

Craig J. Lubitski Consulting LLC & CJLC LLC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

Mr. Chris LaVigne
CON & Reimbursement
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Mr. LaVigne:

This enclosed 2015 Medicaid Cost Report intentionally omits the following disallowances:

- a. Administrator and Related Party salaries
- b. Dues and Membership Fees to Professional Associations
- c. Physical or Speech Therapy salaries or fees
- d. Depreciation and/or interest expense related to capitalized items previously deemed unallowable by the Department



225 Pitkin Street
East Hartford
Connecticut 06108

860.610.9009 (t)
860.610.9030 (f)

cjl.com

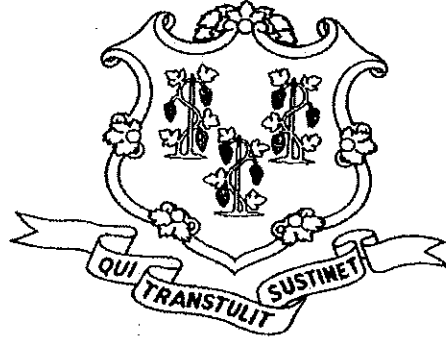
It is our understanding that the software utilized by the Department in the rate setting process computes the necessary disallowances for these areas and our intention is to eliminate the potential for a duplicate disallowance.

If you have any questions, please contact me at 860-610-9009.

Respectfully,

Craig J. Lubitski, CPA
Partner

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Autumn Lake Healthcare At Norwalk	
Address (No. & Street, City, State, Zip Code) 34 Midrocks Drive, Norwalk, CT 06851	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 1/1/2015	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2343	RHNS	(Specify)	Medicare Provider 07-5387
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Medicaid Provider Numbers:	CCNH 000021163	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Autumn Lake Healthcare At Norwalk	License No. 2343	Report for Year Ended 9/30/2015	Page 1	of 37
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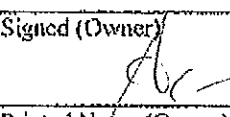
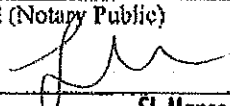
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Autumn Lake Healthcare At Norwalk [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
Printed Name (Administrator) Al Mislow			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public) 		Comm. Expires
Address of Notary Public SL Manes Notary Public of New Jersey My Commission Expires December 16, 2018					

2441428

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Autumn Lake Healthcare At Norwalk		Period Covered:	From 1/1/2015	To 9/30/2015
Address of Facility 34 Midrocks Drive, Norwalk, CT 06851				
Report Prepared By Craig J. Lubitski Consulting LLC		Phone Number 860-610-9009	Date 3/8/2016	
Item	Total	CCNH	RHNS	(Specify)
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

Phone No. of Facility 203.847.9686		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Healthcare At Norwalk			Address (No. & Street, City, State, Zip) 34 Midrocks Drive, Norwalk, CT 06851		
License Numbers:	CCNH 2343	RHNS	(Specify)	Medicare Provider No. 07-5387	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened 1/1/2015	Date Closed	
Has there been any change in ownership or operation during this report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.					
Purchased on 1/1/15.					
Administrator					
Name of Administrator Al Mislow			Nursing Home Administrator's License No.:	001103	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Autumn Lake Healthcare At Norwalk	License No. 2343	Report for Year Ended 9/30/2015	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No						
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.						
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**			
Autumn Lake Healthcare LLC	4260 RT 9 S., Howell, NJ 07731	<input checked="" type="radio"/>		16/m12	216,183	216,183
Ultimate Therapy LLC	4260 RT 9 S., Howell, NJ 07731	<input checked="" type="radio"/>		13/5a, 9a, 10a	848,157	848,157
Norwalk Realty	4260 RT 9 S., Howell, NJ 07731	<input checked="" type="radio"/>		22/A9	1,150,335	N/A - Replaced w/ FR
		<input type="radio"/>				
		<input type="radio"/>				
		<input type="radio"/>				
		<input type="radio"/>				
		<input type="radio"/>				
		<input type="radio"/>				
		<input type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Autumn Lake Healthcare At Norwalk	License No. 2343	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

**General Information and Questionnaire
 Leases (Excluding Real Property)**

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

Name of Facility		License No.	Report for Year Ended			Page	of
Autumn Lake Healthcare At Norwalk		2343	9/30/2015			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
ACPL Hanger Company 4850 Joute Street Bldg A1	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim, Omnisound, Megapulse, Omnistim, Omnicycle, Printer, OC, Martel	01/01/15	12 Months	16,775	12,581
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***
							12,581

* 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 Autumn Lake Healthcare At Norwa	License No. 2343	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
New Owner				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Craig J. Lubitski Consulting LLC	225 Pitkin Street, East Hartford, CT 06108		
2	Brand Sonnenchine	299 Broadway Suite 600, NY, NY 10007		
3	Marcum, LLP	185 Asylum St, Hartford, CT 06103		
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	CT Medicaid Reimbursement Consulting & Cost Report	\$	7,500	
2	Financial Statement Preparation & Regular Accounting Work	\$	10,986	
3	Purchase & Sale Work	\$	2,248 ✓	
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 20,734	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Jasinski	609-677-9800		
2	Martin LLP	203-973-5210		
3	Probate Court	860-231-2442		
4				
5				
Address (No. & Street, City, State, Zip Code)				
1	60 Park Pl, Newark, NS			
2	262 Harbor Dr, Stamford, CT			
3	125 East Ave, Norwalk, CT			
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Labor/Employment Law, Union Negotiations	\$	9,307	
2	Employee Matters, Research done on motion to strike and transfer.	\$	4,470	
3	Probate petition	\$	150	
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 13,927	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1e				

Schedule of Resident Statistics

Name of Facility Autumn Lake Healthcare At Norwalk	License No. 2343	Report for Year Ended 9/30/2015						Page 8	of 37		
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	CCNH			RHNS	RHNS (Specify)
		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)						
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period							150	150			
B. On last day of THIS report period		15	15				15	15			
2. Number of Residents											
A. As of midnight of PREVIOUS report period							141	141			
B. As of midnight of THIS report period		137	137				137	137			
3. Total Number of Days Care Provided During Period											
A. Medicare		7,467	7,467				5,047	2,420	2,420		
B. Medicaid (Conn.)		28,601	28,601				19,062	9,539	9,539		
C. Medicaid (other states)											
D. Private Pay		1,965	1,965				1,264	701	701		
E. State SSI for RCH											
F. Other (Specify) Insurance & Hospice		1,147	1,147				782	365	365		
G. Total Care Days During Period (3A thru F)		39,180	39,180				26,155	13,025	13,025		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds											
A. Medicaid Bed Reserve Days		126	126					126	126		
B. Other Bed Reserve Days											
5. Total Resident Days (3G + 4A + 4B)		39,306	39,306				26,155	13,151	13,151		

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare At Norwalk	License No. 2343	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID
No. of Residents	19	108		10				
Per Diem Rate								
a. One bed rm.	664.11	254.13		391.84				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,719	1,719		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	35	35		
2. Restorative Treatments	311	311		
C. Other				
D. Total Physical Therapy Treatments	2,065	2,065		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	294	294		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	6	6		
2. Restorative Treatments	55	55		
C. Other				
D. Total Speech Therapy Treatments	355	355		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	3,047	3,047		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	47	47		
2. Restorative Treatments	416	416		
C. Other				
D. Total Occupational Therapy Treatments	3,510	3,510		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	9,000	293				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	101,219	1,568				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	231,419	11,656				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	457,291	35,386				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	423,833	29,743				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	116,774	6,427				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**	5,962	320				
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants						
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	78,084	3,037				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	104,324	4,920				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	1,527,905	93,348				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility		License No.	Report for Year Ended		Page	of			
Autumn Lake Healthcare At Norwalk		2343	9/30/2015		11	37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Aryeh Stern	9,000			Oversees buildings; high level executive decisions	293	A1	See Other Related Cost Reports		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Autumn Lake Healthcare At Norwalk		License No. 2343		Report for Year Ended 9/30/2015		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
A1 Mislow	101,219		Standard	Administrator	1,568	A2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	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	11,400	Contract				
3. Pharmacist	2,768	156				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	295,353	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,000	225				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	50,775	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	502,029	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,375,400	25,198				
2. Administrative***	219,300	Contract				
b. LPN						
1. Direct Care	1,371,300	32,632				
2. Administrative***						
c. Aides	2,074,000	83,841				
d. Other	60	Contract				
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	5,935,386	142,052				

* 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 Norwalk		License No. 2343	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental Group 888 Worcester St, Wellesley, MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Pinnacle, 410 Monmouth Ave., Lakewood, NJ	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Physical Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
Soundview Medical Association 761 Main Ave, Norwalk, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Occupational Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Speech Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
Accurate Staffing, Inc (ASI)	Nurse Services	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Yasner, MD 12 Rolling Ridge Dr, Fairfield, CT 06824	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 68,621	68,621		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 37,570	37,570		
4. Social Security (F.I.C.A.)	\$ 110,469	110,469		
5. Health Insurance	\$ 84,801	84,801		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 200,489	200,489		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 9,239	9,239		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 36,702	36,702		
d. Accounting and Auditing	\$ 20,734	20,734		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 13,926	13,926		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 75,187	75,187		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 17,219	17,219		
2. Cellular Phones	\$ 2,486	2,486		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 646,891	646,891		
Subtotal	\$ 1,324,334	1,324,334		

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

(Carry Subtotals forward to next page)

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

Autumn Lake Healthcare At Norwalk
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 28		
Union Training & Upgrade	\$ 9,211		
Total	\$ 9,239	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,324,334	1,324,334		
i. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$	6,000	6,000		
4. Employee Travel \$	6,372	6,372		
5. Education Expenses Related to Seminars and Conventions \$	554	554		
6. Automobile Expense (<i>not purchase or depreciation</i>) \$				
7. Other (<i>Specify</i>) \$				
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>) \$				
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$				
3. Advertising Other (<i>Specify</i>)*** \$	19,918	19,918		
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)*** \$				
7. Postage \$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$				
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$				
9. Subscriptions \$				
10. Contributions*** \$				
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$				
12. Administrative Management Services** \$	216,183	216,183		
13. Other (<i>Specify</i>) \$	268,035	268,035		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 1,841,395	1,841,395		

* Do not include Subscriptions, which should go in item 9.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Office Marketing	\$ 14,670		
Advertising	\$ 5,248		
Total Other Advertising	\$ 19,918	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Penalties	\$ 6,598		
Contracted Office	\$ 4,512		
Fiscal Services	\$ 180,000		
Licenses	\$ 2,679		
Data Processing	\$ 18,334		
Consultant	\$ 52,625		
Bank Charges	\$ 3,288		
Total Other Administrative and General	\$ 268,035	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Autumn Lake Healthcare At Norwalk	License No. 2343	Report for Year Ended 9/30/2015	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 #
Autumn Lake Healthcare, LLC	216,183	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 Note on Page 5)

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 305,963	305,963		
2. Non-Food Supplies	\$ 36,308	36,308		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 119,181	119,181		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 461,452	461,452		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* 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 Autumn Lake Healthcare At Norwalk		License No. 2343	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	110,437	110,437	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	110,437	110,437	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.
 ** 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
Autumn Lake Healthcare At Norwalk		2343	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	39,844	39,844		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	39,844	39,844		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmacy RX Non	\$	243,129	243,129		
b.	Medicine Cabinet Drugs	\$	1,392	1,392		
c.	Medical and Therapeutic Supplies	\$	148,234	148,234		
d.	Ambulance/Limousine***	\$	2,638	2,638		
e.	Oxygen					
1.	For Emergency Use	\$	2,300	2,300		
2.	Other****	\$	10,859	10,859		
f.	X-rays and Related Radiological Procedures***	\$	8,791	8,791		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	903	903		
i.	Recreation	\$	24,821	24,821		
j.	Other (Specify)**** See Attached Schedule	\$	80,686	80,686		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	523,753	523,753		

* 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	\$ 36,699		
Resident PD Claims	\$ 146		
Medical Waste	\$ 893		
Mattresses	\$ 3,308		
Medicaid IV	\$ 39,640		
Total Other Resident Care	\$ 80,686	\$ -	\$ -

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

Name of Facility		License No.	Report for Year Ended	Page of							
Autumn Lake Healthcare At Norwalk				2343	9/30/2015	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Total Cost/Page Ref.***	Pg	Line	
		Yes	No								
City Carting	PO Box 17250, Stamford CT	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	28,221				22	6f
Knob Hill Landscaping	23 Deer Wood Court, Norwalk, CT	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal & Landscaping	26,002				22	6f
Healthcare Services	3220 Tiltman Dr, Vensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>		Dietary	119,181				18	2b
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 139,510	139,510				
b. Heat	\$ 114,137	114,137				
c. Light & Power	\$ 186,009	186,009				
d. Water	\$ 20,150	20,150				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 12,581	12,581				
f. Other (<i>itemize</i>) See Attached Schedule	\$					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 472,387	472,387				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 271,834	271,834				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 72,153	72,153				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 343,987	343,987				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 7,155	7,155				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,155	7,155				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,150,335	1,150,335				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 211,371	211,371				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,712,847	1,712,847				

* 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	(Specify)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility Autumn Lake Healthcare At Norwalk		License No. 2343		Report for Year Ended 9/30/2015				Page 23	of 37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
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 (attach schedule)	10,873,341		10,873,341		SL	30	271,834		
B-4. Subtotal								271,834	
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal	483,079		483,079		SL	Var	72,153		
E. Total Depreciation								343,987	

Autumn Lake Healthcare At Norwalk
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/1/2015	Purchase of building	\$ 10,873,341	✓ 30	\$ 271,834
Total additions for Building Improvements		\$ 10,873,341		\$ 271,834 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/1/2015	Purchase of prior owners equipment	\$ 440,250	5	\$ 66,038
1/31/2015	Computer	\$ 578	3	\$ 144
1/31/2015	Computer	\$ 2,166	3	\$ 541
1/31/2015	Computer	\$ 4,296	3	\$ 1,074
1/31/2015	Computer	\$ 576	3	\$ 144
8/31/2015	Washer	\$ 10,702	15	\$ 535
1/1/2015	Copier	\$ 24,511	5	\$ 3,677
Total additions for Movable Equipment		\$ 483,079		\$ 72,153 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2015	Clock System - Central Time	\$ 2,704 ✓	15	\$ 135
4/30/2015	Generator Pad	\$ 1,725 ✓	10	\$ 129
6/30/2015	Water Heater	\$ 26,588 ✓	10	\$ 1,994
1/1/2015	Phone System	\$ 50,059 ✓	10	\$ 3,754
6/30/2015	Plumbing	\$ 3,333 ✓	10	\$ 250
7/22/2015	HD Supply	\$ 2,182 ✓	10	\$ 164
8/31/2015	Sprinklers	\$ 19,408 ✓	20	\$ 728
Total additions for Leasehold Improvement		\$ 105,999		\$ 7,155 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
Autumn Lake Healthcare At Norwalk		2343		9/30/2015		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				105,999				7,155	
C-4. Subtotal									7,155
D. Total Amortization									7,155

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility Autumn Lake Healthcare At Norwalk	License No. 2343	Report for Year Ended 9/30/2015	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	01/01/15			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/01/15			
4. Date of Initial Licensure	01/01/15			
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/13				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At Norwalk		2343	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Autumn Lake Healthcare At Norwa		2343		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Interest Expense				\$	7,830	7,830	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	7,830	7,830	
14. Insurance							
a. Insurance on Property (buildings only)				\$	40,859	40,859	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$	87,696	87,696		
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	128,555	128,555	
15. Total All Expenditures (A-13 thru C-14)				\$	12,761,791	12,761,791	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Autumn Lake Healthcare At Norwalk			2343	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 502,029	502,029		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 36,702	36,702		
10.	15	1c	Accounting & Legal	\$ 2,398	2,398		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,136	1,136		
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 6,000	6,000		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	16	Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 19,918	19,918		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 19,653	19,653		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 6,598	6,598		
Page 18 - Dietary Expenditures							
24.	18	2a	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 594,434	594,434		

* 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	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Penalties	\$ 6,598		
Total Other A&G Adjustments			\$ 6,598	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Autumn Lake Healthcare At Norwalk			2343	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 594,434	594,434		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 243,129	243,129		
28.			Ambulance/Limousine	\$ 2,638	2,638		
29.	20	5f	X-rays, etc	\$ 8,791	8,791		
30.	20	5h	Laboratory	\$ 903	903		
31.			Medical Supplies	\$ 14,399	14,399		
32.	20	5c2	Oxygen (non emergency)	\$ 10,859	10,859		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 39,786	39,786		
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	\$			
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	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 914,939	914,939		

*** 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.

Autumn Lake Healthcare At Norwalk
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5e2	Resident PD Claims	\$ 146		
20	5e2	Medicaid IV	\$ 39,640		
Total Other Ancillary Costs			\$ 39,786	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RIINS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,331,576	7,331,576				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 5,387,149	5,387,149				
b. Medicare Room and Board Contractual Allowance **	\$ (88,651)	(88,651)				
4. a. Private-Pay Residents and Other	\$ 744,935	744,935				
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	\$ 662,192	662,192				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (618,874)	(618,874)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 202,127	202,127				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (180,962)	(180,962)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 560,304	560,304				
c. Occupational Therapy - Non-Medicare	\$ (455,298)	(455,298)				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (33,938)	(33,938)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,510,559	13,510,559				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 52	52				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$ 52	52				
VI. Total All Revenue (III +V)	\$ 13,510,611	13,510,611				

* 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.

Autumn Lake Healthcare At Norwalk
9/30/2015

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income		\$ 52		
Total Interest Income			\$ 52	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	31	37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)		\$	437,776	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$	2,042,411	
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$		
4. Inventories		\$		
5. Prepaid Expenses		\$	117,169	
a. Prepaid Insurance	105,110			
b. Prepaid Interest	12,059			
c. _____				
d. _____				
6. Interest Receivable		\$		
7. Medicare Final Settlement Receivable		\$		
8. Other Current Assets (<i>itemize</i>)		\$	50,019	
Due To/From Previous Owner	50,019			
A-9. Total Current Assets (Lines A1 thru 8)				
		\$	2,647,374	
B. Fixed Assets				
1. Land		\$		
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____ Net	\$		
3. Buildings	*Historical Cost _____ Accum. Depreciation _____ Net	\$		
4. Leasehold Improvements	*Historical Cost <u>106,001</u> Accum. Depreciation <u>7,155</u> Net	\$	98,846	
5. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____ Net	\$		
6. Movable Equipment	*Historical Cost <u>42,832</u> Accum. Depreciation <u>6,116</u> Net	\$	36,716	
7. Motor Vehicles	*Historical Cost _____ Accum. Depreciation _____ Net	\$		
8. Minor Equipment-Not Depreciable		\$		
9. Other Fixed Assets (<i>itemize</i>)		\$		
B-10. Total Fixed Assets (Lines B1 thru 9)				
		\$	135,563	

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,782,936
C. Leasehold or like property recorded for Equity Purposes.			\$	1,195,608
1. Land				
2. Land Improvements			*Historical Cost	
			Accum. Depreciation	Net
3. Buildings			*Historical Cost	10,873,341
			Accum. Depreciation	271,834 Net
4. Non-Movable Equipment			*Historical Cost	
			Accum. Depreciation	Net
5. Movable Equipment			*Historical Cost	440,250
			Accum. Depreciation	66,038 Net
6. Motor Vehicles			*Historical Cost	
			Accum. Depreciation	Net
7. Minor Equipment-Not Depreciable				
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	12,171,328
D. Investment and Other Assets			\$	57,015
1. Deferred Deposits				
2. Escrow Deposits				
3. Organization Expense			*Historical Cost	
			Accum. Depreciation	Net
4. Goodwill (Purchased Only)				
5. Investments Related to Resident Care (<i>itemize</i>)				
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	57,015
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	15,011,280

* 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 Norwalk		2343	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	679,973
2. Notes Payable (<i>itemize</i>)				\$	77,507
Capital Lease - AVAYA					52,781
Capital Lease - Great American					24,727
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	6,716
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	764,196

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Autumn Lake Healthcare At Norwalk		License No. 2343	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				764,196	
Liabilities (cont'd)					
B. Long-Term Liabilities					\$
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$ 989,063
Name and Address of Lender	Amount	Loan Date			
Stern/Autumn Lake/Landlord	989,063				
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 989,063
C. Total All Liabilities (Lines A-13 + B-5)					\$ 1,753,260

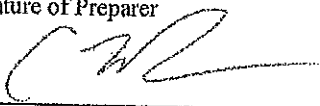
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	12,509,200
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	12,509,200
B. 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			\$	748,820
	1/1/2015	thru	9/30/2015	
7. Total Net Worth			\$	748,820
C. Total Reserves and Net Worth			\$	13,258,020
D. Total Liabilities, Reserves, and Net Worth			\$	15,011,279

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk		2343	9/30/2015	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$	
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,510,611
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	748,820
D.	Net Income or Deficit			\$	748,820
E.	Balance				
F.	Additions				
	1. Additional Capital Contributed (<i>itemize</i>)				
	2. Other (<i>itemize</i>)				
F-3.	Total Additions			\$	
G.	Deductions			\$	
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
	2. Other Withdrawings (<i>Specify</i>)				
	Purpose	Amount			
	3. Total Deductions			\$	
H.	Balance at End of Period		09/30/15	\$	748,820

I. Preparer's/Reviewer's Certification

Name of Facility Autumn Lake Healthcare At Norwalk		License No. 2343	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title Partner	Date Signed 3-8-16		
Printed Name of Preparer Craig J. Lubitski Consulting LLC					
Address 225 Pitkin Street, East Hartford, CT 06108			Phone Number 860-610-9009		