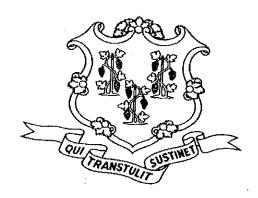
State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2015

Name of Facility (as	licensed)					·····		
Autumn Lake Health	care At Bucks	Hill						
Address (No. & Stre	et, City, State, 2	Zip Code)			-			
2817 North Main St	reet Waterbury	, CT 06704						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	th Nursing				
✓ Nursing Hom-	e only		Supervision on	ıly		(Specify)		
(CCNH)			(RHNS)					
Report for Year Begi	inning		Report for Yea	r Ending				· · · · · · · · · · · · · · · · · · ·
1/1/2015			9/30/2015	_				
License Numbers:		CCNH	RHNS		(Specify)	N	/ledicare Pr	ovider
		2400					07-5418	į
		<u> </u>						
Medicaid Provider N	umbers:	CC	CNH	RH	NS	Ι	CF-IID	
		1275846594						
For Donautmant Ha	. O-I							
For Department Us		Б.	G 3:	т 1				
Sequence Number	Signed and	Date	Sequence N		Signed a	nd Notarized	Date Re	eceived
Assigned	Notarized	Received	Assign	ea				
	L	l						

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General Information

NI CT 111 - (12 12	T+ 1			
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	i j	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 Autumn Lake Healthcare At Bucks Hill [facility name], for the cost report period beginning January 1, 2015 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
			1/6/	
Printed Name (Administrator)			Printed Name (Owner)	
Patty Leone-Tincher			Aryeh Stern	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				<u>//</u>
			SI Manor	

(Notary Seal)

Notary Public of New Jersey My Commission Expires December 16, 2018 2441428

State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	tm	ent		Page	of
2				1Å	37
Name of Facility		Period Cov	ered:	From	То
Autumn Lake Healthcare At Bucks Hill				1/1/2015	9/30/2015
Address of Facility					
2817 North Main Street Waterbury, CT 06704		,			
Report Prepared By		Phone Nun		Date	
Craig J. Lubitski Consulting LLC		860-610-90)09	3/8/2016	
Item		Total	CCNH	RHNS	(Specify)
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.

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General Information and Questionnaire Type of Facility - Organization Structure

	Pho	ne No. of Fac	ilitv	Report for Ye	ar Ended	Page	of
		.757.0731		9/30/2015		2	37
Name of Facility (as shown on license)				Street, City, Sta			
Autumn Lake Healthcare At Bucks Hill		2817 North	Mai	n Street Waterl	oury, CT	06704	
CCNH		RHNS		(Specify)		1	Provider No.
License Numbers: 240	00		L			07-5418	
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent		t Home with			(Specify))	
Nursing Home only (CCNH)	Sup	ervision only	(RH	NS)			
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	0	Profit Corp.	0	Non-Profit Cor	p. O	Government	O Trust
				e Opened	Date Clo	sed	
If this facility opened or closed during report year prov	ide:			1/1/2015			
Has there been any change in ownership			_		YA 115 7 11		
or operation during this report year?		Yes		No	It "Yes,"	explain full	у.
Puchased on 1/1/15.							
Administrator							
Name of Administrator				Nursing H	l l		
Patty Leone-Tincher				Administra		001828	
				License 1	No.:		
Other Operators/Owners who are assistant administrate	ors (fu	ll or part time) of t	his facility.	NT		
Name				License	NO.:		

State of Connecticut

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General Information and Questionnaire Partners/Members

Name of Facility Autumn Lake Healthcare At Bucks Hill			Report for Y 9/30/2015		Page of 3 37
Legal Name of Partnership/I Bucks Hill Parent LLC	LLC	Business <i>A</i> 4260 RT 9 Sout NJ 07731			or Town(s) in Legistered
Name of Partners/Members	Business Ad	dress		Title	% Owned
	T 9 South , NJ 07731				100

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

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year I	Ended	Page of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015		3A 37
If this facility is owned or operated as a corp	oration, provide	the following inforn	nation:	
Legal Name of Corporation	Busin	ness Address	State(s) in Wh	ich Incorporated
Logar Faire of Corperation				
				No. Shares
Name of Directors, Officers	Busin	ness Address	Title	Held by Each
Tune of Directors, Cassassian				Tick by Each
	-			
				i.
			Ì	\$
and the state of t				
Names of Stockholders Owning at Least				ļ
10% of Shares				
			\	
				ŀ
			_	
			i	

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended 9/30/2015	Page of 3B 37
Autumn Lake Healthcare At Bucks Hill	zidual propriatorship	provide the following inform	
If this facility is owned or operated as an indiv	Owner(s) of Facility	provide the following interna-	
	Owner(2) of Lacinty		
N/A			
			<u> </u>

State of Connecticut
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General Information and Questionnaire Related Parties*

Name of Facility Autumn Lake Healthcare At Bucks Hill	At Bucks Hill	License No. 240	No. 2400	8 9	Report for Year Ended 9/30/2015		Page 4	of 37

Are any individuals rece	Are any individuals receiving compensation from the facility related through	cility rel	ated throu			If "Yes," provide the Name/Address and	Name/Add	ress and
marriage, ability to contr	marriage, ability to control, ownership, family or business association?	ss assoc	iation?		Yes © No	complete the information on Page 11 of the report.	ation on Pag	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services	or servic	89					
including the rental of pr	including the rental of property or the loaning of funds to this	to this fa	facility,		;			
related through tamily as association to any of the	related through tamily association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	control, of this fa	or busme cility?	SS	© Yes O No	If "Yes," provide the following information:	e following	information:
		Goods	Also Provides Goods/Services to	5		Indicate Where		
Name of Related	Business	Non-R	Non-Related Parties	ties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	% oN	**%	Provided	Page # / Line #	Reported	Related Party
Autumn Lake Healthcare LLC	4260 RT 9 S., Howell, NJ 07731	0	•		Management Company	16 m12	124,625	124,625
Ultimate Therapy LLC	4260 RT 9 S., Howell, NJ 07731	•	0	Ţ	Therapy Company (ST, PT, OT)	13/5a,9a,10a	344,488	344,488
Buck Hills Operation	4260 RT 9 S., Howell, NJ 07731	0	•	I	Lease of building	22/9	472,050	N/A Replaced w/ Fair R
		0	•					
		0	•					
		0	•					
		0	•					
		0	0					
		0	•					

* Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page 5	of 37
	2400		9/30/2015		
f the facility is licensed as CDH and/or RCI	I or provides A	JDS or TB	I services with special Med	icaid rates, c	0818
nust be allocated to CCNH and RHNS as fo	llows:				
Item			Method of Allocat	ion	
		Number of	meals served to residents		
Dietary		Number of	pounds processed		
aundry		Number of	square feet serviced		
Housekeeping		Number of	hours of routine care provi	ided by EAC	H
		amplayee	classification, i.e., Director	(or Charge I	vurse),
Nursing		Registered	Nurses, Licensed Practical	Nurses, Aid	les and
		Attendant	2		
		Number o	f hours of resident care prov	vided by EA	CH
Direct Resident Care Consultants		Ispecialist	(See listing page 13)		
		Square fee			
Maintenance and operation of plant	<u> </u>	Square fe			
Property costs (depreciation)		Gross sala			
Employee health and welfare		A paropris	ite cost center involved		
Management services		Total of I	Direct and Allocated Costs		
All other General Administrative expenses		Total of I	the to the gost information	n provided.	
All other General Administrative expenses The preparer of this report must answer the	following que	stions appli	If "No," explain fully why	r such alloca	tion was
1. In the preparation of this Report, were a	11 O Yes	O No	11 No, explain tell, the	y Such anoce	ition mas
costs allocated as required?			not made.		
2. Explain the allocation of related compa	ny expenses an	d attach co	py of appropriate supporting	g data.	
					
3. Did the Facility appropriately allocate (e.g., Assisted Living, Home Health, O	and self-disallo	w direct an	d indirect costs to non-nurs Day Care Services, etc.)	ing home co	st centers
(e.g., Assisted Living, Home Health, O	utpattent servi	000, 1140101	If "No," explain fully w	w such alloc	ation wa
	• Yes	O No	not made.		
Puchased on 1/1/15.					
Puchased on 1/1/13.					

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

General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.

should not be included in these almounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Autumn Lake Healthcare At Bucks Hill			2400	9/30/2015			6 37
	Related * to	d * to					
	Owners,	iers,					
	Operators,	ators,				Annual	
	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
ACPL Hanger Company 4850 Joule Street Bldg A1	0	•	Omnistim, Omnisound, Megapulse, Omnistim, Omnicycle, Printer, OC, Martel	01/01/15	12 months	16,775	11,474
	0	•					
	0	0					=
	0	•					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage I og Book Maintained for All Leased Vehicles?	Veased V	ehicles	O Yes		o No	Total ***	11,474

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total *** | 11,474

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	l	rage	01
Antumn Lake Healthcare At Bucks	2400	9/30/2015		7	37
The records of this facility for the p	period covered by this re	port were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this	T 7	If "No," explain.			
period the carry	Yes	II No, explain.			
MC FICUS POLICE	No				
New Owner					
Independent Accounting Firm		A LL OIL & Church City State 7in Code	\		
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code 225 Pitkin Street, East Hartford, CT 061	<i>)</i> በዩ		
 Craig J. Lubitski Consulting L 	LC.	299 Broadway Suite 600, NY, NY 1000	7		
2 Brand Sonnenchine		185 Asylum St, Hartford, CT 06103	,		
3 Marcum, LLP		105 Asylum Bi, Huttori, C1 00100			
4					
5 Services Provided by This Firm (de	lescribe fully)		<u></u>		
1 CT Medicaid Reimbursement Const			\$	5,700	
2 Financial Statement Preparation & I			\$	19,016	
3 Purchase & Sale Work	regular 1 rootaling		\$	2,248	
4			\$		<u> </u>
5			\$		····
			Charge for S	Services l	Provided
			\$	26,964	
Are These Charges Reflected in the Expe	enditure Portion of This Repo	ort? If Yes, Specify Expense Classification and Line No.			
⊙ Yes O No	15/1d				<u>,</u>
Legal Services Information	et Attornati		Telephone l	Number	
Name of Legal Firm or Independent	in Attorney		860-240-60		
1 Murtha Cullina			609-677-98		
2 Jasinski			203-973-52	10	
3 Martin LLP 4					
5					
Address (No. & Street, City, State,	, Zip Code)				
1 185 Asylum St., Hartford, CT	06103				
2 60 Park Pl, Newark, NS					
3 262 Harbor Dr, Stamford, CT					
4					
Services Provided by This Firm (a	describe fully)				
1 Purchase & Sale Work (Titles)			\$	2,47	5
2 Labor/Employment Law, Union Ne	egotiations		\$	17,45	1
3 Issues with workers. Research don-		nsfer	\$	3,61	3
A			\$		
5			\$		
3	<u> </u>		Charge for	Services	Provided
			\$	23,53	9
Arc These Charges Reflected in the Exp	penditure Portion of This Rep	oort? If Yes, Specify Expense Classification and Line No.			
⊙ Yes O No	15/14				

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Schedule of Resident Statistics

Nome of Becility			License No.	0			Report fo	Report for Year Ended	٥		Page	Jo
Indine of tracinity Autumn Lake Healthcare At Bucks Hill			2,	2400			9/30/2015			.3	8	37
						eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1 Thru 9/30	. Thru 9/3	0
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity On last day of PREVIOUS report period									06	06		
	06	90			96	90			06	06		
 Number of Residents A. As of midnight of PREVIOUS report period 									83	83		
	83	83			83	83			83	83		
3. Total Number of Days Care Provided During Period					1					,		
A. Medicare	3,137	3,137			2,038	2,038			1,099	1,099		
B. Medicaid (Conn.)	16,776	16,776			11,078	11,078	į		5,698	5,698		
C. Medicaid (other states)												
D. Private Pay	666	666			559	559			440	440		
E. State SSI for RCH												
F. Other (Specify) Insurance & Hospice	1,536	1,536			1,133	1,133		-	403	403		
G. Total Care Days During Period (3A thru F)	22,448	22,448			14,808	14,808			7,640	7,640		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved												
Beds A. Medicaid Bed Reserve Days	220	220			128	128			92	92		
B. Other Bed Reserve Days						1						
5. Total Resident Days (3G + 4A + 4B)	22,668	22,668			14,936	14,936			7,732	7,732		

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Repor	t for Year	Ended		Page	of
Autumn Lake		care At	Bucks Hill	:	2400					9/30/201	5		9	37
		_	in the certified		apacity du	ıring t	the rep	ort yea	ar?	0	Yes	0	No	
			f Change		Cl	nange	in Bed	s		Car	pacity Aft	er Change		
Date of		RHNS	(Specify)		Lost		_	Gaine	d		· · · · · · · · · · · · · · · · · · ·	1	1	
						[1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change

								ļ						
	li	l								<u> </u>			<u> </u>	
			in certified bed 90 days followir			g the r	eport y	ear (a	s repor	ted in iter	n 4 above)) provide the nu	mber of	
			Change in Re	_							CNH	RHNS	(Spe	cify)
1st chang	ge ge		Change in A	osidoi	n Days						7111	KHI	(~P	J)
2nd char														
3rd chan														
4th chan										ļ				
6. Number	of Resid	lents an	d Rates on Septe	mber			ar			0-	16 D		Ouls au Cha	to A coloted
		}	Medicare		Medi	caid				Se	lf-Pay	l	Other Sta	te Assisted
	Tto		CCNH		יריאונו	D 1	LINIO .	CC	NILI	ם ו	IXIC	(Specify)	R.C.H.	ICF-IID
No. of R	Item esidents		****	CCNH RHNS CCNH RHN 61 12						•	пло	(Specify)	K,C.11,	ICI-IID
Per Dien			10	0 61 12					12					
a. One b		Ī	572.75						331.66					
b. Two	bed rms.													
c. Three	or more	e]		
bed r	ms.													
g		2331	101 7								TEAT	COM	DAINIO	(C
	mber of Medica		al Therapy Treat	menu	S					10	TAL 804	CCNH 804	RHNS	(Specify)
			lusive of Part B)	ļ.							804	804		
Б.			e Treatments								13	13		
			Treatments								116	116		
	Other													
			Therapy Treate							Since the second	933	933		
			Therapy Treatr	nents				•			4 /4 /			
<u>A,</u>	Medica	re - Par	t B								271	271		
В.			lusive of Part B) e Treatments	ľ							1	1		
			Treatments								11	11		
C.	Other	ioruii (riodinonis											
		peech T	Therapy Treatm	ents				•			283	283		
9. Total Nu	ımber of	Occupa	ational Therapy		ments									
	Medica									pana menggaa manariya bibalika da da	714	714		
В,			lusive of Part B))										
			e Treatments							ļ	13	13		
	2. Rest	iorative	Treatments							-	116	116		
)ceunati	ional Therapy T	rentu	nents						843	843		
17.	A 071116 C		Americpy 1	~ ~						1	0,5	l	I.	

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Report of Expenditures - Salaries & Wages

Report of Ex	penditures	- Saları	es & Wag	es		
Name of Facility	License No.		Report for Year	ır Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400		9/30/2015		10	37
Are time records maintained by all individuals receiving co	mpensation?	0	Yes	0	No	
					110	
		1	Total Cost a	ina Hours	Т	T
Item	CCNH		DYDAG	7.7	(0	1
A. Salarics and Wages*	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Operators/Owners (Complete also Sec. I						
of Schedule A1)	9,000	293				
Administrator(s) (Complete also Sec. III						
of Schedule A1)	80,757	1,600			N. Control of the Con	
Assistant Administrator (Complete also Sec. IV			100			
of Schedule A1)	204		***************************************			
Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	103,688	6,164				
5. Dietary Service						
a. Head Dietitian			463-4622			
b. Food Service Supervisor	<u> </u>					
c. Dietary Workers	222,608	19,552				
6. Housekeeping Service		4 4 4 5 5				
a. Head Housekeeper b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance					1	
b. Other Maintenance Workers	48,154	2,880				
8. Laundry Service	,	2,000				
a. Supervisor		enuncia de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición				
b. Other Laundry Workers						
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant b. Other Accountants	ļ					
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN				16-17-17-17-17-17-17-17-17-17-17-17-17-17-		UNESCONO DE CONTRACTO
1. Direct Care	10.00					
2. Administrative**						
c. LPN						
Direct Care						
2. Administrative**						
d. Aides and Attendants						
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists h. Recreation Workers	52.406	2.524				
i. Physicians	52,496	2,534				Carlo Ca
1. Medical Director						
Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
Podiatrists Docial Workers/Case Management	90.010	1000				
n. Marketing	82,310	4,255				
o. Other (Specify)						
See Attached Schedule	27,059	1,436				
A-13. Total Salary Expenditures	626,072	38,713				
	020,074	50,113				

^{*} 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)

	CCI	NH	Ri	INS	(Spec	ify)
D. Milan	\$	Hours	s	Hours	\$	Hours
Position Salaries Medical Records	\$ 27,059	1,436				
Salaries Medical records						
				4.00		1831 0 0 0 10 0 10 18
				100000000000000000000000000000000000000		
				688L/886.6884888		
		96 (66 (66 (66 (66 (66 (66 (66 (66 (66 (
						000000000000000000000000000000000000000
						30,30,75,13,42
			100000000000000000000000000000000000000			
		Toron States Asses				
	\$ 27,059	1,436	\$ -	-	\$ -	
Total	Ψ Σ1,037		1 -			

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	(Spec	ify)
Service	\$	Hours	\$	Hours	\$	Hours
Service		50.000.000.000	11.00			
		A construction of				
						IA CONTRACTOR
	100 (200 (200 (200 (200 (200 (200 (200 (
		S. 112 (12.00)				
						5, 33, 30, 33, 33,
	100000000000000000000000000000000000000					
				49 (20 (20 (20 (20 (20 (20 (20 (20 (20 (20	Company Alexandra	
	\$ -		\$ -		\$ -	
Total	→ . Оун муницес# 1946 У	a antique a qualque de la con-	<u> 1 Φ</u>	110000000000000000000000000000000000000	1.7	

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*

Name of Facility										
Name of Facility				License No.		Report for Year Ended	Year Ended		Fage	07.
7 1 1T . 141	H			2400		9/30/2015			II	37
Autumn Lake Healthcare At Ducks 11111										
		Salary Paid		Eringe Renefits			•			·
				and/or Other	T. II Dangarinei of	Total	Line Where	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
O Company										
Section 1 - Operators/Owners					Oversees buildings:	 		1 0 1 1 2 2		
	000 6				high level executive decisions	293	A1	See Other Related Cost Reports		
Aryen Stem	2006/								_	
						-				
Section II - Other related		•					_			
parties of Operators/Owners			<u> </u>	<u> </u>			<u></u>			
employed in and paid by										
facility (EXCEPT those who										
may be the Administrator or	,								_	
Assistant Administrators who			_							
are identified on Page 12).				,						
					-					
										·
		_								
		-							· _ .	
						-	-		 -	<u> </u>
					definition of the state of the contract	- Parimos				

* 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,

and Other Related Parties*

		¥	ssistant	Administra	Assistant Administrators and Other Related Parties*	Kelated	Farties*		Page	of
Name of Facility (as licensed)				License No.		Report for Year Ended	sar Enucu		- C	27
Autumn Lake Healthcare At Bucks Hill	Hill			2400		9/30/2015			71	37
		Salary Paid								
				Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked		Other Employment**	Worked	Received
Section III - Administrators***										
Patry Leone-Tincher	80,757			Standard	Administrator	1,600 A2	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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ex		es - Prote	Dan of fan V	oor Endad	Page	of
ranie or ruentej	License No.	I	Report for Y 9/30/2015	ear Ended	rage 13	37
Autumn Lake Healthcare At Bucks Hill	240	0	Total Cost a	and House	1 13	57
			Total Cost a	and Hours		
Ų,	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<u>Item</u>	CCNH	Hours	KIIND	110003	(Gpell)	
B. Direct care consultants paid on a fee						
for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	2,525	144				
2. Dentist	2,768	144				
3. Pharmacist 4. Podiatrist	2,700					
5. Physical Therapy a. Resident Care	156,099	Contract	Land of the land o			
b. Other	120,072					
6. Social Worker						
7. Recreation Worker				·		
8. Physicians						
a. Medical Director (entire facility)	18,000	144				
b. Utilization Review			100			
(Title 18 and 19 only) monthly meeting						
c. Resident Care**		·				
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)					 	<u> </u>
2. Pharmaceutical Committee						•
(Quarterly meetings) 3. Staff Development Committee	\	<u></u>				
(Once annually)						
e. Other (Specify)						
					-	
9. Speech Therapist						
a. Resident Care	47,348	Contract				ļ
b. Other						
10. Occupational Therapist						
a. Resident Care	141,041	Contract	<u> </u>			
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	608,900	12,772	 	<u> </u>	 	╂
2. Administrative***	201,860	Contract				
b. LPN		<u> </u>				
1. Direct Care	596,900	17,217	 	1		ļ. <u> </u>
2. Administrative***		#0.001	<u> </u>	 		
c. Aides	1,112,400	50,894				
d. Other						
12. Other (Specify)						
See Attached Schedule		01.017	<u> </u>	-		+
B-13 Total Fees Paid in Lieu of Salaries	2,887,841	81,315		11	mation Page 17	1

^{*} 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 Autumn Lake Healthcare At Bucks Hill	License No. 2400	,	Report for Ye 9/30/2015	ar Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related**	to Owners, s, Officers	Expla	nation of I	Relationship
		0	0		 	
Inited Dental 11 Highland Ave, Waterbury, CT	Dentist	0	0			
innacle, 410 Monmouth Avc., Lakewood, NJ	Pharmacy Consultant	0	•			
Iltimate Therapy 260 RT 9 S., Howell, NJ 07731	Physical Therapist	0	0			
AAD 03 Wolcott Rd, Wolcott CT	Medical Director	0	•			
Ultimate Therapy 1260 RT 9 S., Howell, NJ 07731	Occupational Therapist	0	0		,	
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Speech Therapist	0	0			
Accurate Staffing, Inc (ASI)	Nurse Services	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
<u> </u>		0	0		<u></u>	
		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 L	icense No.		Report for Ye	ear Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400		9/30/2015		15	37
Attuini Bako Housilone 120 2 and 1						
				COMI	DINIC	(Choolfy)
<u>Item</u>			Total	CCNH	RHNS	(Specify)
Administrative and General						
a. Employee Health & Welfare Benefits		ф.	0.000	26.025		
Workmen's Compensation		\$	26,028	26,028		
2. Disability Insurance		\$		40.600		
3. Unemployment Insurance		\$	13,609	13,609		
4. Social Security (F.I.C.A.)		\$	44,669	44,669		<u></u>
5. Health Insurance		\$	101,579	101,579		
6. Life Insurance (employees only)				26		
(not-owners and not-operators)		\$	1,386	1,386		
7. Pensions (Non-Discriminatory)		\$	15,953	15,953		
(not-owners and not-operators)						
8. Uniform Allowance		\$	875	875		
9. Other (Specify)		\$	2,409	2,409		
See Attached Schedule				# 1 m		
b. Personal Retirement Plans, Pensions, and		\$		una de la companya d		
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						100
c. Bad Debts*		\$	20,745	20,745		
d. Accounting and Auditing		\$	26,964	26,964		
e. Legal (Services should be fully described of	on Page 7)	\$	23,540	23,540		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*			and the second	1		
g. Office Supplies		\$	51,815	51,815		
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	21,540	21,540		
2. Cellular Phones		\$	1,634/	1,634		
i. Appraisal (Specify purpose and		\$				*
attach copy)*						
under copy)						
j. Corporation Business Taxes (franchise tax	c) -	\$				
k. Other Taxes (Not related to property - See	Page 22)					
1. Income*	,	\$				
2. Other (Specify)		\$				l
See Attached Schedule						
3. Resident Day User Fee		\$	392,927	392,927		
Subtotal		9		745,674		
* Profile should salf disallow the expense on Page 28 0	Etha Cost Bonout			(Carry Subt	otals forward	to next page)

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

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

Autumn Lake Healthcare At Bucks Hill 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CC	NH	RHNS	(Specify)
Employee Background Checks	\$	336		
Union Training & Upgrade	\$	2,073		
				Table 2011 By the Ballion
		0.400	6	\$ -
Total	\$	2,409	\$ -	Ι Φ

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Description			
	\$ -	\$ -	\$ -
Total	Ψ	Ψ	

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

Name of Facility	License No.	j	Report for Y	ear Ended	Page	of
Name of Facinty Autumn Lake Healthcare At Bucks Hill	2400	-	9/30/2015		16	37
Autumin Lake redirector in Busin in		T				
Item			Total	CCNH	RHNS	(Specify)
	ls Brought Forward	1:	745,674	745,674		
Travel and Entertainment						
Resident Travel and Entertainment		\$				
Holiday Parties for Staff		\$				
Gifts to Staff and Residents		\$	3,000/	3,000		
4. Employee Travel		\$	6,321	6,321		
5. Education Expenses Related to Seminars a	nd Conventions	\$		<u></u>		
6. Automobile Expense (not purchase or depr	reciation)	\$				
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1 Advertising Help Wanted (all such expense	es_)	\$				
Advertising Telephone Directory (all such	expenses)***	\$		0.744		
3. Advertising Other (Specify)***		\$	8,544	8,544		
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 serv	ice)***	Φ.				
7. Postage		\$				
* 8. Dues and Membership Fees to Professiona	ıl	\$				
Associations (Specify)						
See Attached Schedule		\$				
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.	<u>ъ</u>	ļ	<u> </u>	<u> </u>	
9. Subscriptions		<u>\$</u>				
10. Contributions***		Φ				
See Attached Schedule	d Complete					9,
11. Services Provided by Contract (Specify and	a Compiete dividual)	Φ				
Schedule C-2, Page 21 for each firm or in	aiviauai)	\$	124,625	124,625		ATT BELLEVILLE OF THE PARTY OF
12. Administrative Management Services**		- \$				
13. Other (Specify)		Ψ	200,700			
See Attached Schedule		-\$	1,046,920	1,046,920		
C-14 Total Administrative & General Expenditure			-77	<u> </u>		

^{*} 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

	CCNH	RHNS	(Specify)
<u>Description</u>			
			75,000 (S) (S)
	SA THE SECTION		JOSEPH STATE
	REAL MARKETER SAVERAGE	197743 19873831	100000000000000000000000000000000000000
	920 - 1500 800 100 100	18188141881884	
	868 2000 400 400 400	ASSESS SECTIONS	
	188 (1881) (1881)	NAVENCEMBER	1976 (1976)
		\$ -	\$ -
Total Other Travel and Entertainment	9	1	<u>1 ' </u>

Schedule of Other Advertising

	CCNH	RHNS	(Specify)
Description	S 5,809	ELECTRICAL STATE	525,523,523,523
Office Marketing	\$ 2,535	AND 00 15 VA	50.80.80.90
Advertising	\$ 200		\$200,000,000 and
Marketing	\$ 8544	\$	\$
Total Other Advertising	4 0,011		

Schedule of Dues

	CCNH	RHNS	(Specify)
Description	Name (SAME)	0.0000000000000000000000000000000000000	
	1558,1508,650,050,07		ACCEPTANCE.
	913124 C (3370314)	1,000,000,000	V24 (50) (30) (40)
	ESTATE AND SERVICE		.877.500.637.758
		S. (65.7 - 65.5 (S.) - (.)	15 10 10 10 10 10 10 10 10 10 10 10 10 10
	retreatment selmanismans.	VERY SALES	100 a 100 a 50 a 100
		Available Service	
		100000000000000000000000000000000000000	
	Table Special Control	4.00	
	1711/2010/04/0001		200
	20000000000000000000000000000000000000	0.0000000000000000000000000000000000000	•
Total Dues	\$ 10000 (200) = 1000	→ ********	9 ///////

Schedule of Contributions

Description Control	page of the second second second second
Total Contributions S	\$ \$

Schedule of Other Administrative and General

	CCNH	RIINS	(Specify)
Description	S 225		
Distributions	\$ 2,286		
Contracted Office			4444
Fiscal Services	\$ 99,000		19,75 (1975) 15,75
Licenses	\$ 3,044	seggitalist kangatan ka	
Data Processing	\$ 13,094		
	\$ 37,625		
Consultant	\$ 2,183		
Bank Charges	\$ 1,300		120000000000000000000000000000000000000
Penalties	3 23 4,3007	paylor and events	1647474741464
			9095-0-89-0-1990-0-60-0
		100000000000000000000000000000000000000	
			100000000000000000000000000000000000000
Total Other Administrative and General	\$ 158,756	3	\$

State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No. 2400	Report for Year Ended 9/30/2015	Page of 17 37
Autumn Lake Healthcare At Bucks Hill 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 #
Autumn Lake Healthcare, LLC	124,627	Management Services	Page 16, Line m12

^{*} 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

-		No	te on	Page 5)					
Name of Facil	lity	License No. Report for Year Ended			ar Ended	Page	of		
Autumn Lake	Healthcare At Bucks Hill		<u> </u>	2400	9/30/2015			18	37
Tuttum.							DIBIG	/C.	ecify)
	Item			Total	CCN	H	RHNS	(3)	secity)
2. Dietary									
	ouse Preparation & Service				100	000			
	Raw Food		- \$	126,990		,990			
2. 1	Non-Food Supplies		\$	21,232	2.1	,232			
3.	Other (Specify)		\$						
				87,563	97	,563			
b. Purch	nased Services (by contract other		\$	87,303	87	,505			
than	through Management Services)								
	plete Schedule C-2 att. Page 21)		\$						
	agement Services**		\$						
d. Other	r (Specify)		Ψ		100				
m . 1 D	ietary Expenditures (2a + b + c + d)		\$	235,785	23:	5,785			
2E. <i>Total Di</i>	letary Expenditures (2a + 0 + 0 + a)				<u> </u>				
				Total	CCN	JII	RHNS	l (S	specify)
2F. Dietary	Questionnaire			Total	CCI	411	Kins	1	<u> </u>
G. Residen	t Meals: Total no. of meals served per				<u> </u>				
H. Is cost o	of employee meals included in 2E?	0	Yes	•	No				
			3/	 	No		If yes, specify		
I. Did you	receive revenue from employees?	O	Yes		140		amt.		
J. Where	is the revenue received reported in the	Cos	t Repor	rt? (Page/Line	Item)				
J. Where I	of meals provided to persons other						If yes, specify		
Is cost o	uployees or residents (i.e., Board	0	Yes	•	No		cost.		
K. than em	ers, Guests) included in 2E?						Cost.		
		_			N I-		If yes, specify		
L. Is any r	evenue collected from these people?	O	Yes	•	No		amt.		
1	is the revenue received reported in the	Cos	t Repo	rt? (Page/Line	Item)				
M. Where	of food (other than meals, e.g.,								
IS COST	at monthly staff meetings, board	_	* 7	c	N ₀		If yes, specify		
N. Snacks	gs) provided to employees included	U	Yes	<u>e</u>	No No		cost.		
in 2E?		•							
					N. N.		If yes, specify		
O. Is any	revenue collected from employees?	O	Yes	•) No		amt.		
	·	a Ca	of Ranc	ort? (Page/Line	e Item)				
P. Where	is the revenue received reported in the	C C O:	at IZEbe	it: (Lagorina					

^{*} 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		Report for Y		Page of
Autumn Lake Healthcare At Bucks Hill	<u> </u>	2400	9/30/2015	1	19 37
Item		Total	CCNH	RHNS	(Specify)
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.				
washed, ironed, and/or processed.***	7 Kiffe. W			<u></u>	
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.				
	Amt. \$				
b. Purchased Services (by contract other	\$	113,582	113,582		
than through Management Services)					
(Complete Schedule C-2 att. Page 21)	a				
c. Management Services**	\$	11.500	11.700		
d. Other (Specify)	\$	11,729	11,729		
Laundry Supplies		105 211	105 211		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	125,311	125,311		1
3F. Laundry Questionnaire				If was	
G. Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.	
H. 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	Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	
K. Did you receive revenue from these people? O	Yes	• • •	No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	

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

^{**} 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)

Nan	ne of Facility	License No.	Rep	ort for Year E	nded	Page	of
Aut	Autumn Lake Healthcare At Bucks Hill 2400			9/30/2015		20	37
					· · · · · · · · · · · · · · · · · · ·		
				· ·			
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel		ĺ			
	1. Supplies - Cleaning (Mops,	Amt.	\$	85,562	85,562		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	181,192	181,192		
	Page 21)						
	c. Management Services*		\$				
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	266,754	266,754		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	152,584	152,584		
	Pharmacy RX Non						
	b. Medicine Cabinet Drugs		\$	1,095	1,095		
	c. Medical and Therapeutic Supplies		\$	60,026	60,026		
	d. Ambulance/Limousine***		\$	557	557		
	e. Oxygen		in a second				
	1. For Emergency Use		\$				
	2. Other***		\$	22,970/	22,970		
	f. X-rays and Related Radiological		\$	2,288	2,288		
	Procedures***		16				
	g. Dental (Not dentists who should be incl	luded under	\$		WAR III A TO THE		
	salaries or fees)						
	h. Laboratory***		\$	10,537	10,537	·	
	i. Recreation	,	\$	10,246	10,246		
	j. Other (Specify)****		\$	72,655	72,655		
	See Attached Schedule		glightens				
5K.	Total Resident Care Expenditures (5a - 5	i)	\$	332,957	332,957		

^{*} 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_	(Specify)
Diapers	\$ 9,770		
Resident PD Claims	\$ 370		
Medical Waste	\$ 1,079		
Mattresses	\$ 4,600		
Medicaid IV	\$ 43,467		
Social Service	\$ 150		
Cable	\$ 13,219		
Chor			
		0	\$ -
Total Other Resident Care	\$ 72,655	\$ -	<u> </u>

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

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

Name of Facility Autumn Lake Healthcare At Bucks Hill	Bucks Hill			License No. 2400	Report for Year Ended 9/30/2015	71			Page 21	of 37
		Related ** to Owners, Operators, Officers	o Owners, Officers			-	Total Cost/	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
FAB Snowplowing & Hauling	10 County Road, Waterbury, CT 06716	0	•		Snow Revomal	15,302			22 6a	Sa
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	0	•		Dietary Services	87,563			18 2b	2b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	0	0		Laundry Services	113,582			19 35	36
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	0	0		Housekeeping Services	181,192			20 4b	4b
		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 Lic	ense No.	Report for Ye	ear Ended		Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015			22	37
Item		Total	CCNH	RHNS	(S	pecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	52,577	52,577			
b. Heat	\$	30,124	30,124			
c. Light & Power	\$	41,629	41,629			
d. Water	\$	23,200	23,200		<u> </u>	
e. Equipment Lease (Provide detail on page	6) \$	11,474	11,474			
f. Other (itemize)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	159,004	159,004			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$				<u> </u>	
b. Building & Building Improvements	\$	78,025	78,025		ļ	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	50,168	50,168			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	128,193	128,193			
8. Amortization (Complete att. Schedule Page	24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	325	325			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	325	325			
9. Rental payments on leased real property less						
real estate taxes included in item 10b	9	472,050	472,050			
10. Property Taxes	···					
a. Real estate taxes paid by owner	9	123,963	123,963			<u> </u>
b. Real estate taxes paid by lessor	9	3				
c. Personal property taxes		3				
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)) .	724,531	724,531			

^{*} 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

No. of the Committee of		CCNH	RHNS	(Specify)
Description				
	3	No. 20 Company	\$ -	\$ -
Total Other Repairs and Maintenance		h Select and terrester projec	And And Salar and And Control of Salar and Control	

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

Depreciation Schedule

			37177	Depteration Seneration						
Name of Facility			License No.			Report for Year Ended	nded		Page	jo
Autumn Lake Healthcare At Bucks Hill			2400	00		9/30/2015			23	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										
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										
Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		3,121,005		3,121,005		TS	30	78,025	
B-4. Subtotal										78,025
C. Non-Movable Equipment										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
C-4. Subtotal										
-	Is a mileage		Lintonicol			Accumulated				
	naintained?	Date of Acquisition	Cost	Less		Depreciation to	Method of			
			Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation	
	Yes No	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	tor This Year	Totals
D. Movable Equipment1. Motor Vehicles (Specify name, model										
and year of each vehicle) a.										
b.										
ပ်										
d,										
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)										
c. Acquired during this report period							T.			
(attach schedule)		Var Var	334,455		334,455		SL	5	50,168	
(7)										50,168
E. Total Depreciation										128,193

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			State of the state of the	100000000000000000000000000000000000000
			\$2.00 \$3.00 \$3.00 \$3.00 \$2.00 \$3.00	30.000.0000.0000.0000
			9.970.000.600.60	
otal additions for Land Im	provements	\$	0.04500.0500.0650.005 0.0500.0500.050.050	\$
eletions:				
			Augusta Santa	
				4 (4 (4) (4)
			400000000000000000000000000000000000000	3 V 3 C C C C C C C C C C C C C C C C C
200 (200)				
otal deletions for Land Im	provements	\$		\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:			d Poor	
1/1/2015 Purcha	se of building	\$ 3,121,005	30	\$ 78,025
A 100 (100 (100 (100 (100 (100 (100 (100				
		5 4 4 4 4 6 3 4 6 4 6 6 6 6 6 6 6 6 6 6 6	4.00.40.00.00	
				11620080 (50.35)
Total additions for Buildin	g Improvements	\$ 3,121,005		\$ 78,025
Deletions:				
			1945A) 1650 1651 1651	
			20020000000000000000000000000000000000	200900200000
				4 (180) (co. 100) (CO)
Fotal deletions for Buildin	g Improvements	s .		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Usetui	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				745.40140.401
				3030,30050
				5060 (80000 00000) 5060 (80000 00000)
78 (4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0.0000000000000000000000000000000000000	ancereadore in the
			400000000000000000000000000000000000000	######################################
				Vice series
Total additions for Non-	Movable Equipment	\$ -		\$
Deletions:				
			di Canada Maria Ba	Victoria de la composición del composición de la
			Service Services	
		150000000000000000000000000000000000000	38.000000000000000000000000000000000000	5 (5 6 6 6
		500000000000000000000000000000000000000		\$480 E91701EE
BANGA BERGANGAN TANDA				
			Assessment action	
Total deletions for Non-	Movable Kauinment	\$ -		\$ -

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

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

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

Useful

Useful

Schedule of Movable Equipment Acquired during this report period

enedule of Morales	Description of Item	Cost	Life	Depreciation
Acquisition Date			. Consideration (SC)	4 2 200
Additions:		\$ 309,481	5	\$ 46,422
1/1/2015 P	urchase of prior owners equipment	\$ 7,614	5	\$ 1,142
1/31/2015 C	Computers, Servers & Windows Licenses	\$ 296	5	\$ 44
8/31/2015 T	Vs.	\$ 845		\$ 127
5/13/2015 N	Antress	\$ 825	5	\$ 124
5/29/2015 fi	80	\$ 675	5.	S 10
3/24/2015 id	ce machine	\$ 909		\$ 130
5/18/2015 f	an	\$ 13,061	5	\$ 1,95
1/1/2015 C		\$ 58	5	\$
6/30/2015	Chairs	s 690	5	\$ 10
8/31/2015 5	Storage	\$ 334,455		\$ 50,16
Total additions for N	Movable Equipment			
Deletions:				No transfer of
			200000000000000000000000000000000000000	
			700000000000000000000000000000000000000	
			Desire Control	700000000000000000000000000000000000000
		\$ -	10.000 (00.000)	\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

•	Cost	Life	Depreciation
Description of Item			
	\$ 1,560	10	\$ 117
Generator Pad	s 1.085	10	\$ 81
Gutters	The second second second second second	5	\$ 126
Hand Rails			
		organism series	
	\$ 3,488	(22) (22) (43) (43)	\$ 325
· Leasehold Improvement	 		
	N. S.		
	400000000000000000000000000000000000000		
	78.000 000 000		
	4.6	 Programies appropriate for 	图 composition的数
			al Sandananan
	Gutters	Description of Item	Description of Item

^{*}Ties to Page 24, Line C3

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

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

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

Amortization Schedule*

					77 77		Dage	٥٤
		If icense No.		Report for Year Ended	r Ended		rage -	5
Name of Facility		2400	•	9/30/2015			24	37
Autumn Lake nealthcare At Bucks Am				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Kate	Kate Amortization	- ·
Item	Month Year	Ā	1	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								
1.								
2								
J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							8	
A-4. Subtotal								
B. Mortgage Expense	_							
1.								
2.				1				
3.								
B-4. Subtotal								
1~	_				-			
1. Acquired prior to this report period	7							
2. Disposals (attach schedule)	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
3. Acquired during this report period			2,400				325	
(attach schedule)	Var Var		3,488					325
C-4. Subtotal								325
D. 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; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

State of Connecticut Annual Report of Long-Term Care Facility CSP-25 Rev. 9/2002

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

me of Facility License No. 2400	Report for Year En 9/30/2015	ded 	Page of 25 37
tumn Lake Healthcare At Bucks Hi 2400			
Property Questionnaire			
Part A			If "Yes," complete Part B.
Is the property either owned by the Facility		O No	If "No," complete Part C.
	-	w	<u>.</u>
	amily, marriage, ownership, abo	lify to control of	
business association to any person or organization from	n whom buildings are leased, a		
a related party transaction.	Total		
Description	01/01/15	5	
Date Land Purchased			The second secon
2. Date Structure Completed	01/01/1:	5	
3. If NOT Original Owner, Date of Purchase	01/01/1		
4. Date of Initial Licensure	9		
5. Total Licensed Bed Capacity			
6. Square Footage			operation for the same of the same of
7. Acquisition Cost			
a. Land			
b. Building	1st Mortgage	2nd Mortgage 3rd N	Mortgage 4th Mortgage
Part B - Owner and Related Parties	100111.0018.8		
1. Financing		2000	
a. Type of Financing (e.g., fixed, variable)			
b. Date Mortgage Obtained			
c. Interest Rate for the Cost Year			
d. Term of Mortgage (number of years)			
e. Amount of Principal Borrowed	/13		Maria Maria Maria Maria
f. Principal balance outstanding as of 9/30			
Complete if Mortgage was Refinanced			
During Current Cost Year			
g. Type of Financing (e.g., fixed, variable)			
h. Date of Refinancing			
i. New Interest Rate			
j. Term of Mortgage (number of years)			
k. Amount of Principal Borrowed	ŗ		
Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real P	roperty Improvements C	Inly	CI
Part C - Arms-Length Leases for Real I	Property Leased	Date of Lease Ter	m of Lease Annual Amount of Lea
Name and Address of Lessor	Поролу		
		\ _ <u></u>	
i i		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 License No.		Report for Yea	ar Ended		Page of
Autumn Lake Healthcare At Bucks H 2400		9/30/2015			26 37
Item		Total	CCNH	RHNS	(Specify)
 Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage 	\$				
Name of Lender	Rate				
Address of Lender				46.0	
2. Second Mortgage	\$		4210TH WITH THE TOTAL PROPERTY OF THE TOTAL		
Name of Lender	Rate				
Address of Lender					g Tillian Samuel
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					0.00
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term				7.	
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				
[12 B]. Total Building Interest Expense (A1 - A4 + B5)	3		v Subtotals :	forward to v	l

(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
Autumn Lake Healthcare At Bucks 24	9/30/2015	cai Eliaca		27 37		
			3100120			
Item			Total	CCNH	RHNS	(Specify)
	totals Bro	ught Forward:				(1 27
12. C. Movable Equipment						
Automotive Equipment		\$				
A. Item	Rate	Amount				
		l				
Lender						
Address of Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
		1				
Lender	ı					
Address of Lender						
B. Item	Rate	Amount				
Υ Ι						
Lender						
Address of Lender						
ridaress of Dordor						
12. C. 3. Total Movable Equipment Inter	est		23-586-446-246			
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$		3,139		
Interest Expense						
13. Total All Interest Expense (12B7 + 12	C3 + 12D) \$	3,139	3,139		
14. Insurance	1	Φ	01.555	01 222		
a. Insurance on Property (buildings ob. Insurance on Automobiles	niy)	\$ \$		81,577		
c. Insurance of Automobiles c. Insurance other than Property (as s	necified a					
1. Umbrella (Blanket Coverage)	Pooimod	\$		-		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a +		\$		81,577		
15. Total All Expenditures (A-13 thru C-1	4)	\$	6,489,891	6,489,891		

D. Adjustments to Statement of Expenditures

Vame	of Fa	cility	to A.D. J. IIII	Lic	cense No. 2400	Report for Yes 9/30/2015	ar Ended	Page 28	of 37
Autu	nn La	ke He	althcare At Bucks Hill	<u> </u>	Total	7/30/2013			
					Amount of				
	Page		To Design the second		Decrease	CCNH	RHNS	(Sr	ecify)
	No.		Item Description		Decrease	CCITI			
Page	<u> 10 - S</u>	alarie	es and Wages	\$					
1.			Outpatient Service Costs	<u></u> \$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	<u> </u>				-	
4.			Other - See attached Schedule	Φ					
	<u> 13 - 1</u>	Profes	sional Fees	\$				***************************************	
5.			Resident Care Physicians **	<u>\$</u>		141,041		 	
6.	13	B10a	Occupational Therapy	<u>\$</u>		141,041		 	
7.		<u></u>	Other - See attached Schedule	Ф					
	s 15 s	2 16 -	Administrative and General					<u> </u>	
8.			Discriminatory Benefits	\$		20,745			
9.	15	1c	Bad Debts	\$			 	 	
10.	15	1e	Accounting & Legal	\$		4,903	 	-	
11.		<u> </u>	Telephone	<u> </u>		824		 	
12.	15	1h2	Cellular Telephone	- 1	824	824			
13.	. 15	1f	Life insurance premiums on the life	đ					
			of Owners, Partners, Operators	<u> </u>		3,000	1	 	
14.	_	<u> </u>	Gifts, flowers and coffee shops	9	3,000	3,000			
15.			Education expenditures to colleges or						
	Ì		universities for tuition and related costs						
	<u> </u>	<u> </u>	for owners and employees	9)				
16	·Ì		Travel for purposes of attending						
			conferences or seminars outside the						
	Ì		continental U.S. Other out-of-state		1				<u> </u>
	<u> </u>		travel in excess of one representative		5 5		 	-	
17		16	Automobile Expense (e.g. personal use)			8,544		-	
18		m3	Unallowable Advertising *	_	·	0,544	 		
19	.]	ļ	Income Tax / Corporate Business Tax		<u>\$</u> \$			1	
20	_		Fund Raising / Contributions			11,285		· · · · · ·	
21	. 16	m12				11,263	 	1	
_22			Barber and Beauty		\$ 1,592	1,592			
23			Other - See attached Schedule		\$ 1,592	1,392			
Pag	e 18 -	Dieta	ry Expenditures	<u> </u>	· 2/2 Latin 1/2 Union				
24	l. 18	2a	Meals to employees, guests and others		Φ.				
		<u> </u>	who are not residents		\$				
Pag	e 19 -	Laun	dry Expenditures						
25	5.		Laundry services to employees, guests		.				
			and others who are not residents		\$				
Pag	e 20 -	Hous	ekeeping Expenditures		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
20	5.		Housekeeping services to employees, guest				9		
			and others who are not residents		\$ 101.03	101.03		 -	
			Subtotal (Items 1 - 2	26)	\$ 191,93	4 191,934 Carry Subtotal			

* All except "Help Wanted".

^{**} 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		
	Contract Con	
	· 可是我们的自己事。	
7 (19)		
Total Other Salaries Adjustment \$	• • • • • • • • • • • • • • • • • • •	e

Schedule of Fees Adjustments

Page Ref	I ino Ref	Description	CCNH	RHNS	(Specify)
rage Nei	United ACI	process of the second s			
2007/2008			Record and the second		
	300000000000000000000000000000000000000				
100000000000000000000000000000000000000					
34.000.00					
	1998/00/05/05		0.0000000000000000000000000000000000000	S (50.02) SS (60.00)	
processing and			\$150.05.24.55.26		
			•	e ·	\$ -
Total Othe	er Fees Ad	justments	1 · D	a 1 M region and a section of the se	of Low second

Schedule of Other A&G Adjustments

Acceptation	CCNH	RHNS	(Specify)
	1,300	,	
Distributions \$	225	, Z	
Bank Charges \$	672		
	1 592	\$ -	\$
1	Penalties 5 Distributions 5	\$ 1,300	Secription \$ 1,300

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

	D. Adjustments to Statement of Expenditures (cont'd)									
Name	e of Fa	cility		Lic	cense No.	Report for Y	ear Ended	Page	of	
			althcare At Bucks Hill		2400	9/30/2015		29	37	
					Total					
Item	Page	Line			Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S	pecify)	
			Subtotals Brought Forward	\$	191,934	191,934		Period cicloston (STERN		
Page	20 - I		nt Care Supplies***							
27.	20	5a2	Prescription Drugs	\$	152,584	152,584				
28.			Ambulance/Limousine	\$	557,	557				
29.		5f	X-rays, etc	\$	2,288	2,288				
30.	20	5h	Laboratory	\$	10,537	10,537				
31.			Medical Supplies	\$	13,501	13,501				
32.	20	5e2	Oxygen (non emergency)	\$						
33.			Occupational Therapy	\$,				
34.			Other - See Attached Schedule	\$	43,837~	43,837				
Page	22 - N	<i>Lainte</i>	enance and Property							
35.			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$						
36.	22	7d	Depreciation on Unallowable							
			Motor Vehicles	\$				NEED PRODUCTIONS	Name of the Control o	
37.	22/27		Unallowable Property and Real							
<u></u>			Estate Taxes	\$						
38.			Rental of Building Space or Rooms	\$						
39.		<u> </u>	Other - See Attached Schedule	\$						
Page	27 - I	nsura								
40.			Mortgage Insurance	\$						
41.			Property Insurance	\$						
	r - Mis	scella								
42.			Research or Experimental Activities	\$						
43.			Radio and Television Revenue	\$						
44.			Vending Machine Revenue	\$						
45.			Purchase Discounts and Allowances	\$						
46.			Duplications of functions or services	_\$						
47.			Expenditures made for the protection,							
			enhancement or promotion of the							
		ļ	providers interest	\$						
48.			Interest Income on Accounts Rec	\$						
49.			Other (include personnel and other							
			costs unrelated to resident care) - See							
		<u> </u>	Attached Schedule	\$						
	For Pr	ofit P	roviders Only							
50.			Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
		<u> </u>	See Attached Schedule	\$	1					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	415,238	415,238				

^{***} Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicarc, and private-pay residents. Identify separately by category as indicated on Page 20.

Autumn Lake Healthcare At Bucks Hill 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	e2	Resident PD Claims	\$ 370/		
20	e2	Medicaid IV	\$ 43,467		
Constant					
945,000,000,000					
	660500000000000000000000000000000000000				
Total Othe	r Ancillary	y Costs	\$ 43,837	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	50.0000000000				
				A. A. S. S. S.	
6001000000000000	\$1.000000000000000000000000000000000000				
	3 43 43 43				
50 (000) 100/000	200000000000000000000000000000000000000				
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	100000000000000000000000000000000000000				
0.0000000000000000000000000000000000000	0111000000000000				
	20.25 (5.50)				
ATTOM AND A				155-70-31-05-53	
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			received consideration	100000000000000000000000000000000000000	1
02/4/01/01/01/05 02/4/01/01/01/05/05/05/05/05/05/05/05/05/05/05/05/05/	60 (000 00 VA)			CEL VIOLENCE AND	2005/10000000000000000000000000000000000
				Zancsa Carse II	
				100000000000000000000000000000000000000	
(2007)					
750 (0000 0000 000 (0000 0000 0000 0000					
					1 1000000000000000000000000000000000000
Total Othe	r Adjustme	ents .	\$ -	\$ -	S -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					nevis serve és
	700000000000000000000000000000000000000			87.00.00	
AN 156 54 S	(307)appies		NO. (58-108) (511-52)		
				19, 65, 195, 705, 65, 70	FOR A STREET STORY
(199, 88) (1996)				90.000.000.000.000	
Fotal Unall	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility License No.	Report for Y	ear Ended		Page	of
Autumn Lake Healthcare At Bucks Hill 2400	9/30/2015			30	37
				Ī	
Item	 Total	CCNH	RHNS	(Spe	cify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 3,938,629	3,938,629			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 2,306,743	2,306,743			
b. Medicare Room and Board Contractual Allowance **	\$ (31,694)	(31,694)			
4. a. Private-Pay Residents and Other	\$ 274,063	274,063			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue				1	
a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 				
2. a. Medical Supplies - Medicare	\$ 				
b. Medical Supplies - Medicare Contractual Allowance **	\$ 				
c. Medical Supplies - Non-Medicare	\$ 				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ 				
3. a. Physical Therapy - Medicare	\$ 262,781	262,781			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (241,402)	(241,402)			
c. Physical Therapy - Non-Medicare	\$ 				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 76,646	76,646			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (57,281)	(57,281)		<u> </u>	
c. Speech Therapy - Non-Medicare	\$ 		***	<u> </u>	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 			ļ	
5. a. Occupational Therapy - Medicare	\$ 256,256	256,256			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (238,014)	(238,014)		ļ	
c. Occupational Therapy - Non-Medicare	\$			<u> </u>	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 			-	
6. a. Other (Specify) - Medicare	\$ 229,406			1	
b. Other (Specify) - Non-Medicare	\$ 				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,546,726	6,546,726			
IV. Other Revenue*					
Meals sold to guests, employees & others	\$			ļ	
2. Rental of rooms to non-residents	\$ 			<u> </u>	
3. Telephone	\$ 				
4. Rental of Television and Cable Services	\$ 			ļ	
5. Interest Income (Specify)	\$ 	16		-	
6. Private Duty Nurses' Fees	\$ 				
7. Barber, Coffee, Beauty and Gift shops	\$			1	
8. Other (Specify)	\$	1,120	ļ		
V. Total Other Revenue (1 thru 8)	\$ 1,136	1,136			
VI. Total All Revenue (III +V)	\$ 6,547,862	6,547,862			
					

^{*} 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

	RHNS	(Specify)
	0.0000 450 460,000.00	
Total Other Resident Revenue - Medicare	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
100000000000000000000000000000000000000				vision (distribute)
650,000,000				0,020,025,038,030
199 (1991) (B)		ought car are	51847557455851	
Stown No.			1887608088	MARKETER
(1) 10 mg/mg/				100000000000000000000000000000000000000
(98,169,169)				
93430000			100000000000000000000000000000000000000	
VSESSEE A SEC				
1970/03/03/				Village Control
			2002/2004/2004/2004	100000000000000000000000000000000000000
Total Othe	er Resident Revenue	\$	\$ 1000000000000000000000000000000000000	\$

Interest Income

Account

Page Ref Ac	count	Balance	CCNH	RHNS	(Specify)
31/A1 Int	erest Income	37,407	\$ 16		
1979 (2008)			1/61/50/50/50	Action and property	6.0000000000000000000000000000000000000
Total Interest	Income		\$ 16	\$	\$

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue	\$ 1,120		
			200420000000000000000000000000000000000	
ersele federal				
1,40,000,000,000,000,000,000,000,000,000				
			0.0000000000000000000000000000000000000	
1.000		Augusta de la companya de la company		888/88/88 89
VII.0 VII.0 S		3 (ST) (SE) (SE) (SE)		7.000 MOTEST (N. 1903)
-07047030000		-0.455/000-000-000-0		X85046551000000
0.0000000000000000000000000000000000000				0.0000000000000000000000000000000000000
Total Othe	er Revenue	\$ 1,120	s -	S -

G. Balance Sheet

	of Facility	License No.	Report for Year Ended	Page	e of
Autumr	n Lake Healthcare At Bucks H	ill 2400	9/30/2015	31	37
		Account			Amount
Assets				ĺ	
	urrent Assets				
	Cash (on hand and in banks			\$	222,971
2.				\$	1,262,820
	Other Accounts Receivable	(Excluding Owners o	r Related Parties)	\$	
4	Inventories			\$	
5.	Prepaid Expenses			\$	75,216
	a. Prepaid Insurance		73,128		
	b. Prepaid Interest		2,088		
	c				
	d.				
6.	Interest Receivable			\$	
7.				\$	
8.	Other Current Assets (<i>itemiz</i> Due To/From Previous Owner	e)	50.100	\$	50,138
	Due 16/From Frevious Owner		50,138	_	
		·			
0 77		11 0)			
	otal Current Assets (Lines A1	thru 8)		\$	1,611,145
	xed Assets				
	Land			\$	·
2.	Land Improvements	*Historical Cost		\$	
	D 11.1	Accum, Depreciati	on Net		· · · · · · · · · · · · · · · · · · ·
3.	Buildings	*Historical Cost		\$	
	T 1 1 1 T	Accum. Depreciati			
4.	Leasehold Improvements	*Historical Cost	3,488	\$	3,163
		Accum. Depreciati	on 325 Net		
5.	Non-Movable Equipment	*Historical Cost		\$	
	3.6. 11 T	Accum. Depreciati			
6.	Movable Equipment	*Historical Cost	24,976	\$	19,172
	N/-4 37-1-1	Accum. Depreciati	on 5,803 Net		
. /-	Motor Vehicles	*Historical Cost		\$	
0	Minan English All Day	Accum. Depreciation	on Net	Φ.	
ð. 	Minor Equipment-Not Depre	cciable		\$	
9.	Other Fixed Assets (itemize)			\$	0
			0		
3-10.	Total Fixed Assets (Lines B	1 thru 9)		\$	22,335

^{*} 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		nge	of
Autu	mn	Lake Healthcare At Bucks H		9/30/2015		3.		37
			Account		. 73 1	Ф	Amo	
			1 1 0 T 1 D	Total Brougl	nt Forward:	<u> </u>		1,633,481
C.		asehold or like property recor	ded for Equity Purposes	S.		ď		242 492
		Land	****			\$		342,482
	2.	Land Improvements	*Historical Cost		_ No.4	ø		
			Accum. Depreciation		Net	\$		
	3.	Buildings	*Historical Cost	3,121,005 78,025	- Not	\$		3,042,980
		N. M. II The state of	Accum. Depreciation *Historical Cost	1 /6,023	INCL	Φ		3,042,700
	4.	Non-Movable Equipment			- Net	\$		
		X411- P	Accum. Depreciation *Historical Cost	309,481	INCL	φ		
	Э.	Movable Equipment	Accum. Depreciation		- Net	\$		265,116
		Motor Vehicles	*Historical Cost	1 47,505	1101	Ψ		203,110
	ο.	Motor venicles	Accum. Depreciation		- Net	\$		
	7	Minor Equipment-Not Depre		1	1101	\$		
C-8		tal Leasehold or Like Proper				\$		3,650,578
D.		restment and Other Assets	nes (Crunu 1)			Ψ		5,000,010
υ.		Deferred Deposits				\$		17,555
		Escrow Deposits				\$, , , , , , , , , , , , , , , , ,
	3.	Organization Expense	*Historical Cost			*		
	٠,	Organization Expense	Accum. Depreciation	1	- Net	\$		
	4.	Goodwill (Purchased Only)	Tiodam. Depitoration			\$		
		Investments Related to Resident	dent Care (itemize)			\$		
	٦.	miyosunoms itolated to itesi	delic cure (wounder)					
	6	Loans to Owners or Related	Parties (itemize)	<u> </u>		\$		
	<u> </u>	Name and Address	Amount	Loan D	ate			
		T(diffo title Title 1000						
							100	
	7.	Other Assets (itemize)				\$		
		, ,						
		otal Investments and Other A				\$		17,555
D-9.	To	otal All Assets (Lines A9 + B	10 + C8 + D8)			\$		5,301,614

^{*} 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	
Autumn Lake Healthcare At Bucks Hill		2400	9/30/2015		33	37	
Account						Am	nount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		845,378
	2.	Notes Payable (itemize)			\$		65,630
		Due Ultimate		52,125			
		Capital Lease Payable		13,505	<u> </u>		
		Y D 11 C T) (itami-a)	e e		
	3.	Loans Payable for Equipm		Amount	Date Due		
		Name of Lender	Purpose	Amount	Date Due		
		•					
	4.	Accrued Payroll (Exclusive	e of Owners and/or	Stockholders only)	\$		
	5.	Accrued Payroll (Owners			\$		
	6.	Accrued Payroll Taxes Pay	yable		\$		4,455
	7.	Medicare Final Settlement	t Payable		\$		(11,023)
	8.	Medicare Current Financia			\$		
	9.	Mortgage Payable (Currer			\$		
	10	. Interest Payable (Exclusive	e of Owner and/or K	Related Parties)	\$		
		. Accrued Income Taxes*			\$		
		. Other Current Liabilities (itemize)		\$		
	-						
A-13	To	otal Current Liabilities (Lin	nes A1 thru 12)		\$		904,441

^{*} 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 Yea	r Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015		34	37
	Account	PR		An	nount
T. D. C. A.D.	ght Forward:		904,441		
Liabilities (cont'd)					
B. Long-Term Liabilities	t (iti)				
1. Loans Payable-Equipmen Name of Lender		T	\$ Data Data		
Name of Lender	Purpose	Amount	Date Due		
Mortgages Payable			\$	named transfer of the state of	
3. Loans from Owners or Re	lated Parties (itemize)		\$		566,233
Name and Address of Lender	Amount	Loan I	Date		
Stern/Autumn					
Lake/Landloard	566,233				
·					
4. Other Long-Term Liabilit	ies (<i>itemize</i>)	<u> </u>	\$		
	` ,				
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		\$		566,233
C. Total All Liabilities (Lines A	-13 + B-5)		\$		1,470,674

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

	·	oort for Year Ended	Page	of
Aut	umn Lake Healthcare At Bucks Hi 2400 9/3 Account	0/2015	35	37 mount
A.	Reserves	A	nount	
1 2.	Reserve for value of leased land		\$	
	Reserve for depreciation value of leased buildings and to be amortized	d appurtenances	\$	
	3. Reserve for depreciation value of leased personal pro	perty (<i>Equity)</i>	\$	
	4. Reserve for leasehold real properties on which fair re	ntal value is based	\$	3,772,968
	5. Reserve for funds set aside as donor restricted		\$	
	6. Total Reserves		\$	3,772,968
В.	Net Worth 1. Owner's Capital		\$	
	2. Capital Stock		\$	
	3. Paid-in Surplus		\$	
	4. Treasury Stock		\$	
	5. Cumulated Earnings		\$	
	6. Gain or Loss for Period 1/1/2015	thru 9/30/2015	\$	57,971
	7. Total Net Worth		\$	57,971
C.	Total Reserves and Net Worth		\$	3,830,939
D.	Total Liabilities, Reserves, and Net Worth		\$	5,301,613

H. Changes in Total Net Worth

	me of Facility License No.	Report for Ye	ear Ended	Page	
Aut	tumn Lake Healthcare At Bucks Hill 2400	9/30/2015	our Ended	36	of
L	Account				37
Α.	Balance at End of Prior Period as shown on Report of		\$	ount	
В.	Total Revenue (From Statement of Revenue Page 30))	 ,	\$	(547 060
C.	Total Expenditures (From Statement of Expenditures	Page 27)		\$	6,547,862
<u>D.</u>	Net Income or Deficit			\$	6,489,891
E.	Balance	<u> </u>		\$	57,971
F.	Additions			9	57,971
	 Additional Capital Contributed (itemize) Other (itemize) 				
F-3.	Total Additions				
	Deductions			\$	The state of the s
ľ		•			
	1. Drawings of Owners/Operators/Partners (Specify) Name and Address (No., City, State, Zip)			<u> </u>	
	A dance and Fiddress (No., City, State, Zip)	Title	Amount		
	Other Withdrawings (Specify)				
	Purpose		\$		
	r urpose	Amo	unt		
	3. Total Deductions		<u> </u>		
H. 1	Balance at End of Period 09/30/1	5	\$		57,971
					27,527.1

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	37	37
Check appropriate category				
☐ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)		
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		
C3/C	Partner	3-8-16		
Printed Name of Preparer				
Craig J. Lubitski Consulting LLC				
Address		Phone Number		
225 Pitkin Street, East Hartford, CT 06108		860-610-9009		