State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2017

Name of Facility (as	*							
Shailerville Manor, L								
Address (No. & Stree	et, City, State, Z	Zip Code)						
1179 Saybrook Rd, F	Haddam, CT 06	438						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	h Nursing				
☐ Nursing Home	e only		Supervision on	ıly	$\overline{\checkmark}$	Residenti	al Ca	re Home
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2016	9/30/2017	_						
License Numbers:		CCNH	RHNS	Reside	ential Care	Home	Medicare Provider	
				1882				
Medicaid Provider N	umhers:	CC	CNH	RE	INS		IC	F-IID
ivicalcula i i o videi i v	difficulty.		71 111	TCI.	1115	ICI IID		
E D 4 4H	0.1							
For Department Use		ъ.						
Sequence Number Signed and Date			Sequence N		Signed a	ınd Notari	zed	Date Received
Assigned Notarized Received			Assign	ed				
					ı			

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Shailerville Manor, LLC	1882	9/30/2017	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 Shailerville Manor, LLC [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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) Ronald Alger			Printed Name (Owner) William Boisvert	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public		<u>-</u>		<u> </u>

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of 37		
Name of Facility	Period Cov	rered:	From	То
Shailerville Manor, LLC			10/1/2016	9/30/2017
Address of Facility	•		•	•
1179 Saybrook Rd, Haddam, CT 06438				
Report Prepared By	Phone Nun	nber	Date	
Davis, Mascola & Phillips, LLC	203-265-04	188		
Item	Total	CCNH	RHNS	Residentia 1 Care Home
	 Total	CCIVII	KIIVS	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 0-345-4458	cility	Report for Ye 9/30/2017	ar Ended	Page 2		of 37
Name of Facility (as shown on license) Shailerville Manor, LLC		·			Street, City, Sto Rd, Haddam, C				
License Numbers:	CCNH		RHNS		dential Care H		Medicare I	Provid	ler No.
Type of Facility (Check appropriate box(es)))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with pervision only		- 1./1	Resident	ial Care Hor	ne	
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O	Partnership	0	Profit Corp.	0	Non-Profit Con	rp. O	Government	0	Trust
If this facility opened or closed during report	rt year provid	e:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership		_	**	_		TC 1177 11	1 . 6 11		-
or operation during this report year?		0	Yes		No	11 1 05,	explain full	у.	
Administrator									
Name of Administrator					Nursing Ho	ome			
William Boisvert					Administrat				
					License N				
Other Operators/Owners who are assistant a	dministrators	s (ful	l or part time) of tl	his facility.	•			
Name					License 1	No.:			

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Shailerville Manor, LLC		License No. 1882	Report for \(\) \	Year Ended	Page of 3 37
Legal Name of Part	tnership/LLC	Business	Address	Which	l/or Town(s) in Registered
Shailerville Manor, LLC		1179 Saybrook CT 06438	Rd, Haddam	, CT	
Name of Partners/Members	Business Ac	ddress		Title	% Owned
William Boisvert	1179 Saybrook Rd, Ha 06438	ddam, CT	Member		50
Rhonda Boisvert	1179 Saybrook Rd, Ha 06438	ddam, CT	Member		50

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Shailerville Manor, LLC	1882 9/30/2017			3A 37
If this facility is owned or operated as a corp	oration, provide th	e following informa	tion:	
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorporated
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares				

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Shailerville Manor, LLC	1882	9/30/2017	3B	37
If this facility is owned or operated as an individua		provide the following information	10n:	
Owi	ner(s) of Facility			

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Shailerville Manor, LLC			1882		9/30/2017		4	37
Are any individuals rece	eiving compensation from the f	acility re	elated th	rough		If "Yes," provide th	e Name/Ad	dress and
marriage, ability to cont	rol, ownership, family or busir	ess asso	ciation?	•	Yes O No	complete the inform	nation on Pa	age 11 of the report.
	•							<u> </u>
Are any individuals or c	companies which provide good	s or serv	ices,					
including the rental of p	roperty or the loaning of funds	to this f	acility,					
	ssociation, common ownership		•	siness	⊙ Yes ○ No			
	owners, operators, or officials					If "Yes," provide th	e following	information:
,	, 1							
		Als	so Provi	des		Indicate Where		
			ls/Servi			Costs are Included		
Name of Related	Business		Related 1		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
	467 Foothills Rd, Higganum, CT	0	•					
William Boisvert	06441		O .		Rental of real estate	P 22, L9	56,788	56,788
William Boisvert	467 Foothills Rd, Higganum, CT 06441	0	•		Loan	P 34, L b3	110,035	110,035
William Boisvert	225 Bunker Hill Rd, Watertown,	_	_		Loan	F 34, L 03	110,033	110,033
Pleasant View Manor	CT 06795	0	•		Shared health insurance	P 15, L 1a5	44,010	44,010
	225 Bunker Hill Rd, Watertown,	0	•					
Pleasant View Manor	CT 06795	<u> </u>			Shared pension admin fees	P 16, L m13	725	725
		0	0					
		0	0					
		0	0					
		0	0					
			J					
		0	0					

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No).	Report for Year Ended	Page	of			
Shailerville Manor, LLC	1882		9/30/2017	5	37			
If the facility is licensed as CDH and/or RCH or	r provides A	AIDS or TBI	services with special Medicaid	d rates,	costs			
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								
Item			Method of Allocation					
Shailerville Manor, LLC 1882 9/30/2017 5 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								
Laundry		Number of pounds processed						
Housekeeping		Number of	square feet serviced					
		Number of	hours of routine care provided	by EAG	CH			
Nursing		employee c	elassification, 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	d by EA	.CH			
allerville Manor, LLC 1882 9/30/2017 5 37 he facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs st be allocated to CCNH and RHNS as follows: Item								
Maintenance and operation of plant		Square feet						
Property costs (depreciation)		Square feet						
ž •								
		* * *						
The preparer of this report must answer the following	owing quest	tions applica	able to the cost information pro	ovided.				
1. In the preparation of this Report, were all	O Voc	O No	If "No," explain fully why suc	h alloca	tion was			
1. In the preparation of this Report, were all								
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data					
3. Did the Facility appropriately allocate and se	lf-disallow	direct and i	ndirect costs to non-nursing ho	me cost	centers?			
(e.g., Assisted Living, Home Health, Outpati	ent Service	s, Adult Day	y Care Services, etc.)					
	If "No " avaloin fully why such allocati							
	• Yes	O NO	-	n anoca	tion was			

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	ear Ended		Page of
Shailerville Manor, LLC			1882	9/30/2017			6 37
	Ow: Oper	ed * to ners, ators, icers		Date of	Term of	Annual Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for Al	1 Lancad V	ahiolos	2 O Ye	es O	No	Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles?

st 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

Shailerville Manor, LLC	1882	9/30/2017		7	37
		were maintained on the following basis:		/	31
	Modified Cash	were maintained on the following basis.			
Is the accounting basis for this					
_	Yes	If "No," explain.			
*	No	11 1.0, 0.1.			
Freezen					
Independent Accounting Firm		T			
Name of Accounting Firm	~	Address (No. & Street, City, State, Zip Code)			
1 Davis, Mascola & Phillips, LLC		85 Barnes Rd - Ste 207 - Wallingford, CT	F 06492		
2 CT Bookkeeping Services, LLC	j.	P O Box 454, Essex, CT 06426			
3 4					
Services Provided by This Firm (de.	scribe fully)				
•			Φ.	0.170	
1 Monthly bookkeeping, preparation of	cost report & tax return, and assist	ance with state audits	\$	9,150	
Monthly bookkeeping - partial year			\$ \$	1,400	
4			\$ \$		
+			1	Services Pr	rovided
			-		ovided
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	\$	10,550	
	P 15, L 1d1	es, specify Expense Classification and Effic Ivo.			
Legal Services Information					
Name of Legal Firm or Independent	Attorney		Telephone	Number	
1					
2					
3					
4					
5					
Address (No. & Street, City, State, 2	Zip Code)				
2					
3					
4 5					
Services Provided by This Firm (de.	scribe fully)				
1			\$		
2			<u> </u>		
3			\$		
4			<u> </u>		
5			\$. Camalaaa B	
			Charge for	Services Pr	ovided
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	Ι Φ		
O Yes O No					

Schedule of Resident Statistics

Name of Facility Shailerville Manor, LLC		License 1	No. 882			Report for 9/30/201	or Year Ende	ed		Page 8	of 37	
						Period 10	0/1 Thru 6/30 Period 7/			Period 7/	1 Thru 9/3	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	15			15	15			15	15			15
B. On last day of THIS report period	15			15	15			15	15			15
Number of Residents 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			15
Total Number of Days Care Provided During Period A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH	5,448			5,448	4,090			4,090	1,358			1,358
F. Other (Specify)												
G. Total Care Days During Period (3A thru F) Total Number of Days Not Included in Figures in 3G	5,448			5,448	4,090			4,090	1,358			1,358
for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days 5. <i>Total Resident Days</i> (3G + 4A + 4B)	5,448			5,448	4,090			4,090	1,358			1,358

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licen	ise No.				Report	for Year	Ended		Page	of
Shailerville M	Ianor, L	LC		1	.882					9/30/201	7		9	37
	•	_	in the certified b		pacity du	ring t	he repo	rt yea	r?	0	Yes	•	No	
11 122			f Change		Cl	nange	in Bed	2		Cat	pacity Afte	er Change		
		1 face of	Residential		Ci	lange	III DCG	3		Caj	pacity 711tt	a Change		
Date of	CCNH	RHNS	Care Home		Lost		(Gaineo	1					
Date of	CCIVII	KIIVS	cure Home	1	Lost			Jannet	1			Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason fe	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNII KIINS Care		Care Home	Reason I	or Change
	-	_	in certified bed of	_		the re	eport ye	ear (as	report	ed in iten	n 4 above)	provide the nur	mber of	
			Cl	.,	. 5					G G	0.777	DIDIG		tial Care
11.			Change in Ro	esiden	t Days					CC	NH	RHNS	HC	ome
1st chang														
2nd char														
3rd chan 4th chan														
		lents and	d Rates on Septe	mher	30 of Co	set Va	ar							
0. Ivuilioci	or Resid	icins air	Medicare	moci	Medi		aı			Se	lf-Pay		Other Sta	te Assisted
		ŀ	Wicarcarc		Wicai	Cara					II-I ay		Other Sta	te / issisted
	Item		CCNH	C	CNH	RI	HNS	CC	CNH	RH	INS	Residential Care Home	R.C.H.	ICF-MR
No. of R													15	-
Per Dien														
a. One b	ed rm.												98.63	
b. Two	bed rms													
c. Three	or more	e												
bed r	ms.													
		Physica	al Therapy Treat	ments						TO	ТAL	CCNH	RHNS	Residential Care Home
			lusive of Part B)											
D.	1.100100		TD .											
D.		ntenance	e Treatments											
ь.	1. Mai		Treatments Treatments											
C.	1. Mai 2. Rest Other	torative	Treatments											
C. D.	1. Mai 2. Rest Other	torative by torative by the base of the ba	Treatments Therapy Treatm											
C. D. 8. Total Nu	1. Mai 2. Rest Other Total F	Physical Speech	Treatments Therapy Treatments Therapy Treatments											
C. D. 8. Total Nu A.	1. Mai 2. Rest Other Total F Imber of Medica	Physical Speech	Treatments Therapy Treatm Therapy Treatm t B	nents										
C. D. 8. Total Nu A.	1. Mai 2. Rest Other Total F Imber of Medica Medica	Physical Speech are - Part id (Excl	Treatments Therapy Treatment Therapy Treatment B Lusive of Part B)	nents										
C. D. 8. Total Nu A.	1. Mai 2. Rest Other Total F Imber of Medica Medica 1. Mai	Physical Speech are - Part aid (Exclusion tenance	Treatments Therapy Treatm Therapy Treatm t B lusive of Part B) e Treatments	nents										
C. D. 8. Total Nu A. B.	1. Mai 2. Rest Other Total F Imber of Medica Medica 1. Mai 2. Rest	Physical Speech are - Part aid (Exclusion tenance	Treatments Therapy Treatment Therapy Treatment B Lusive of Part B)	nents										
C. D. 8. Total Nu A. B.	1. Mai 2. Rest Other Total F Imber of Medica Medica 1. Mai 2. Rest Other	Physical Speech are - Part id (Exclusion tenance torative	Treatments Therapy Treatm Therapy Treatm t B lusive of Part B) e Treatments Treatments	nents										
C. D. 8. Total Nu A. B.	1. Mai 2. Rest Other Total F Imber of Medica Medica 1. Mai 2. Rest Other Total S	Physical Speech re - Partid (Exclusive torative torative speech T	Treatments Therapy Treatments Therapy Treatments Usive of Part B) Treatments Treatments Treatments Therapy Treatments	ents										
C. D. 8. Total Nu A. B. C. C. D. 9. Total Nu	1. Mai 2. Rest Other Total F Imber of Medica Medica 1. Mai 2. Rest Other Total S	Physical Speech Partial (Exclusive Internance Internative Internat	Treatments Therapy Treatments Therapy Treatments Treatments Treatments Treatments Therapy Treatments Therapy Treatments	ents	nents									
C. D. 8. Total Nu A. B. C. D. 9. Total Nu A.	1. Mai 2. Rest Other Total F Imber of Medica Medica 1. Mai 2. Rest Other Total S Imber of Medica	Physical Speech Ire - Partid (Exclusive to rative to ratio rative to ratio rative to ratio rative to ratio ratio rative to ratio rat	Treatments Therapy Treatments Therapy Treatments Treatments Treatments Treatments Therapy Treatments Therapy Treatments Therapy Treatments	ents Freatr	nents									
C. D. 8. Total Nu A. B. C. D. 9. Total Nu A.	1. Mai 2. Rest Other Total F Imber of Medica 1. Mai 2. Rest Other Total S Imber of Medica Medica Medica	Physical Speech	Treatments Therapy Treatments Therapy Treatments Usive of Part B) Treatments Treatments Therapy Treatments	ents Freatr	nents									
C. D. 8. Total Nu A. B. C. D. 9. Total Nu A.	1. Mai 2. Rest Other Total F Imber of Medica 1. Mai 2. Rest Other Total S Imber of Medica Medica Medica 1. Mai	Physical Speech Ire - Part id (Excl Intenance Torative Speech T Coccupa Ire - Part id (Excl Intenance Ire - Part Id (Excl Intenance Int	Treatments Therapy Treatments Therapy Treatments Blusive of Part B) Treatments Treatments Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments	ents Freatr	nents									
C. B. Total Nu A. B. C. D. 9. Total Nu A. B.	1. Mai 2. Rest Other Total F Imber of Medica Medica 1. Mai 2. Rest Other Total S Imber of Medica Medica Medica 1. Mai 2. Rest Z Imber of Medica 2. Rest Imber of Medica 2. Rest Rest Rest Rest Rest Rest Rest Rest	Physical Speech Ire - Part id (Excl Intenance Torative Speech T Coccupa Ire - Part id (Excl Intenance Ire - Part Id (Excl Intenance Int	Treatments Therapy Treatments Therapy Treatments Usive of Part B) Treatments Treatments Therapy Treatments	ents Freatr	nents									
C. B. Total Nu A. B. C. D. 9. Total Nu A. B.	1. Mai 2. Rest Other Total F Imber of Medica Medica 1. Mai 2. Rest Other Total S Imber of Medica Medica 1. Mai 2. Rest Other Total S Imber of Medica 1. Mai 2. Rest Other	Physical Speech re - Partid (Exclusive to rative) Speech T Coccupate - Partid (Exclusive to rative) Speech T Coccupate - Partid (Exclusive to rative)	Treatments Therapy Treatments Therapy Treatments Blusive of Part B) Treatments Treatments Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments	ents Freatr										

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
Shailerville Manor, LLC	1882		9/30/2017		10	37
Are time records maintained by all individuals receiving co	empensation?	•	Yes	0	No	
·	Ì		Total Cost a	and Hours		
			10141 0051	Trours		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III					50.747	2.000
of Schedule A1)					53,747	2,080
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1) 4. Other Administrative Salaries (telephone						_
operator, clerks, receptionists, etc.)					25,037	1,555
5. Dietary Service					23,037	1,555
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					27,339	1,734
6. Housekeeping Service						
a. Head Housekeeper	_				15.622	001
b. Other Housekeeping Workers 7. Repairs & Maintenance Services					15,622	991
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					19,548	1,240
8. Laundry Service						, -
a. Supervisor						
b. Other Laundry Workers					15,622	991
9. Barber and Beautician Services	_					
10. Protective Services						
Accounting Services Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care 2. Administrative**						
d. Aides and Attendants					107,385	6,812
e. Physical Therapists					107,303	0,012
f. Speech Therapists					<u> </u>	
g. Occupational Therapists						
h. Recreation Workers					9,765	619
i. Physicians						
Medical Director Utilization Review	1			1		
Utilization Review Resident Care***	+					
4. Other (Specify)						
(F)						
j. Dentists						
k. Pharmacists						
l. Podiatrists	 		ļ			
m. Social Workers/Case Management						
n. Marketing o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	+				274,065	16,022

^{*} 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)

	CC	NH	RH	INS	Residential	Care Home
Position	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

	CC	NH		INS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	_	\$ -	_	\$ -	_
Total	φ -	-	φ -	-	φ -	-

CSP-11 Rev. 10/2005

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

Name of Facility				License No.	ators and other	1	Year Ended	-	Page	of
Shailerville Manor, LLC				1882		9/30/2017			11	37
,		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	Residential Care Home	and/or Other	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Rhonda Boisvert			11,507	Health insurance	Clerical	725	A4	Pleasant view Manor, Watertown, CT	1,040	20,155
William Boisvert			13,530	Health insurance	Clerical	830	A4			
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.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Shailerville Manor, LLC				1882		9/30/2017			12	37
Name	CCNH	Salary Pai	d Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***							-			
Ronald Alger			53,747	Health insurance	Adminstrator	2,080	A2			
Section IV - Assistant Administrators										

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Shailerville Manor, LLC	License No. 188	82	Report for Y 9/30/2017	ear Ended	Page 13	of 37
maner vine Manor, EEC	100	34	Total Cost	and Hours	13	31
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
 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***			1			
b. LPN						
b. LPN1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule 8-13 Total Fees Paid in Lieu of Salaries						

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

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

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

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

Name of Facility Shailerville Manor, LLC	License No. 1882		Report for Y 9/30/2017	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** Operator Yes	to Owners, rs, Officers	Expla	nation of Rela	tionship
		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	0			

^{*} 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 Y	ear Ended	Page	of
Shailerville Manor, LLC	1882	9/30/2017		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
Workmen's Compensation		\$ 13,488			13,488
2. Disability Insurance		\$			
3. Unemployment Insurance		\$ 4,568			4,568
4. Social Security (F.I.C.A.)		\$ 20,640			20,640
5. Health Insurance		\$ 37,167			37,167
6. Life Insurance (employees only)					
(not-owners and not-operators)		\$			
7. Pensions (Non-Discriminatory)		\$			
(not-owners and not-operators)					
8. Uniform Allowance		\$			
9. Other (<i>Specify</i>)		\$			
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and		\$			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*		\$			
d. Accounting and Auditing		\$ 10,550			10,550
e. Legal (Services should be fully described		\$			
f. Insurance on Lives of Owners and		\$			
Operators (Specify)*					
g. Office Supplies	ı	\$ 1,222			1,222
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 5,083			5,083
2. Cellular Phones		\$			
i. Appraisal (Specify purpose and		\$			
attach copy)*					
j. Corporation Business Taxes (franchise ta		\$			
k. Other Taxes (Not related to property - Se					
1. Income*		\$			
2. Other (<i>Specify</i>)		\$			
See Attached Schedule					
3. Resident Day User Fee		\$			<u> </u>
Subtotal		\$ 92,718			92,718

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

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

Shailerville Manor, LLC 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

.....

CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Y	Year Ended	Page	of
Shailerville Manor, LLC	1882	9/30/2017		16	37
,	<u> </u>				
					Residential
Item		Total	CCNH	RHNS	Care Home
	ls Brought Forward:	92,718			92,718
Travel and Entertainment					
Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	171			171
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars an	d Conventions \$				
6. Automobile Expense (not purchase or depr	eciation) \$	3,704			3,704
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expense	s) \$				
2. Advertising Telephone Directory (all such e	expenses)*** \$	584			584
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 service	e)***				
7. Postage	\$	376			376
* 8. Dues and Membership Fees to Professional	\$	75			75
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.*** \$				
9. Subscriptions	\$	314			314
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and	Complete \$				
Schedule C-2, Page 21 for each firm or indi	ividual)				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	5,746			5,746
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	103,688			103,688

^{*} 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
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

CCNH	RHNS	Care Home
\$ -	\$ -	\$ -
\$	-	- \$ -

Schedule of Dues

			Reside	ntial
Description	CCNH	RHNS	Care F	Iome
CARCH			\$	75
Total Dues	\$ -	\$ -	\$	75

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	idential e Home
Payroll processing			\$ 4,534
Pension administration			\$ 725
Regular bank charges			\$ 188
OD bank charges			\$ 39
CRAHD license			\$ 260
Total Other Administrative and General	\$ -	\$ -	\$ 5,746

Schedule C-1 - Management Services*

Name of Facility Shailerville Manor, LLC	License No. 1882	Report for Year Ended 9/30/2017	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 #

^{*} 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)

	a=		1			I		T_	
	ne of Facility		Licens			-	Year Ended	C	of
Shai	lerville Manor, LLC			1882	2	9/30/20	17	<u> </u>	37
								Residentia	
	Item				Total	CCNH	RHNS	Home	e
2.	Dietary								
	a. In-House Preparation & Service								
	1. Raw Food			5	28,431				28,431
	2. Non-Food Supplies			5	2,002				2,002
	3. Other (Specify)		_	5					
	b. Purchased Services (by contract other			6					
	than through Management Services)								
	(Complete Schedule C-2 att. Page 21)								
	c. Management Services**		(6					
	d. Other (Specify)			8					
	(1))		-						
2E.	Total Dietary Expenditures $(2a + b + c + d)$		9	5	30,433				30,433
								Residentia	l Care
2F.	Dietary Questionnaire			,	Total	CCNH	RHNS	Home	e
G.	Resident Meals: Total no. of meals served per	r day	y:*		45				45
H.	Is cost of employee meals included in 2E?	0	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	rt? (P	age/Line	Item)			
	Is cost of meals provided to persons other						IC ::C		
K.	than employees or residents (i.e., Board	0	Yes		•	No	If yes, specify		
	Members, Guests) included in 2E?						cost.		
L.	Is any revenue collected from these people?	$\overline{}$	Vac		•	No	If yes, specify		
L.	is any revenue conected from these people:		1 68		0	INU	amt.		
M.	Where is the revenue received reported in the	Cos	st Repo	rt? (P	age/Line	Item)			
	Is cost of food (other than meals, e.g.,				-			·	·
N.	snacks at monthly staff meetings, board	\circ	Yes		•	No	If yes, specify		
1.	meetings) provided to employees included		103		9	110	cost.		
	in 2E?								
O.	Is any revenue collected from employees?	\bigcirc	Yes		•	No	If yes, specify		
Ο.	is any revenue conected from employees?		1 68			110	amt.		
P.	Where is the revenue received reported in the	Cos	st Repo	rt? (P	age/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	Licer	ise No.	Report for Year Ended		Page	of
Shailerville Manor, LLC		1882	9/30/2017	7	19	37
Item		Total	CCNH	RHNS		ential Care Home
3. Laundry		Total	CCIVII	Idiris		101110
a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs					
gowns and other resident care items washed, ironed, and/or processed.***	Amt.	\$ 562				562
2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs					
processed.***	Amt.	\$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs					
washed, froned, and/or processed.	Amt.	\$				
4. Repair and/or purchase of linens.***	Lbs					
1. Developed Coming the contract of an	Amt.					1,094
b. Purchased Services (by contract other than through Management Services)		\$				
(Complete Schedule C-2 att. Page 21)						
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$ 1,656	5			1,656
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?	O Yes	•	No	If yes, specify cost.		
1 7	O Yes		No	If yes, specify amt.		
I. Where is the revenue received reported in the Co	ost Repo	rt?	(Page/Lin	e Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	O Yes	•	No	If yes, specify cost.		
K. Did you receive revenue from these people?	O Yes	•	No	If yes, specify amt.		
L. Where is the revenue received reported in the Co	ost Repo	rt?	(Page/Lin	e Item)		-

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

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

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

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

Name of Facility	License No. Report for Year Ended		Page	of		
Shailerville Manor, LLC	1882		9/30/2017		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> , pails, brooms, etc.)	Amt.	\$	2,367			2,367
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*	<u> </u>	\$				
d. Other (Specify)		\$				
4E. Total Housekeeping Expenditures (4a +	b+c+d	\$	2,367			2,367
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$				
b. Medicine Cabinet Drugs		\$	154			154
c. Medical and Therapeutic Supplies		\$				
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$				
f. X-rays and Related Radiological		\$				
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$				
i. Recreation		\$	3,626			3,626
j. Other (Specify)****		\$				
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	ōj)	\$	3,780			3,780

^{*} 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
Description	CCMI	KIIIVS	Care Home
T 4 104 P 11 4 C	Ф	ф	Φ.
Total Other Resident Care	\$ -	\$ -	\$ -

.....

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

Name of Facility Shailerville Manor, LLC		License No. 1882	Report for Year Ended 9/30/2017				Page 21	of 37		
		Related ** Operators				Total Cost/Page Ref.***			*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home		Line
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

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

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

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

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

Name of Facility	License No.	Report for Ye	ear Ended		Page	of
Shailerville Manor, LLC	1882	9/30/2017			22	37
					Resident	ial Care
Item		Total	CCNH	RHNS	Ho	ne
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	20,127				20,127
b. Heat	\$					
c. Light & Power	\$	18,632				18,632
d. Water	\$					
e. Equipment Lease (Provide detail on p	page 6) \$					
f. Other (itemize)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f) \$	38,759				38,759
7. Depreciation (complete schedule page 23	·*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	1,685				1,685
*7e. <i>Total Depreciation Costs</i> $(7a + b + c + d)$	\$	1,685				1,685
8. Amortization (Complete att. Schedule Pa	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	4,526				4,526
d. Other (Specify)	\$					
*8e. Total Amortization Costs $(8a + b + c + c)$	l) \$	4,526				4,526
9. Rental payments on leased real property	less					
real estate taxes included in item 10b	\$	56,788				56,788
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	9,640				9,640
c. Personal property taxes	\$	334				334
11. <i>Total Property Expenses</i> (7e + 8e + 9 +	10) \$	72,973				72,973

^{*} 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
Description	CCM	KIII	Care Home
Tatal Other Bensins and Maintenance	¢	¢	¢
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

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Depreciation Schedule

							Report for Year Ended			Page	of	
Shailerville Manor, LLC					188	32		9/30/2017			23	37
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements							-	-	•			
Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												
	logi	Is a mileage logbook Date of maintained? Acquisition		Historical Cost	Less		Accumulated Depreciation to	Method of				
	Yes	No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment												
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. 2006 Dodge Caravan	X		9	15	3,729		3,729	1,243	SL	4	1,243	
b.												
c.												
511	d.											
2. Movable Equipment												
a. Acquired prior to this report period		31,635		31,635	28,317	SL	various	442				
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)												
D-3. Subtotal												1,685
E. Total Depreciation												1,685

Schedule of Land Improvements Acquired during this report period

_			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Land Impr	ovements	\$ -		\$ -
Deletions:				
Total deletions for Land Impro	ovements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

beneaute of Bullan	ig improvements required during this report period				
			Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:	_				1
					1
					1
					Ł
					L
					1
					1
T-4-1 - 44'4' f	D.:!ld: T	\$ -		¢.	*
	Building Improvements	\$ -		\$ -	1
Deletions:					
					L
					1
					1
					4
					1
					1
Total deletions for	Building Improvements	\$ -		\$ -	*
		т		T	1

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for N	Non-Movable Equipment	\$ -		\$ -
Deletions:				
Total deletions for N	on-Movable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line C3

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

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

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

Delicative of 1.10 (table	Equipment required during time report period			
			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for M	Iovable Equipment	\$ -		\$ -
Deletions:				
Total deletions for Mo	ovable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of tem	Cost	Life	Depreciation
Additions:				
				_
Total additions for	Leasehold Improvement	\$ -		\$ -
Deletions:				
Total deletions for	Leasehold Improvement	\$ -		\$ -
Total deletions for	Leasenoid improvement	Ψ		Ψ

^{*}Ties to Page 24, Line C3

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

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

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Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of	
Shailerville Manor, LLC			1882		9/30/2017			24	37	
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.	var	var		29,212	29,212				
	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			various	39,163	17,500	SL		4,526	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									4,526
D.	Total Amortization									4,526

^{*} Straight-line method must be used.

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

^{**} Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year En	Page of		
Shailerville Manor, LLC	1882	9/30/2017			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	ne Facility				If "Yes," complete Part B.
or leased from a Related Party?*	. (O Yes	•	No	If "No," complete Part C.
*If any owner or operator of this fa	cility is related by family	, marriage, ownership, ab	ility to control or		•
business association to any person					
a related party transaction.					
Description		Total			
Date Land Purchased Date Street and Completed		01/25/07	<u>/</u>		
2. Date Structure Completed	a of Dunchage	01/25/05	<u>-</u>		
3. If NOT Original Owner, Dat4. Date of Initial Licensure	e of Purchase	01/25/07			
 Date of Initial Licensule Total Licensed Bed Capacity 		01/25/07			
6. Square Footage		1.	<u>'</u>		
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., f	ïxed, variable)	SBA			
b. Date Mortgage Obtained	,	01/25/07	7		
c. Interest Rate for the Cost	Year	variable			
d. Term of Mortgage (numb	er of years)	2			
e. Amount of Principal Born	rowed	600,000			
f. Principal balance outstand					
Complete if Mortgage was					
During Current Cost Yo					
g. Type of Financing (e.g., f	ïxed, variable)				
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (numb	<u> </u>				
k. Amount of Principal Bornl. Principal Outstanding on					
Part C - Arms-Length Leas		y Improvements Onl	<u> </u>		
Name and Address of Lesso				Torm of Lagge	Annual Amount of Lease
Name and Address of Lesso		roperty Leased	Date of Lease	Term of Lease	Aimuai Aimount of Lease
				1	

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						Page of
Shailerville Manor, LLC	1882		Report for Yo 9/30/2017			26 37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest						
A. Building, Land Improve	ment & Non-Movab	ole				
Equipment		Ф				
1. First Mortgage Name of Lender		Rate				
Name of Lender		Kate				
Address of Lender						
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage		\$				
Name of Lender		Rate				
Traine of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information	on					
Original Loan Amou		\$				
2. Loan Origination Da		·				
3. Interest Rate %						
4. Term						
5. CHEFA Interest Exp	ense					
12 B7. Total Building Interest Exp		5) \$				
			(0	ry Subtotals t	C 1.	

(Carry Subtotals forward to next page)

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

Name of Facility Shailerville Manor, LLC	License No. 1882		Report for Year Ended 9/30/2017			Page of 27 37
	Item		Total	CCNH	RHNS	Residential Care Home
	Subtotals Bro	ought Forward:				
12. C. Movable Equipmen	it					
1. Automotive Equ	ipment	\$				
A. Item	Rate	Amount				
Lender	L					
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable E	Equipment Interest					
Expense (C1 + 2)		\$				
12. D. Other Interest Expe		\$	4,135			4,135
	5 1372 / Insurance \$940					
13. Total All Interest Exper	nse (12B7 + 12C3 + 12	D) \$	4,135			4,135
14. Insurance						
a. Insurance on Proper	rty (buildings only)	\$	9,380			9,380
b. Insurance on Auton		\$	786			786
	n Property (as specified	above) \$				
1. Umbrella (<i>Blank</i>						
2. Fire and Extende	ed Coverage	\$				ļ
3. Other (<i>Specify</i>)		\$				
14d. Total Insurance Expen	$\frac{ditures (14a + b + c)}{ditures (14a + b + c)}$	\$	10,166			10,166
15. Total All Expenditures		\$				542,022

D. Adjustments to Statement of Expenditures

	e of Fa		or, LLC	Lic	cense No. 1882	Report for Ye 9/30/2017	ar Ended	Page of 28 37
Silair	CIVIIIC	wiam	or, ELC	<u> </u>	Total	9/30/2017	I	20 31
Itam	Page	Lina			Amount of			Residential Care
	No.		Itam Dagarintian			CCNH	DIING	Home
			Item Description		Decrease	CCNH	RHNS	поше
Page	10 - 5	aiarie	es and Wages	Ф				
1.			Outpatient Service Costs Salaries not related to Resident Care	\$				
2.				\$				
3.			Occupational Therapy	\$				
4.	12 1) <i>C</i>	Other - See attached Schedule	\$				
	13 - F		sional Fees	ф				
5.			Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$				
_	s 15 &	: 16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.			Accounting & Legal	\$				
11.			Telephone	\$				
12.			Cellular Telephone	\$				
13.			Life insurance premiums on the life					
			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.	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.			Automobile Expense (e.g. personal use)	\$				
18.			Unallowable Advertising *	\$				
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$				
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	39			39
	18 - I	Dietar	y Expenditures					
24.		•	Meals to employees, guests and others					
			who are not residents	\$				
Page	19 - I	aund	ry Expenditures	Ψ				
25.			Laundry services to employees, guests					
25.			and others who are not residents	\$				
Page	20 - 1	Touce	keeping Expenditures	Ψ				
	20 - I.							
26.			Housekeeping services to employees, guests	ф				
			and others who are not residents	φ ,	39			20
			Subtotal (Items 1 - 26)	<i>)</i>		Carry Subtotal f		39

^{*} 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 Othe	er Salaries A	Adjustment	\$ -	\$ -	\$ -

.....

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

					Residen	tial
Page Ref	Line Ref	Description	CCNH	RHNS	Care Ho	ome
16	m13	OD bank charges			\$	39
Total Othe	Total Other A&G Adjustments		\$ -	\$ -	\$	39

.....

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

Shailerville Manor, LLC	ma	of Ec	oility	D. Adjustments to Statemen	License No. Report for Year Ended				Dogo	of
Total Amount of Decrease CCNH RHNS Residentit No. No. No. Subtotals Brought Forward \$ 39			•	or II.C	LIC			rear Ended	_	37
Item Page Line No. No. Item Description Decrease CCNH RHNS Hom	anei	IVIIIE	Man	or, ELC	<u> </u>		9/30/2017	I	29	31
No. No. No. Item Description Decrease CCNH RHNS Hom		Dogo	Lina						Dagida	ntial Cara
Subtotals Brought Forward \$ 39		_		Itam Dagarintian			CCNII	DIING		
Page 20 - Resident Care Supplies*** 27.	0.	NO.	NO.		Ф		CCNH	KHNS	П	
27. Prescription Drugs \$ 28. Ambulance/Limousine \$ 29. X-rays, etc \$ 30. Laboratory \$ 31. Medical Supplies \$ 32. Oxygen (non emergency) \$ 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 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 \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$		10 D	• • •	· ·	>	39				39
28.		20 - K	esiae		Ф					
29.					_					
30. Laboratory \$					_					
31. Medical Supplies S S S S S S S S S				·	-					
32. Oxygen (non emergency) \$ 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 1,870 Bage 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 \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$				·						
33. Occupational Therapy \$ 3.4. Other - See Attached Schedule \$ 1,870 Page 22 - Maintenance and Property 5.5. Excess Movable Equipment Depreciation 5.6. Attached Schedule \$ 5.6. 36. Depreciation on Unallowable 5.7. Motor Vehicles \$ 5.7. Unallowable Property and Real 5.7. Estate Taxes \$ 5.7. Beautiful of Building Space or Rooms \$ 5.7. Other - See Attached Schedule \$ 5.7. Page 27 - Insurance 7.7. 40. Mortgage Insurance \$ 7.7. 41. Property Insurance \$ 7.7. 41. Property Insurance \$ 7.7. 42. Research or Experimental Activities \$ 7.7. 43. Radio and Television Revenue \$ 7.7. 44. Vending Machine Revenue \$ 7.7. 45. Purchase Discounts and Allowances \$ 7.7. 46. Duplications of functions or services \$ 7.7. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 7.7. 48. Interest Income on Accounts Rec \$ 7.7. 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 7.7. Not For Profit Providers Only				**	_					
34.					_					
Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ \$ \$ \$ \$ \$ \$ \$ \$					_					
Sec Attached Schedule S Sec Attached Schedule S					\$	1,870				1,870
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 \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$		22 - M	<i>Iainte</i>							
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 \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	5.			± ± ±						
Motor Vehicles \$ 1 1 1 1 1 1 1 1 1					\$					
37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	36.			-						
Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ \$ 41. Property Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					\$					
38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	37.			Unallowable Property and Real						
39. Other - See Attached Schedule \$ Page 27 - Insurance				Estate Taxes	\$					
Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 0ther - Miscellaneous ** 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only \$ 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	38.			Rental of Building Space or Rooms	\$					
40. Mortgage Insurance \$	39.			Other - See Attached Schedule	\$					
41. Property Insurance \$ Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$ 42. See Attached Schedule \$ \$ 43. See Attached Schedule \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ige 2	27 - Ii	nsura	nce						
Other - Miscellaneous 42. Research or Experimental Activities 43. Radio and Television Revenue 44. Vending Machine Revenue 45. Purchase Discounts and Allowances 46. Duplications of functions or services 47. Expenditures made for the protection, enhancement or promotion of the providers interest 48. Interest Income on Accounts Rec 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	10.			Mortgage Insurance	\$					
42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	11.			Property Insurance	\$					
43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	her -	- Mis	cella	neous						
43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	12.			Research or Experimental Activities	\$					
45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	13.			*	\$					
45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	14.			Vending Machine Revenue	\$					
47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	15.			<u> </u>	_					
47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	16.			Duplications of functions or services	\$					
enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	_									
providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				-						
48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				•	\$					
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	18.			1	_					
costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	_									
Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				· •						
Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				· · · · · · · · · · · · · · · · · · ·	\$					
50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	ot Fo	or Pro	ofit P		7					
Unallowable Building Interest - See Attached Schedule \$		1	J							
See Attached Schedule \$										
					\$					
1 51 LOTAL AMOUNT OF Decrease (ITEMS 1 = 50)	51 7	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,909				1,909

^{***} 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.

Schedule of Other Ancillary Costs

					Resid	lential
Page Ref	Line Ref	Description	CCNH	RHNS	Care	Home
20	5i	Excess cable			\$	1,870
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$	1,870

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
I mge IteI	Zine rec	2 sociation	0 01 122	1111115	
Total Othe	r Adjustme	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Item	Name of Facility	License No.	V CIII	Report for Ye	ear Ended		Page of
Total CCNH RHNS Home	Shailerville Manor, LLC	1882		9/30/2017		1	30 37
1. m. Medicaid Residents (CT only) 5 551,978 551		T.		T . 1	COMI	DING	Residential Care
1. a. Medicaid Residents (CT only) b. Medicaid Room and Board Contractual Allowance ** 5	I Resident Room Roard & Routine			Total	CCNH	KHNS	Home
b. Medicaid Room and Board Contractual Allowance ** S Medicaid (All other states) S D. Other States Room and Board Contractual Allowance ** S Medicare Residents (all inclusive) S Medicare Room and Board Contractual Allowance ** S Medicare Room and Board Contractual Allowance ** S Medicare Room and Board Contractual Allowance ** S D. Private-Pay Residents and Other S Medicare Pay Residents and Other S S D. Trivate-Pay Residents and Other S	, in the second		¢	551.070			551 079
2. a. Medicaid (All other states) b. Other States Room and Board Contractual Allowance ** S 3. a. Medicare Residents (all inclusive) 5. b. Medicare Room and Board Contractual Allowance ** S 4. a. Private-Pay Residents and Other 5. b. Private-Pay Room and Board Contractual Allowance ** S 11. Other Resident Revenue 1. a. Prescription Drugs - Medicare 6. p. Prescription Drugs - Medicare Contractual Allowance ** S 6. p. Prescription Drugs - Medicare Contractual Allowance ** S 7. prescription Drugs - Non-Medicare S 8. p. Prescription Drugs - Non-Medicare S 8. p. Prescription Drugs - Non-Medicare S 9. p. Prescription Drugs - Non-Medicare S 9. p. Prescription Drugs - Non-Medicare S 9. p. Medical Supplies - Medicare Contractual Allowance ** S 9. p. Medical Supplies - Medicare Contractual Allowance ** S 9. p. Medical Supplies - Medicare Contractual Allowance ** S 9. p. Medical Supplies - Non-Medicare S 10. p. Medical Supplies - Non-Medicare S 11. p. Medicare S 12. p. Medicare S 13. p. Physical Therapy - Medicare S 14. p. Physical Therapy - Medicare S 15. p. Physical Therapy - Non-Medicare S 16. p. Physical Therapy - Non-Medicare S 17. p. Non-Medicare S 18. p. Medicare S 19. p. Non-Medicare S 19. p. Non-Medicare S 10. p. Physical Therapy - Non-Medicare S 10. p. Speech Therapy - Medicare S 10. p. Speech Therapy - Non-Medicare S 11. p. Speech Therapy - Non-Medicare S 12. p. Speech Therapy - Non-Medicare S 13. p. Speech Therapy - Non-Medicare S 14. p. Speech Therapy - Non-Medicare S 15. p. Occupational Therapy - Non-Medicare S 16. p. Occupational Therapy - Non-Medicare S 17. Other (Speeify) - Non-Medicare S 18. p. Other (Speeify) - Non-Medicare S 19. p. Other (Speeify) - Non-Medicare S 10. Other (Speeify) - Non-Medicare S 11. p. Total Resident Revenue (Section 1. thru Section II.) S 12. p. St.978 13. p. St.978 14. Rental of Toter Ston and Cable Services S 15. p. Other (Speeify) - S 16. p. Other (Speeify) - S 17. p. St.979 18. p. St.979 19. p. St.979 19. p. St.979 10. p. St.979				551,978			551,978
b. Other States Room and Board Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Contractual Allowance ***					
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V. Total Other Revenue (1 thru 8) \$	-	. эпорэ					
VII. T. CLAUD. (IV. VI)							
VI. Total All Revenue (III + V) \$ 551,978							
	VI. Total All Revenue (III +V)		\$	551,978			551,978

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

 $^{** \ \}textit{Facility should report all contractual allowances and/or payer discounts}.$

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	er Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

				Residential
Page Ref	Description	CCNH	RHNS	Care Home
Total Othe	er Revenue	\$ -	\$ -	\$ -

G. Balance Sheet

	f Facility	License No.		Year Ended	Page	of
ailerv	rille Manor, LLC	1882	9/30/2017		31	37
		Account			An	nount
sets						
	arrent Assets					
	Cash (on hand and in banks	-			\$	3,512
2.					\$	37,46
3.	Other Accounts Receivable	(Excluding Owners of	r Related Parti	es)	\$	
4	Inventories				\$	1,50
5.	Prepaid Expenses				\$	5,70
	a. Prepaid insurance			,145		
	b. Accounts receivable heal	th insurance	4,	562		
	c					
	d.				·	
6.					\$	
	Medicare Final Settlement R				\$	
8.	Other Current Assets (itemiz	ze)			\$	
					_	
					_	
	otal Current Assets (Lines A1	thru 8)			\$	48,18
	xed Assets					
1.	Land				\$	
2.	Land Improvements	*Historical Cost			\$	
		Accum. Depreciat	ion	Net		
3.	Buildings	*Historical Cost			\$	
		Accum. Depreciati	ion	Net		
4.	Leasehold Improvements	*Historical Cost	39,	,163	\$	17,13
		Accum. Depreciati	ion 22,	026 Net		
5.	Non-Movable Equipment	*Historical Cost			\$	
		Accum. Depreciati	ion	Net		
6.	Movable Equipment	*Historical Cost	31,	,635	\$	2,87
		Accum. Depreciati	ion 28,	759 Net		
7.	Motor Vehicles	*Historical Cost	3,	,729	\$	1,24
		Accum. Depreciati	ion 2,	486 Net		
8.	Minor Equipment-Not Depre	eciable			\$	
Q	Other Fixed Assets (itemize)			\$	
	Saloi i mod ribboth (memize	,			T ^Ψ	
,.						

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

G. Balance Sheet (cont'd)

, and the second		License No.	Report for Year Ended		Page	of	
Shailerville Manor, LL	.C	1882	9/30/2017		32	37	
		Account			Amo	ount	
			Total Brought Forward:	\$		69,443	
C. Leasehold or like	Leasehold or like property recorded for Equity Purposes.						
1. Land	1. Land						
2. Land Improve	2. Land Improvements						
		Accum. Depreciation	on Net	\$			
3. Buildings		*Historical Cost					
		Accum. Depreciation	on Net	\$			
4. Non-Movable	e Equipment	*Historical Cost					
		Accum. Depreciation	on Net	\$			
5. Movable Equ	ipment	*Historical Cost					
		Accum. Depreciation	on Net	\$			
6. Motor Vehicl	les	*Historical Cost					
		Accum. Depreciation	on Net	\$			
7. Minor Equipa	ment-Not Depre	ciable		\$			
C-8 Total Leasehold	or Like Propert	ies (C1 thru 7)		\$			
D. Investment and C	Other Assets						
 Deferred Dep 	osits			\$			
2. Escrow Depo	sits			\$			
3. Organization	Expense	*Historical Cost	29,212				
		Accum. Depreciation	on 29,212 Net	\$			
4. Goodwill (Pu	rchased Only)			\$			
5. Investments I	Related to Reside	ent Care (itemize)		\$			
-				1			
6. Loans to Own	ners or Related F	Parties (itemize)		\$			
Name	and Address	Amount	Loan Date				
7. Other Assets	` ′			\$		5,100	
Security d	eposit		5,100				
D-8. Total Investment		•)	\$		5,100	
D-9. Total All Assets	(Lines A9 + B10) + C8 + D8)		\$		74,543	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year	Ended	Page	of	
Shailerville	Manc	or, LLC	1882	9/30/2017		33	37
			Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities					
	Trade Accounts Payab					\$	16,400
	2.	Notes Payable (<i>itemize</i>)		20.01	L	\$	38,814
		Citizen's LOC		38,81	4		
	3.	Loans Payable for Equipr	nent (Current portio	n) (itemize)		\$	
		Name of Lender	Purpose	Amount	Date Due		
			•				
	4.	Accrued Payroll (Exclusiv	ve of Owners and/or	Stockholders only)		\$	4,596
	5.	Accrued Payroll (Owners	-			\$ \$	4,370
	6.	Accrued Payroll Taxes Pa		, only)		\$ \$	99
	7.	Medicare Final Settlemen				\$	
	8.	Medicare Current Financi	•			\$	
	9.	Mortgage Payable (Curre				\$	
	10	. Interest Payable (Exclusive	•	Related Parties)		\$	
		. Accrued Income Taxes*	·	·		\$	
						\$	19,344
	Due to DSS 19,344						
A-13	<i>To</i>	tal Current Liabilities (Li	nes A1 thru 12)			\$	79,253

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

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G. Balance Sheet (cont'd)

Name of Facility				Page 34	of
Shailerville Manor, LLC	1882	9/30/2017			37
F	Account			Aı	nount
		Total Brough	t Forward:		79,253
Liabilities (cont'd)					
B. Long-Term Liabilities	(:,:)		d	,	
1. Loans Payable-Equipment Name of Lender		Amount	Doto Duo) 	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ated Parties (itemize)		\$	6	110,315
Name and Address of Lender	Amount	Loan Da	ate		
William Boisvert	110,315	open			
4. Other Long-Term Liabilitie	es (itemize)		\$	S	
D. F. Total Long Town Link!!!! a. (Lines D1 thms 4)		4	`	110 215
B-5. Total Long-Term Liabilities (C. Total All Liabilities (Lines A-			\$ \$		110,315 189,568
C. Tomi In Linding (Lines A-	15 (D -5)		1)	109,308

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

	ne of Facility	License No.		-	ear Ended		ige	of
Sha	ilerville Manor, LLC	Account	9/3	80/2017		3.	5 Amou	37
A.	Reserves	Account					Amou	11t
	1. Reserve for value of leased	Reserve for value of leased land						
	2. Reserve for depreciation va	lue of leased build	lings ar	nd appurte	nances	\$		
	to be amortized		<i></i>			\$		
	3. Reserve for depreciation val	lue of leased perso	onal pro	operty (<i>Eq</i>	uity)	\$		
	4. Reserve for leasehold real properties on which fair rental value is based							
	5. Reserve for funds set aside	as donor restricted	i			\$		
	6. Total Reserves					\$		
В.	Net Worth							
	1. Owner's Capital					\$		
	2. Capital Stock					\$		
	3. Paid-in Surplus					\$		
	4. Treasury Stock					\$		
	5. Cumulated Earnings					\$		(124,981)
	6. Gain or Loss for Period	10/1/20	016	thru	9/30/2017	\$		9,956
	7. Total Net Worth					\$		(115,025)
C.	Total Reserves and Net Worth					\$		(115,025)
D.	Total Liabilities, Reserves, and	Net Worth				\$		74,543

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H. Changes in Total Net Worth

H.	Balance at End of Period	09/30)/17		\$	(115,025)
	3. Total Deductions				\$	
	A ^c					
	Purpose Amount					
	2. Other Withdrawings (Specify)				\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	1. Drawings of Owners/Operators		-	. .	\$	
G.	Deductions					
	Total Additions				\$	
	2. Other (<i>itemize</i>)				-	
- '	Additional Capital Contributed	(itemize)				
E. F.	Balance Additions				Þ	(115,025)
D. E.	Net Income or Deficit				\$	9,956 (115,025)
C.	Total Expenditures (From Stateme	nt of Expenditures	Page 27)		\$	542,022
B.	Total Revenue (From Statement of				\$	551,978
A.	Balance at End of Prior Period as s	•			\$	(124,981)
		Account			A	mount
	lerville Manor, LLC	1882	9/30/2017		36	37
Nam	ne of Facility	License No.	Report for Year	Enaea	Page	10

I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended Page of
Shailerville Manor, LLC		1882	9/30/2017 37 37
Check appropriate category			
	Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home
Preparer/Reviewer Certification			
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.			
Signature of Preparer		Title	Date Signed
Printed Name of Preparer			
Davis, Mascola & Phillips, LLC			
Address			Phone Number
85 Barnes Rd - Ste 207 - Wallingford, CT 06492			203-265-0488

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