 10 10 10 1
			1
Total Other Resident Care	\$	- \$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Name of Facility				License No.	Report for Year Ended	,,,			Page	of
Fark Hill Manor, Inc.				1/20	9/30/2015	***************************************			21	37
		- - - - -	(
		Kelated ** to Owners, Onerators Officers	o Owners,				Total Cost	Total Cost/Dage Ref ***		
		(cross of)			•		700	r ago vor.		Τ
Name of Individual or Company	Address	Yes	Ñ	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pa	Line
		0	0							
		0	0							
		0	0							
		0	0							
	,	0	0							
		0	0							<u> </u>
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
:										

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

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

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

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

Name	of Facility	License No.	Report for Y	ear Ended		Page	of
Park I	Hill Manor, Inc.	1720	9/30/2015			22	37
						Residenti	al Care
	Item		Total	CCNH	RHNS	Hon	ne
6. N	Naintenance & Operation of Plant						
a	Repairs & Maintenance	\$	50,642				50,642
b	. Heat	\$	5,907				5,907
c.	Light & Power	\$	7,348				7,348
d	. Water	\$	3,759				3,759
e.	Equipment Lease (Provide detail on p	age 6) \$					
f.	Other (itemize)	\$	8,179				8,179
	See Attached Schedule					100	
6g. <i>T</i>	otal Maint. & Operating Expense (6a -	6f) \$	75,835				75,835
7. D	epreciation (complete schedule page 23	*)					
a.	Land Improvements	\$					
b.	Building & Building Improvements	\$					
c.	Non-Movable Equipment	\$	876				876
d.	Movable Equipment	\$	11,456			ļ.	11,456
*7e. T	otal Depreciation Costs $(7a + b + c + d)$) \$	12,332				12,332
8. A	mortization (Complete att. Schedule Pag	ge 24*)					
a.	Organization Expense	\$					
b .	Mortgage Expense	\$					
c.	Leasehold Improvements	\$					
d.	Other (Specify)	\$					
*8e. T	otal Amortization Costs (8a + b + c + d) \$					
9. R	ental payments on leased real property le	ess		·			
re	al estate taxes included in item 10b	\$	21,600				21,600
10. Pa	roperty Taxes						
a.	Real estate taxes paid by owner	\$	13,675				13,675
b.	Real estate taxes paid by lessor	\$					
c.	Personal property taxes	\$	2,857				2,857
11. T	otal Property Expenses (7e + 8e + 9 + 1	(10) \$	50,464				50,464

^{*} 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
Furniture: Sofa, Love Seat, Rocker recliner			\$ 2,412
Carpeting Rms 5 & 7			\$ 2,075
Freezer			\$ 710
Furniture			\$ 849
Freezer			\$ 788
Washing Machine			\$ 665
Console			\$ 425
Security Expense			\$ 255
and the state of t	Supplemental and supple		\$50 March Carolina 1
	Section 2015 Control C		materials are also as a final section of
	West processing the Control of the C		
	The second secon		
	December of the second		
Total Other Repairs and Maintenance	\$ - \$	-	\$ 8,179

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

N			T Section VI			77 - 77	1-1-1		f	
Iname of Facility Park Hill Manor, Inc.			License 100. 1720	0		Report for Year Ended 9/30/2015	inaea		rage 23	ot 37
-			Historical			Accumulated				
-			Cost	Less		Depreciation to	Method of			
			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements									Part None	
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period			88.866		88.866	88.866	S/L	Various		
2. Disposals (attach schedule)							$\overline{}$			
3. Acquired during this report period (attach schedule)	ch schedule)									
B-4. Subtotal										
C. Non-Movable Equipment								and it is the second se	Secretaria de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya dela companya de la companya dela companya dela companya de la	
1. Acquired prior to this report period			86,766		86.766	79.904	S/L	Varions	876	
2. Disposals (attach schedule)										
	ch schedule)									
	on someoner)									876
	Is a mileage logbook	Date of	Historical			Accumulated				
	maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
	ļ		Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
O Movable Equipment	x es ivo	Month Year	Land	\ \alpha\left{Inc}	Deprecialed	ı ear's Operations	Deprecianon	Litte	ior Lnis Year	Lotals
_										
and year of each vehicle)										
	X	8 2014	55,181	27,181	28,000	467	S/L	5 yrs.	5,600	
. P										
·										
Ċ.										
2. Movable Equipment										
a. Acquired prior to this report period			47,753		47,753	20,992	Varions	Various	5,236	
			534		534	534	S/L	5 yrs.		
c. Acquired during this report period										
(attach schedule)			3,720		3,720		S/L	5 yrs.	620	
D-3. Subtotal										11,456
E. Total Depreciation										12,332
1	AT RECEIVED							CONCUENT CONTRACTOR CO	The state of the special party of the second special s	

Schedule of Land Improvements Acquired during this report period

•	ienis Acquirea during tius report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	3) (2000) (2000) (2000) (2000) (2000)		5. 50. 66. 66. 66.	430.000.000.000.00
	Section 1			151 mg 50 gg 131
			6 40 66 66 66	
		S 19/1/45 150 150 150		100 100 100 100 100
Fotal additions for Land Im	provements	\$ -	100000000000000000000000000000000000000	\$ -
Deletions:				
Carlotte Control		6.00		
		30 m o o		
		SE SE (190 (190 (190 (190 (190 (190 (190 (190	0.000	4 2 2 2 2 2 2 2 2 2
			0.0000000000000000000000000000000000000	000 1000 1000 100
 Cotal deletions for Land Im		s -	Control of the contro	\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	ig miprovements required during this report period		Useful	
Acquisition Date	Description of Itcm	Cost	Life	Depreciation
Additions:				
CONTRACTOR CONTRACTOR		a (2) (2) (3)	Constitution of	1 10 10 10 10 10 10 I
		600000000000000000000000000000000000000		and the second
3107510701711.00117811		000000000000000000000000000000000000000	5. (3.0) (a.	10000
Total additions for	Building Improvements	\$ -		\$ -
Deletions:				
		40.00		100000000000000000000000000000000000000
		30 IL 20 32 3	0.000.000.000.000	
		0.000		
	The statement of the st	100 100 100 100 100	() () () () () () () () () ()	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200000000000000000000000000000000000000		250 (250 (250) 250 (25
Total deletions for	l Building Improvements	\$ -	* SS 11 (60) 26 (10) 16 (10	\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Uscful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	-			
	The Control of the Co		50.000.000.000.000	
10 (2000) (60 (20 (60))		0.0000000000000000000000000000000000000	603 603	
			30 30 30 60 50	
		7100 4000 pp. 120 mills	2017/08/17/17/25/17/25	1166 (150) 200 (150)
Total additions for	Non-Movable Equipment	\$ -		\$ -
Deletions:				
		50 (a) (b) (c)	58175 (51.49.45)	000504 0050 (650) 039 (860
			0.00 0.00	60.40.00.00.00
		7 67 W W 2		
200.000-000-000-000-000-00		100 000 000 000		100
Total deletions for	Non-Movable Equipment	\$ -	C2001 SELECTION CO. (CC)	\$ -

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

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

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

	December of the second	Cont	Useful	D
Acquisition Date Additions:	Description of Item	Cost	Life	Depreciation
and a control of a self-or more of the providence of the control	The state of the large of the energy of the energy of the large of the large of the large of the energy of the large of the energy of the large of t	olisti asiis lattai ja oo la see kiidaalahaa aasii aakiin	a musicional consistencia	VIDE SERVICE STREET AND AND SERVICE OF
12/4/2014	Carpet Staircase	\$ 3,720	5 yrs	\$ 620
		no de la companio de la companio	100000000000000000000000000000000000000	(a) (a) (a) (a) (a) (a)
			1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	50.000.000.000.000
			5 (50) (50) (15) (15)	
pio el company de la company d			0.000.0000.0000.000	
Total additions for	Movable Equipment	\$ 3,720		\$ 620
Deletions:			1	
7/10/2015	Washing Machine	\$ 534	5 yrs	
			100	
			3,776 (33, 63, 63, 66)	
		989 98 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			30,36,45,65	
Total deletions for i	Movable Equipment	\$ 534	2 PAR 0000 1000 0000	\$ -

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Description of Item	Cost	Useful Life	Depreciation
		I	
			0.000
		5.03.00.00.00.00	
	20 19 15 19 141	10.000/00000000000000000000000000000000	
· Leasehold Improvement	\$ -		S
A STATE OF THE STA		5.45.10.46.22	
	3 6 3 3 6 6	1 52 55 56 68 T	(5) (5) (5) (5)
	120 HE 120 HE		200000000000000000000000000000000000000
	185 187 187 187		(000 000 000 000 000)
	850 (0.000)	0.000	
Leasehold Improvement	\$ -		\$ -
	Leasehold Improvement	Leasehold Improvement \$\frac{1}{2}	Description of Item Cost Life Life S 2 Lacasehold Improvement S 3 Description of Item

^{*}Ties to Page 24, Line C3

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

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Nam	Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Park	Park Hill Manor, Inc.		1720		9/30/2015	11.70		24	37
					Accumulated				
		Date of	,		Amort. to				
		Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate 4	Rate Amortization	
	Item	Month Year	Amortization	Amortized	Operations	A	%	for This Year	Totals
A.	Organization Expense								
	1.								
	2.								
	3.								
A-4.	A-4. Subtotal								Constitution of Characteristics and December 2007
щ	Mortgage Expense								
	1.								
	2.								
	3.								
B-4.	. Subtotal								
ט.	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								
Ū.	Total Amortization								
*	* Straight-line method must be used								

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year B	nded		Page	of
Park Hill Manor, Inc.	1720	9/30/2015		***************************************	25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	e Facility				If "Yes," complet	e Part B
or leased from a Related Party?*	•	Yes	0	No	If "No," complete	
*If any owner or operator of this fac	cility is related by family.	marriage, ownership, al	oility to control or		110, cempion	1
business association to any person of				l		
a related party transaction.		E				
Description		Total				
1. Date Land Purchased		Unknow				
2. Date Structure Completed	CD 1	Unknow				
3. If NOT Original Owner, Date	of Purchase	11/15/7	5			
4. Date of Initial Licensure		ļ				
5. Total Licensed Bed Capacity6. Square Footage		1				
6. Square Footage7. Acquisition Cost						
a. Land						
b. Building						
Part B - Owner and Related Par	uting	1st Mortgoro	and Mastagan	2nd Montoons	44-34-4	
1. Financing	ties	1st Mortgage	Znu Mortgage	3rd Mortgage	4th Mortga	.ge
a. Type of Financing (e.g., fi	ved variable)					
b. Date Mortgage Obtained	ACG, Variable)					
c. Interest Rate for the Cost	Year		†			
d. Term of Mortgage (number						
e. Amount of Principal Borro	<u> </u>					
f. Principal balance outstand						
Complete if Mortgage was I						
During Current Cost Ye						
g. Type of Financing (e.g., fi						
h. Date of Refinancing	<u> </u>					-
i. New Interest Rate						
j. Term of Mortgage (numbe	r of years)					
k. Amount of Principal Borro						
 Principal Outstanding on N 						
Part C - Arms-Length Lease						
Name and Address of Lesson	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount	of Lease
-						
ALANA GARANA ANA ANA ANA ANA ANA ANA ANA ANA AN						
			1	<u> </u>		·····

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

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

Name of Facility	License No.		Report for Ye	ar Ended		Page of
Park Hill Manor, Inc.	1720		9/30/2015			26 37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest						
A. Building, Land Improver	nent & Non-Movable	;				
Equipment 1. First Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage		\$	333,535,536,536,536,536,536,536,536,536,			
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 Informatio	n				10.00	
1. Original Loan Amoun	t	\$				
2. Loan Origination Date	2					
3. Interest Rate %						
4. Term		•				
5. CHEFA Interest Expe	nse					
12 B7. Total Building Interest Expe	nse (A1 - A4 + B5)	\$				
			(0	Subtatala t	c 1.	

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended		Page of
Park Hill Manor, Inc.	1720		9/30/2015			27 37
						Residential
Ite	m		Total	CCNH	RHNS	Care Home
	Subtotals Bro	ought Forward:				
12. C. Movable Equipment						
1. Automotive Equipme	ent	\$				
A. Item	Rate	Amount		1		
Lender						
Address of Lender						
2 Other (Snacify)		\$				
2. Other (Specify) A. Item	Rate	Amount				
A. Rem	Kate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equip	ment Interest	· · · · · · · · · · · · · · · · · · ·				
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (a	Specify)	\$				
13. Total All Interest Expense (1	12B7 + 12C3 + 12D))				
14. Insurance						
a. Insurance on Property (b		\$				7,989
b. Insurance on Automobile		\$	2,160			2,160
c. Insurance other than Pro						
1. Umbrella (Blanket Co		<u> </u>				
2. Fire and Extended Co	verage	<u> </u>				
3. Other (Specify)		p				
14d. Total Insurance Expenditure	es(14a+b+c)	\$	10,149			10,149
15. Total All Expenditures (A-1.		\$				551,248
A OFFICE AND		Ψ	221,270	<u> </u>		331,270

D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Lie	cense No.	Report for Ye	ar Ended	Page	of
	Hill M				1720	9/30/2015		28	37
					Total				
Item	Page	Line			Amount of			Reside	ential Care
No.	_	No.	Item Description		Decrease	CCNH	RHNS	ŀ	Iome
			es and Wages						
1.			Outpatient Service Costs	\$			<u> </u>	100000000000000000000000000000000000000	
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	237				237
	13 - I	Profes	sional Fees						
5.			Resident Care Physicians **	\$	Who are the second seco			***************************************	
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$				<u>Augustinians</u>	
9			Bad Debts	\$					
10.			Accounting & Legal	\$					
11.			Telephone	\$					
12.	15	h.2.	Cellular Telephone	\$	874				874
13.	15	11,2,	Life insurance premiums on the life	4					
15.			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or	φ					
15,			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending	Ψ					
10.			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.	16	1.6.	Automobile Expense (e.g. personal use)	<u>\$</u>	1,136			<u> </u>	1,136
18.	10	1,0,	Unallowable Advertising *	\$	1,130	<u></u>			1,130
19.			Income Tax / Corporate Business Tax	\$					
20.	1.6	10	Fund Raising / Contributions	- ф	60				60
	10	111, 10,				<u></u>			
21. 22.			Unallowable Management Fees Barber and Beauty	<u>\$</u>					
23.			Other - See attached Schedule	. \$		<u> </u>			
	10 7			. Ф					
~	18 - L	netar _.	y Expenditures						
24.			Meals to employees, guests and others	ው					
	10 1		who are not residents	\$					
_	19 - I	<i>.auna</i>	lry Expenditures						
25.			Laundry services to employees, guests	ው					
		<u> </u>	and others who are not residents	\$					
_	20 - I	10USE	keeping Expenditures						
26.			Housekeeping services to employees, guests	φ					
	L		and others who are not residents	\$					2.207
			Subtotal (Items 1 - 26)	\$		arry Subtotal f		<u> </u>	2,307

^{*} 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

10 A.4.	Excess Salary on Related Party		accompanion and companies and	
				\$ 237
			trigi kirindi direktiri	
Total Other Salar	ies Adjustment	\$ -	\$ -	\$ 237

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
an American S					
	100 100 100 100 1				
	100 (200)				
	100				
				1000	
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

ne Ref Description			
		40 (gramma ang programma a	
			GA (\$20,660,000,000,000
			6 (2.6)
			0.000 0.000 0.000
&G Adjustments	\$ -	\$ -	\$ -
2	G Adjustments	G Adjustments \$ -	G Adjustments \$ - \$ -

	· ·

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

Name	e of Fa	acility	D. Adjustments to Stateme		cense No.	Report for Y		Page	of
	Hill M			~~``	1720	9/30/2015		29	37
I WII		<u> </u>		<u> </u>	Total	7,00,2010			
Item	Page	Line			Amount of			Residen	tial Car
	No.		Item Description		Decrease	CCNH	RHNS		ome
110.	140.	1 140.	Subtotals Brought Forward	\$		COM	Kunto	110	2,307
Page	20 - 1	?osida	ent Care Supplies***	Ψ	2,507				2,507
27.	20	Lome	Prescription Drugs	\$			80.000.000.000		
28.			Ambulance/Limousine	\$				 	
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.			Medical Supplies	\$				7	
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
	22 - 1	Maint	enance and Property						
35.		<u> </u>	Excess Movable Equipment Depreciation						
			See Attached Schedule	\$	and the second s			, proposition from the control of	
36.	22	7.d.	Depreciation on Unallowable						
			Motor Vehicles	\$	2,016			100000000000000000000000000000000000000	2,016
37.	22	10.c.	Unallowable Property and Real						
			Estate Taxes	\$	447			CONTRACTOR OF THE PARTY OF THE	447
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - I	nsura	ince						
40.			Mortgage Insurance	\$					
41.	27	14.b.	Property Insurance	\$	778				778
Othe	r - Mis	scella	neous						
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,						
			enhancement or promotion of the						
			providers interest	\$					
48.			Interest Income on Accounts Rec	. \$					
49.			Other (include personnel and other				700		
			costs unrelated to resident care) - See						
			Attached Schedule	\$					
Not 1	or Pr	ofit P	roviders Only						
50.			Building/Non Movable Eq. Depreciation						78.4
			Unallowable Building Interest -						
	<u> </u>		See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	5,548				5,548

^{***} 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.

Park Hill Manor, Inc. 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			0.000	3.66	30 St. Common Co.
			0.00.00.00.20100	4 (2) (3) (2) (3) (3)	6.6 5.5 5.5
					81 (81 (81 (81 (81 (81
	1,000,000,000,00				
			4 (4) (5) (6)	1.0000000000000000000000000000000000000	000 000 000 000 000 00
			S	30.75	
	35 (80 (8) (8)			0.00 000 000 000 000	
A. (SI SI) 87					
	000000000000000000000000000000000000000		2010/06/04/15 00/06/16/16		A 1022 002 002 002 002 002
Total Othe	r Ancillary	Costs	\$ -	\$ -	<u>s</u> -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			8 8 8 8 8 B		
			D. Olivers 25, 20, 20		0.000
					1 1 10 15 15 15
				V (0.102) (0.102)	0.000
185 (185 (185 (185 (185 (185 (185 (185 (
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
				6 65 65 65 65	0.75.95.15.85.050
				8 0 0 0 0 0	
10 10 10 10 10 10 10 10 10 10 10 10 10 1					
500000000000000000000000000000000000000				2 (0.13 (0.10 (0.16	
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
15.02.25.05				20 (40) (50) (40) (60) (6	
	8 (9) (0) (9) (
				2000	7 6 0 0 0 0 0
G 63 36 E				0.000	
1521 (63) (22) (63)	12 (85 (84 (88 (8		5 A 6 A	15, 161 (15, 12, 15)	
Total Other	Adjustine	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
(6) (5) (5)	\$ 60 G G				
	8.50				
			4. 8. 4. 5. 6. 2		
	(10,000,000,000,000,000				
467 (643 (65) 659 (65) (824 (67) (65) 650 (65)			(0.00)		
0.15.18.6	2/45/15/25			50 (A) 15 (2) (3)	
	647.35.5	112 (12 m) (12 m			
Total Unal	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	CACII		Zoor End- 1	•	Tn _a	
Park Hill Manor, Inc.	1720		Report for Y 9/30/2015	cai chided		Page 30	of 37
			1 3,232	<u> </u>	T	Resident	
	Item		Total	CCNH	RHNS	Ho	
I. Resident Room, Board & I	Routine Care Revenue						
1. a. Medicaid Residents ((CT only)	\$	544,753				544,753
	Board Contractual Allowance **	<u> </u>	5 (1,1.22			ļ	341,733
2. a. Medicaid (All other s		\$					
b. Other States Room ar	nd Board Contractual Allowance **	\$	***************************************		<u> </u>		·····
3. a. Medicare Residents ((all inclusive)	\$					· ····
b. Medicare Room and	Board Contractual Allowance **	\$		"			····
4. a. Private-Pay Residents		\$					***
b. Private-Pay Room an	d Board Contractual Allowance **	\$					
II. Other Resident Revenue							
1. a. Prescription Drugs - I	Medicare	\$					
b. Prescription Drugs - I	Medicare Contractual Allowance **	\$					
c. Prescription Drugs - 1		\$					
d. Prescription Drugs - 1	Non-Medicare Contractual Allowance **	\$	"			*******	
2. a. Medical Supplies - M		\$	******				
b. Medical Supplies - M	edicare Contractual Allowance **	\$		******			
c. Medical Supplies - No		\$		***			
d. Medical Supplies - No	on-Medicare Contractual Allowance **	\$		1000	.,	**-	
3. a. Physical Therapy - M		\$	·····	7 %11			
b. Physical Therapy - M	edicare Contractual Allowance **	\$		1410			****
c. Physical Therapy - No		\$	•	*****			******
d. Physical Therapy - No	on-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Med	1000	\$			****		
b. Speech Therapy - Med	dicare Contractual Allowance **	\$				*******	
c. Speech Therapy - No.	1-Medicare	\$		"	-		
d. Speech Therapy - Nor	1-Medicare Contractual Allowance **	\$					-
5. a. Occupational Therap	y - Medicare	\$					
b. Occupational Therap	y - Medicare Contractual Allowance **	\$		-1111		***************************************	
c. Occupational Therap	y - Non-Medicare	\$					
d. Occupational Therapy	y - Non-Medicare Contractual Allowance **	\$	****		***		
6. a. Other (Specify) - Med	licare	\$					
b. Other (Specify) - Non	***************************************	\$			***************************************		*****
III. Total Resident Revenue (S	Section I. thru Section II.)	\$	544,753			5	44,753
IV. Other Revenue*							
1. Meals sold to guests, emp	ployees & others	\$	unaunaeconaeconaeconaeconaeconaeconaeconaeco				
2. Rental of rooms to non-re	esidents	\$					
3. Telephone		\$		711			
Rental of Television and	Cable Services	\$					
5. Interest Income (Specify)		\$		***************************************			
6. Private Duty Nurses' Fees	S	\$					
Barber, Coffee, Beauty ar	nd Gift shops	\$					
8. Other (Specify)		\$	271				271
V. Total Other Revenue (1 thro	18)	\$	271				271
VI. Total All Revenue (III+V)		\$			****		
			545,024	İ		5.	45,024

^{*} 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
		8 8 8 6 6 8	40.00
	31 (31 (31 (31 (31 (31 (31 (31 (31 (31 (
			(5) (33) (8) (8)
			101 65 65
	(s. s. 100 (s. 15) (b. 16)		65.05.05.05
Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Daga Daf	Description	CCNH	RHNS	Residential Care Home
rage Kei	Description	CCIVII	TOTAL CO.	
100000000000000000000000000000000000000		1945 19 33 33 33	45 23 28 (45) 48	100000000000000000000000000000000000000
	The state of the s		935-940-930-030	(2) 10) 10) 100 m
			01 (5) 80 (5) 70	
				100 100 100
Total Othe	r Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

					Residential
Page Ref	Account	Balance	CCNH	RHNS	Care Home
37 MARCH 18					
5050 (500 (500 fee		60 - 1877 (345 1001 1001 1001	15 Ch 15 Ch		
Total Inter	rest Income	(g. 65) (G. 65) (g. 150) (g. 65)	\$ -	s -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Error in prior year calculation of Federal Income Tax		60 25 25 26 36 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$ 271
9 (9) (5) g			6-60 6-60 6	
150 450 (200)			864888	
0.0000000000000000000000000000000000000				
			1000 381 385 300 331	
1000 1000 1000 100			Singa da del con	10.00.00.00.00
		1.761.152.104.152.193		
NG 1522/60 VS				
111271062-01697175			5, 25, 50	
953 (15 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		u ostovine sala igistoliki.	50,000,000,000,000,000	
			50 000 000 000 000 Can 600 000 000 000	7 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Oth	er Revenue	\$ -	\$	\$ 271

G. Balance Sheet

Asset A.	ts Cu 1. 2. 3.	urrent Assets Cash (on hand and in banks Resident Accounts Receiva Other Accounts Receivable Inventories Prepaid Expenses a. Insurance b. Income Taxes c.	ble (Less Allowance for	Related Parties)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	37 Amount 18,124 44,730
A.	Cu 1. 2. 3. 4	Cash (on hand and in banks Resident Accounts Receiva Other Accounts Receivable Inventories Prepaid Expenses a. Insurance b. Income Taxes	s) ble (Less Allowance for	Related Parties)	\$ \$ \$ \$	18,12 ⁴ 44,730
A.	Cu 1. 2. 3. 4	Cash (on hand and in banks Resident Accounts Receiva Other Accounts Receivable Inventories Prepaid Expenses a. Insurance b. Income Taxes	ble (Less Allowance for	Related Parties)	\$ \$ \$	44,730 900
	1. 2. 3. 4	Cash (on hand and in banks Resident Accounts Receiva Other Accounts Receivable Inventories Prepaid Expenses a. Insurance b. Income Taxes	ble (Less Allowance for	Related Parties)	\$ \$ \$	44,73 90
	3. 4	Resident Accounts Receiva Other Accounts Receivable Inventories Prepaid Expenses a. Insurance b. Income Taxes	ble (Less Allowance for	Related Parties)	\$ \$ \$	44,73 90
	3. 4	Other Accounts Receivable Inventories Prepaid Expenses a. Insurance b. Income Taxes	(Excluding Owners or I	Related Parties)	\$ \$	90
	4	Inventories Prepaid Expenses a. Insurance b. Income Taxes	(Excluding Owners of F		\$	
		Prepaid Expenses a. Insurance b. Income Taxes				
	٥.	a. Insuranceb. Income Taxes			19	5 / 5
		b. Income Taxes		2 255		5,65
				3,255 2,396		
		G.		2,390		
		d.				
	6.	Interest Receivable			\$	
	7.	Medicare Final Settlement I	Receivable		\$	
		Other Current Assets (itemiz			\$	
			/		Ψ	
-9.	To	tal Current Assets (Lines A1	thru 8)		\$	69,40:
		xed Assets				0,70.
	1.	Land			\$	
	2.	Land Improvements	*Historical Cost		\$	
		1	Accum. Depreciation	Net	*	
	3.	Buildings	*Historical Cost	88,866	\$	
		_	Accum. Depreciation		ľ	
	4.	Leasehold Improvements	*Historical Cost		\$	
		-	Accum. Depreciation	Net		
:	5.	Non-Movable Equipment	*Historical Cost	86,766	\$	5,986
			Accum. Depreciation	80,780 Net	ľ	2,500
-	6.	Movable Equipment	*Historical Cost	50,939	\$	24,625
			Accum. Depreciation	26,314 Net		_ ,,,,,
	7.	Motor Vehicles	*Historical Cost	28,000	\$	21,933
			Accum. Depreciation	6,067 Net	·	, ,
8	8.	Minor Equipment-Not Depre	eciable		\$	
Ç	9.	Other Fixed Assets (itemize))		\$	27,181
_		Disallow Portion of Vehic		27,181	Φ	27,181
		Total of Venice	VIO (700)	21,101		
-10.		Total Fixed Assets (Lines B	1 thru 9)		\$	79,725

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page	of
Park	Hill	Manor, Inc.	1720	9/30/2015		32	37
			Account			An	10unt
				Total Brought Forward	l: \$		149,13
C.		sehold or like property recor	ded for Equity Purpo	oses.			
		Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciat	ion Net	\$		
	3.	Buildings	*Historical Cost				
			Accum, Depreciat	ion Net	\$		
	4.	Non-Movable Equipment	*Historical Cost		,		
			Accum. Depreciat	ion Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciat	ion Net	\$		
	6.	Motor Vehicles	*Historical Cost				
		7.5	Accum. Depreciat	ion Net	\$ \$		
~ ^		Minor Equipment-Not Depre					
<u>C-8</u>		tal Leasehold or Like Proper	ties (CI thru /)		\$		
D.		estment and Other Assets			φ.		
		Deferred Deposits			\$ \$.		
		Escrow Deposits	*IT:		Δ.		
	3.	Organization Expense	*Historical Cost		l _a		
		G 1 11 (D 1 10.1)	Accum. Depreciat	ion Net	\$ \$		
		Goodwill (Purchased Only)	Acut Cons (itamics)		\$		
	5.	Investments Related to Residual	dent Care (<i>itemize</i>)		Φ		
					-		
		T - 1 O D - 1 - 4 - 1	Desting (itemina)		\$		
	6.	Loans to Owners or Related		Loan Date	Φ		
		Name and Address	Amount	Loan Date	\dashv		
	7	Other Assets (itemize)	<u></u>		\$		
	/٠	Omer Assers (nemize)			Ψ		
					-		
D-8	Ta	tal Investments and Other A	ssets (Lines D1 thru	7)	\$	W - 1 - 1	
		tal All Assets (Lines A9 + B)		• ,	\$		149,13

^{*} 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 Fa			License No.	Report for Year E	nded	Page	of
Park Hill M	anor,	Inc.	1720	9/30/2015		33	37
			Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		7,248
	2.	Notes Payable (itemize)			\$		
	2	I D 11 C D 1					
	3.	Loans Payable for Equipme			\$		10,098
		Name of Lender	Purpose	Amount	Date Due		
		Toyota Financial Services	Aveta I aan	10,000	00/00/1		
		Toyota Financial Scryices	Auto Loan	10,098	09/30/16		
170-	4.	Accrued Payroll (Exclusive	of Owners and/or Sto	ockholders only)	\$		2,778
	5.	Accrued Payroll (Owners as	nd/or Stockholders or	uly)	\$		
	6.	Accrued Payroll Taxes Paya			\$		
	7.	Medicare Final Settlement I			\$, <u>, , , , , , , , , , , , , , , , , , </u>	
		Medicare Current Financing			\$		
		Mortgage Payable (Current			\$.,,,,	
	10.	Interest Payable (Exclusive of	of Owner and/or Rela	ted Parties)	\$		
		Accrued Income Taxes*			\$		
		Other Current Liabilities (ite	emize)		\$		34,862
		Accrued Pension	24,489				
		Due to the State	7,834				
		Accrued Unemployment	2,539				
A-13.	Tes	al Cumpart Linkilities (T	A14 10)				
A-13,	x Ott	al Current Liabilities (Lines	A1 inru 12j				54,986

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Park Hill Manor, Inc.	1720	9/30/2015		34	37
	Account	Total Brough	t Forward:	A	54,986
T 2-L 11242- (00041 J)		Total blougi	it roiwaid.		34,200
Liabilities (cont'd) B. Long-Term Liabilities					
B. Long-Term Liabilities 1. Loans Payable-Equipment	(itamiza)		\$		9,256
Name of Lender	Purpose	Amount	Date Due		3,250
Name of Echder	1 dipose	7 KITKOUGI	Date Date		
Toyota Financial Services	Auto Loan	9,256	8/27/17		
2. Mortgages Payable	. 15 (* (*)		\$		142.954
3. Loans from Owners or Rel	T	T D	\$		143,854
Name and Address of Lender	Amount	Loan D	ate		
William Faraci, Higganum, CT William Faraci, Higganum, CT 4. Other Long-Term Liabiliti	7,200 136,654 es (itemize)	Various Various			
T. Only bong will bluome	oo (manaaa)				
			- · · · · · · · · · · · · · · · · · · ·		
B-5. Total Long-Term Liabilities (\$		153,110
C. Total All Liabilities (Lines A-	·13 + B-5)		<u> </u>)	208,096

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

	ne of Facility	License No.	Report for Year Ended	Page of
Par	k Hill Manor, Inc.	1720	9/30/2015	35 37
	Dagayera	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 val	lue of leased perso	onal property (<i>Equity</i>)	\$
	4. Reserve for leasehold real p	\$		
<u>.</u>	5. Reserve for funds set aside	as donor restricted		\$
	6. Total Reserves			\$
В.	Net Worth			
	1. Owner's Capital			\$
	2. Capital Stock			\$ 1,000
	3. Paid-in Surplus			\$
	4. Treasury Stock			\$
	5. Cumulated Earnings			\$ (53,742
	6. Gain or Loss for Period	10/1/20	014 thru 9/30/2015	\$ (6,224
	7. Total Net Worth			\$ (58,960
C.	Total Reserves and Net Worth			\$ (58,966
D.	Total Liabilities, Reserves, and	Net Worth		\$ 149,130

H. Changes in Total Net Worth

Name of Facility		License No.	o. Report for Year Ended		Pag	e of
Park	Hill Manor, Inc.	1720	9/30/2015		36	37
		Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2014					(52,742)
B.	Total Revenue (From Statement of				\$	545,024
C.	Total Expenditures (From Statemen	nt of Expenditures Pa	age 27)		\$	(551,248)
D.	Net Income or Deficit				\$	(6,224)
E.	Balance				\$	(58,966)
F.	Additions 1. Additional Capital Contributed 2. Other (itemize)	(itemize)				
F-3.	-3. Total Additions				\$	
G.	Deductions Deductions				φ	
0.	1. Drawings of Owners/Operators/Partners (Specify)				\$:
	Name and Address (No., City,		Title	Amount		
	2. Other Withdrawings (Specify)				\$	
	Purpose		Amount			
	3. Total Deductions				\$	
Н.	Balance at End of Period	09/30/1	5		\$	(58,966)

I. Preparer's/Reviewer's Certification

Name of Facility	ne of Facility License No.		Page	of		
Park Hill Manor, Inc.	1720	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	Date Signed			
Printed Name of Preparer						
Davis, Mascola & Phillips LLC						
Addres Address		Phone Number				
136 Berlin Road, Cromwell, CT 06416		860-632-8700				