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

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

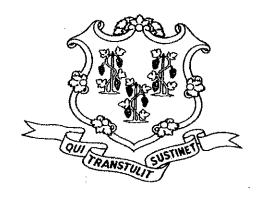


225 Pitkin Street East Hartford Connecticut 06108

860.610.9009 (t) 860.610.9030 (f)

cilc.com

State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2015

Name of Facility (as	•						
Autumn Lake Health	care At Norwal	<u>k</u>					
Address (No. & Stree	et, City, State, Z	Zip Code)					
34 Midrocks Drive, 1	Norwalk, CT 06	851					
Type of Facility							
Chronic and C	Convalescent		Rest Home with I	Nursing			
✓ Nursing Home	e only		Supervision only		□ (Specify)	
(CCNH)	•		(RHNS)				
Report for Year Begi	nning		Report for Year E	Ending			
1/1/2015			9/30/2015				
License Numbers:		CCNH	RHNS	<u>.</u> .	(Specify)	Me	dicare Provider
		2343					07-5387
Medicaid Provider N	umbers:	CC 000021163	CNH	RH	NS	IC	F-IID
For Department Us	e Only						
Sequence Number	Signed and	Date	Sequence Nur	nber	Ciamadan	d Motorinod	Data Bassiyad
Assigned	Notarized	Received	Assigned		Signed an	d Notarized	Date Received

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General Information

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Namo of Facility (as heensed)	Liconse No.	Report for Year Ended	Page	of
Autumn Lake Healtheare At Norwalk	2343	9/30/2015	Ī	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 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.

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 Baisance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connectical 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 Productinistratory Mas	W	Date j	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner)	
At Mislow				
Subscribed and Sworn	State of	Date	Signed (Notapy Public)	Comm, Expires
to beline me:			1 du	1 1
Address of Notary Public			∨ SL Manes	
			Notary Public of New Je	
Hand to the state of the state			My Commission Expires December	er 16, 2018

2441428

(Notary Seal)

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State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	stm	ent		Page	of
				l lA	37
Name of Facility		Period Cov	ered:	From	То
Autumn Lake Healthcare At Norwalk				1/1/2015	9/30/2015
Address of Facility					
34 Midrocks Drive, Norwalk, CT 06851					
Report Prepared By		Phone Nun	nber	Date	
Craig J. Lubitski Consulting LLC		860-610-90	009	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.

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General Information and Questionnaire Type of Facility - Organization Structure

			ne No. of Fac .847.9686	ility	Report for Ye 9/30/2015	ar Ended	Page 2		of 37
Name of Facility (as shown on license)		203		- e 5	Street, City, Sta	ate Zin)) [
Autumn Lake Healthcare At Norwalk					ve, Norwalk, C				
	CCNH		RHNS		(Specify)		Medicare P	rovid	er No.
License Numbers:	2343						07-5387		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with l ervision only			(Specify)			
Type of Ownership (Check appropriate box))								
O Proprietorship O LLC O I	Partnership	0	Profit Corp.		Non-Profit Cor	р. О	Government	0	Trust
If this facility opened or closed during repor	t year provide	e:			Opened 1/1/2015	Date Clos	sed		
Has there been any change in ownership									
or operation during this report year? Puchased on 1/1/15.		⊙	Yes	0	No	If "Yes,"	explain fully		
Administrator									
Name of Administrator					Nursing Ho				
Al Mislow					Administrat		001103		
Other Operators/Owners who are assistant a	Aministratora	(fo.1)	or nort time	of th	License N	NO.:			
Name	ummsuawis	(Iuii	or part time)	OI III	License N	Jo ·l			
	 				 			<u> </u>	

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General Information and Questionnaire Partners/Members

Name of Facility Autumn Lake Healthcare At N	lorwalk		Report for Y 9/30/2015	ear Ended	Page of 37
Legal Name of Part		Business A		Which R	or Town(s) in egistered
Norwalk Parent LLC		4260 RT 9 Soutl NJ 07731	n, Howell,	NJ	
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned
Norwalk Parent LLC	4260 RT 9 South Howell, NJ 07731				100
				and the state of t	
				-	

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General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Er	ided	Page of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015		3A 37
If this facility is owned or operated as a corpo				
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorporated
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares				

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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 individ		provide the following informat	tion:	
C	Owner(s) of Facility			
N/A				
				
		· · · · · · · · · · · · · · · · · · ·	······	

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General Information and Questionnaire Related Parties*

Name of Facility Autumn Lake Healthcare At Norwalk	e At Norwalk	License No. 234	No. 2343	Re 9/3	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 throug	dg Asy O	\$\frac{1}{2}\$	If "Yes," provide the Name/Address and	e Name/Add	lress and
marnage, aounty to com	marnage, admry to comfor, ownership, family of dustress associations	222 42200	lationi			comprete the mnormation on rage 11 of the report.	IALIUII UII FA	ge 11 of me report.
Are any individuals or c including the rental of p	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility,	or servic	es, cility,					
related through family a association to any of the	related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	control, of this fa	or busines cility?	Š.	⊙ Yes O No	If "Yes," provide the following information:	e following	information:
		Also	Also Provides			Indicate Where		
Name of Related	Business	Non-R	Non-Related Parties	ies	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	0	Ma	Management Company	16/m12	216,183	216,183
Ultimate Therapy LLC	4260 RT 9 S., Howell, NJ 07731	0	0	Ţ	Therapy Company (ST, PT, OT)	13/5a, 9a, 10a	848,157	848,157
Norwalk Realty	4260 RT 9 S., Howell, NJ 07731	•	0	Le	Lease of building	22/A9	1,150,335	N/A - Replaced w/ FR
		0	•					
		0	•	<u> </u>				
		0	•					
		0	0					
		0	•					
		0	•					

^{*} Use additional sheets if necessary.

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

State of Connecticut

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General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	n.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Norwalk	2343		9/30/2015	Fage	37
If the facility is licensed as CDH and/or RCH o					Onto
must be allocated to CCNH and RHNS as follo	ows:	11120 02	1 301 11000 Will openial fractions	Maios, vo	1919
Item		T	Method of Allocation		
Dietary		Number of	f meals served to residents		
Laundry			f pounds processed		
Housekeeping			f square feet serviced		
			f hours of routine care provided	by EACF	
Nursing			classification, i.e., Director (or		
	:		Nurses, Licensed Practical Nur		
		Attendants	3		
Direct Resident Care Consultants		Number of	hours of resident care provided	d by EAC	H
		specialist ((See listing page 13)	•	
Maintenance and operation of plant		Square feet	t		
Property costs (depreciation)		Square feet	t		
Employee health and welfare		Gross salar			
Management services		Appropriat	te cost center involved		
All other General Administrative expenses		Total of Di	irect and Allocated Costs		
The preparer of this report must answer the following	owing quest	tions applie	able to the cost information pro	vided.	
1. In the preparation of this Report, were all			If "No," explain fully why such		n was
costs allocated as required?	⊙ Yes		not made,	1 00.0	11 11
Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data		
1					
3. Did the Facility appropriately allocate and sel	If-disallow	direct and in	ndirect costs to non-nursing hor	me cost ce	enters?
(e.g., Assisted Living, Home Health, Outpation	ent Services	, Adult Day	/ Care Services, etc.)		****
	• Yes	O No	If "No," explain fully why such not made.	ı allocatioı	n was
			TOT HIMAN		

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General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Autumn Lake Healthcare At Norwalk			2343	9/30/2015			6 37
	Related * to	d * to					
	Owners,	ers,					
	Operators,	tors,				Annual	•
	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
ACPL Hanger Company 4850 Joule Street Bldg A1	0	0	Omnistim, Omnisound, Megapulse, Omnistim, Omnicycle, Printer, OC. Martel	01/01/15	12 Months	16,775	12,581
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0			ı		
	0	0					
	0	0					
I o Mileane I or Book Maintained for All I eased Vehicles?	V hasea	ehicles	O Yes	•	o No	Total ***	12,581

Is a Mileage Log Book Maintained for All Leased Vehicles?

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	License No.	Report for Year Ended		٠.	01
Autumn Lake Healthcare At Norwa		9/30/2015		7 3	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
- /	Modified Cash				
Is the accounting basis for this	3.7	If IIN a II avalain			
F	Yes	If "No," explain.			
	No				
New Owner					
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Craig J. Lubitski Consulting Ll	LC	225 Pitkin Street, East Hartford, CT 0610			
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 (de				7.500	
 CT Medicaid Reimbursement Consu 			\$	7,500	
2 Financial Statement Preparation & R	egular Accounting Work		\$	10,986	•
3 Purchase & Sale Work			\$	2,248	
4			\$		
5			\$		
			Charge for S	ervices Provid	led
			\$	20,734	
	nditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
O Yes O No	13/14				
Legal Services Information Name of Legal Firm or Independen	t Attorney		Telephone N	lumber	
l	a rationary		609-677-98		
1 Jasinski 2 Martin LLP			203-973-52		
3 Probate Court			860-231-24		
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	agavika fullsi)				
Services Provided by This Firm (de			\$	9,307	
1 Labor/Employment Law, Union Neg			\$	4,470	
2 Employee Matters, Research done o	n motion to strike and transfer.		\$ \$	150	
3 Probate petition				130	
4			\$		
5			\$		
			1	Services Provid	ded
			\$	13,927	
Are These Charges Reflected in the Expe		f Yes, Specify Expense Classification and Line No.			
⊙ Yes O No	15/1e				
0 165 0 100					**

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Schedule of Resident Statistics

Name of Facility Autumn Lake Healthcare At Norwalk			License No. 234	No. 2343			Report for 9/30/2015	Report for Year Ended 9/30/2015	þ		Page 8	of 37
					I	eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1	Thru 9/30	0
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHINS	(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			150	150			SI	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			141	141			137	137		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,467	7,467			5,047	5,047			2,420	2,420		
B. Medicaid (Conn.)	28,601	28,601			19,062	19,062			655'6	9,539		
C. Medicaid (other states)												
D. Private Pay	1,965	1,965			1,264	1,264			701	701		
E. State SSI for RCH												
F. Other (Specify) Insurance & Hospice	1,147	1,147			782	782			398	365		
G. Total Care Days During Period (3A thru F)	39,180	39,180			26,155	26,155			13,025	13,025		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved												
			•									
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	26,155			13,151	13,151		

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Report	t for Year	Ended		Page	of
Autumn Lake	Health	care At	Norwalk	1 .	2343				1	9/30/201			9	37
	-	_	in the certified b		apacity du	aring f	the repo	ort yea	ar?	0	Yes	•	No	
If "YES'			llowing informat	tion:										
		,	f Change	ـــــ	Cł	nange	in Bed	S		Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)	<u> </u>	Lost	!		Gaine	d]				
Change				[!		11				~~``	- *** **		! _ ,	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason to	or Change
	\vdash		·	igwdap		├ ──	ļ	 	 	 		ļ	<u> </u>	
				$\vdash \vdash$										
						\vdash				1				
5 70.1										<u> </u>				
	_		in certified bed o	-	-	3 the r	eport y	ear (a	s repor	ted in iten	n 4 above)) provide the nu	mber of	
RESIDE	ENT DA	YS for	90 days followin	g the	change.							,		
1 . 1			Change in Re	sider	ıt Days					CC	NH	RHNS	(Spe	ecify)
1st chang 2nd char	V												<u> </u>	
3rd chan														
4th chan														
		lents an	d Rates on Septe	mber	30 of Cc	st Ye	ar						<u> </u>	
			Medicare		Medic					Se	lf-Pay		Other Sta	te Assisted
				1										
				1		ĺ	ľ							
	Item		CCNH	<u>C</u>	CNH	RI	HNS	CC	CNH	RH	INS	(Specify)	R.C.H.	ICF-IID
No. of R			19	DESCRIPTION	108	Parent State of State		indizestess	10					
Per Dien														
a. One b			664.11	ſ	254.13			 	391.84					
c. Three				,		\vdash	\rightarrow	\vdash						
c. Thee bed r		'	J	i		İ	•	l						
DCG 1	1113.	L	<u> </u>										 	
										1		ļ		
7. Total Nu	mber of	Physica	al Therapy Treati	ments	3					TO	TAL	CCNH	RHNS	(Specify)
	Medica										1,719	1,719		
В.			lusive of Part B)											
			e Treatments							<u> </u>	35	35		
<u>C</u>	2. Rest	orative	Treatments								311	311		
		Invsical	Therapy Treatm	10115							2,065	2,065		
			Therapy Treatm								2,003	2,009		
	Medica										294	294		
			lusive of Part B)			-								
			e Treatments								6	6		
		orative	Treatments								55	. 55		
	Other													
			herapy Treatme							Transaction assessment	355	355	14	
			ntional Therapy T	creatn	nents					3-2-2	0.045	2.015		
A.	Medica	re - Pari	lusive of Part B)								3,047	3,047		
			e Treatments								47	47		
													-	
	2. Rest	orative '	Treatments								416	416	1	1
	2. Rest	orative '	Treatments								416	416		

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Report of Expenditures - Salaries & Wages

Kepott of Ex	^r	2000000			Page	of
Name of Facility	License No.		Report for Year	Ended		ı
Autumn Lake Healthcare At Norwalk	2343		9/30/2015		10	37
Are time records maintained by all individuals receiving co.	mpensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
 Operators/Owners (Complete also Sec. I 						
of Schedule A1)	9,000	293		TODAY CONTRACTOR AND A STATE OF THE STATE OF		
2. Administrator(s) (Complete also Sec. III		304		4		
of Schedule A1)	101,219	1,568				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone	231,419	11,656				
operator, clerks, receptionists, etc.) 5. Dictary Service	231,419	11,030				
a. Head Dietitian						220000000000000000000000000000000000000
b. Food Service Supervisor						
c. Dietary Workers	457,291	35,386		-0.4307-4/05-5-4		***************************************
6. Housekeeping Service						
a. Head Housekeeper	100.000	00.740				
b. Other Housekeeping Workers	423,833	29,743				
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						
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	e <u>agagailteoistas suositationis</u>	The state of the s		The second secon		
b. RN						
1. Direct Care						
2. Administrative**	5,962	320				
c. LPN			di de la companya de			
Direct Care			ļ		-	
2. Administrative**				ļ		
d. Aides and Attendants e. Physical Thorapists						
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	78,084	3,037				
i. Physicians						
Medical Director						
Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists				<u> </u>	<u> </u>	
I. Podiatrists						
m. Social Workers/Case Management	104,324	4,920				
n. Marketing	SEPTEMBER STORES		***************************************		nearly state of the state of th	TO STATE OF THE ST
o. Other (Specify)						
See Attached Schedule	1.507.005	02.249				
A-13. Total Salary Expenditures	1,527,905	93,348	l	L	<u> </u>	L

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	C	ONH	RF	INS	(Spe	eify)
Position	\$	Hours	\$	Hours	S	Hours
Tosition	100000000000000000000000000000000000000					
		93 (AM 015 (AG 150))				
				. 1965) 1965		
	(5) (5) (5) (5)			10000000000		
			. 60,018.00 (0.00)			
		100 30 30 30				
				595/00 10 (6)		350 0750 057 510 0500
	V 187 01 189 384 3					
					0.0000000	251 (41.75.75)
				15 15 15 15		60.000000000000000000000000000000000000
		1 10 10 10 10 10 10 10 10 10 10 10 10 10				
	6 12 6 6 6	60.44 \$3.63		K (A) (4.00 (6.00)		
		142.75				
	100 VOID CO. 100 CO. 100	2.00				
Total	\$ -		\$ -		\$ -	

Schedule of Other Fees (Page 13)

	CC	ИН	RH	NS	(Spe	cify)
Service	s	Hours	\$	Hours	\$	Hours
SCIVICE	57.01				5 40 30 43 45 30	(S) (C) (C) (C)
		30 50 50 50	10.000 00.000			0.65 (2.35)
		- 1. 10 to 1				
		66 45 9 92 92		35 (1 S (1		
		60.60.60.60.60		ic is in the		
		1000 000 000 000	5 (2) (5) (3) (2) (5)			
		60.000.000			7 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	
						500000000000000000000000000000000000000
				NEW YORK CONTROL OF THE CONTROL OF T		
		100 (25) (45) (5)			in 10 10 10 10 10 10 10 10 10 10 10 10 10	
			a same distribution		200000000000000000000000000000000000000	0.33 50.30.0
	((S. 281,200,181,181,181,181	(20 Parties 22 Parties				2010-00-2010-01-01-01-01-01-01-01-01-01-01-01-01-
			1 (0) (0) (0) (0)	750.000.000.000.000	Taga da	
		73 00 C 31 00				
					A	
			0.000,000,000,000,000	30.00.00.00.00.00.00.00		
Total	\$ -	-	\$ -	•	\$ -	

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*

Nome of Equility	,		Teres	it zaummust	Assistant Administrators and Onie, Neighbu Farthes	Nelale	d rarnes			
lyame of racility				License No.		Report for	Report for Year Ended		Раяс	of
Autumn Lake Healthcare At Norwalk	vaľk			2343		9/30/2015				37
		Salary Paid	q						4	
	-			Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
Arych Stern	000'6				Oversees buildings; high level executive decisions	293	4	See Other Related Cost		
								schot is		
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).										
						:		7,111		
]									

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

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

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)		¥	SSIStailt	License No.	Assistant Administrators and Other Related Parties* License No. Report for Year Ended	Report for Year Ended	rarues "	- Providence	Page	Jo
Autumn Lake Healthcare At Norwalk	alk			2343	3	9/30/2015			12	37
		Salary Paid								The second secon
				Fringe Benefits and/or Other		Total	Line Where		Total	i
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Al Mislow	101,219			Standard	Administrator	1,568 A2	42			
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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of E		<u>es - Prof</u>				
Name of Facility	License No.		Report for Y	ear Ended	Page	of
Autumn Lake Healthcare At Norwalk	23	43	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					<u> </u>	
2. Dentist	11,400	Contract				
3. Pharmacist	2,768	156				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	295,353	Contract				
b. Other					<u></u>	
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)						
Staff Development Committee						
(Once annually)					V.	
e. Other (Specify)						
O Speech Thompsiat						
9. Speech Therapist a. Resident Care	50,775	Contract				
b. Other	30,773	Commaci		ļ	<u> </u>	
10. Occupational Therapist						
a. Resident Care	502,029	Contract				
b. Other	302,029	Contract			 	
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,375,400	25,198				
2. Administrative***		Contract				
b. LPN	417,300	COHHACI				
1. Direct Care	1,371,300	32,632				
2. Administrative***	1,371,300	22,032		<u> </u>		
c. Aides	2,074,000	83,841				
d. Other		Contract				
12. Other (Specify)	00	Contract				
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	5,935,386	142,052			l	
D-13 10tat Fees Fata in Lieu of Sataries	7,555,560	142,032	<u> </u>	l	L	<u> </u>

^{*} 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 \ 9/30/2015	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No	Expla	nation of Rela	tionship
		0	0			
Healthdrive Dental Group 888 Worcester St, Wellesley, MA	Dentist	0	0			
Pinnacle, 410 Monmouth Ave., Lakewood, NJ	Pharmacy Consultant	0	0			
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Physical Therapist	•	0			
Soundview Medical Association 761 Main Ave, Norwalk, C'I'	Medical Director	0	0			
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Occupational Therapist	0	0			
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Speech Therapist	•	0			
Accurate Staffing, Inc (ASI)	Nurse Services	0	0			
Robert Yasner, MD 12 Rolling Ridge Dr, Fairfield, CT 06824	Medical Director	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		. 0	0			
		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

Annual Report of Long-Term Care Facility

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C. Expenditures Other Than Salaries - Administrative and General

ear Ended	Page	of
	15	37
CCNH	RHNS	(Specify)
CCMII	KINS	(Specify)
68,621		
08,021		
37,570		
110,469		
84,801		·····
84,801		
200,489		
200,489		
9,239		
9,239		
36,702		
20,734		
13,926		
13,920	-	
75,187		
73,167		
17,219		
2,486		
2,480	 	
	+	
	4	
6/6 001		
		-
	646,891 1,324,334	646,891 1,324,334

^{*} 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 Norwalk 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	C	CNH	RHNS	(Specify)
Employee Background Checks	\$	28		1000
Jnion Training & Upgrade	\$	9,211		
			1	
	1.00			
A second				200
		0.00		(100) A (100)
			100000000000000000000000000000000000000	
			10.000	
	\$	9,239	\$ -	\$ -
Total	Ψ	~,~~	- Section of the sect	

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Description			
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	rour Braou	16	37
					10	31
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forwa	ırd:	1,324,334	1,324,334		(-[//
Travel and Entertainment						
 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		
Education Expenses Related to Seminars an	d Conventions	\$	554	554		
6. Automobile Expense (not purchase or depre	eciation)	\$				
7. Other (Specify)	<u>*</u>	\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	5)	\$				
2. Advertising Telephone Directory (all such e	expenses)***	\$				
3. Advertising Other (Specify)***		\$	19,918	19,918		
See Attached Schedule						
4. Fund-Raising***		\$		20 MACON MACON PROPERTY OF		1020-0-11-2-0-0-11-0-0-11-0-0-0-0-0-0-0-
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service i	s supplied	\$				
directly and not by contract or fee for service	e)***					
7. Postage		\$	and the second s	undersalten spesioonale e		
* 8. Dues and Membership Fees to Professional		\$				
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-Al	lowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$		<u> </u>		
Schedule C-2, Page 21 for each firm or indiv						
12. Administrative Management Services**		\$	216,183	216,183		
13. Other (Specify)		\$	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

	CCNH	RHNS	(Specify)
Description	AND GARAGE	991405-000-000	
		3772 32113	200000000000000000000000000000000000000
		John School College	de Americani (SCO)
			1 0000000000000000000000000000000000000
		asycheniker(s)	View effective
		90000000000000000000000000000000000000	12/02/22/22/20 63/20/64
		★ ************************************	•
Total Other Travel and Entertainment	S Property of	5	13

Schedule of Other Advertising

Description CCN	4 670	1904/9169999/999900	計算或數學的有關的學習等
Office Marketing		250 (2000) (2000) (2000)	4000 CONTRACTOR (1970)
Office Marketing S	5.248		
Advertising	40 (01 4 (02))	bevistagesterliggese	northwest Automobiles
Total Other Advertising S 1	9.918	\$	\$

Schedule of Dues

	CCNH	RHNS	(Specify)
Description			
			190018070000
		37099-07613-09137	
		200000000000000000000000000000000000000	150/15000000000000000000000000000000000
		475000000000000000000000000000000000000	
		5 (52) 255 (54)	650100000000000000000000000000000000000
		2.455 (44.355) (55	400000000000000000000000000000000000000
		50175098809860	\$25315600\$[\$3556
		0.000.0000.0000.000	1.0000000000000000000000000000000000000
		10.000 0000 0000 000	1000400010001000
		2 000 A 000	
Total Dues	\$	\$	\$ -

Schedule of Contributions

	CCNII	RHNS	(Specify)
<u>Description</u>		(200) (80) (80)	
	8 8 9 9 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	s -

Schedule of Other Administrative and General

	CCNH	RHNS	(Specify)
Description	\$ 6,598		
Penalties	\$ 4,512		AND REPARE
Contracted Office	\$ 180,000		
Fiscal Services	\$ 2,679		444.000.000
Licenses	And the second of the second o		
Data Processing	\$ 18,334		5/16/5/ASSESSES
Consultant	\$ 52,625		
Bank Charges	\$ 3,288		20.40.000000000000000000000000000000000
	33.13.33		44655 000 005048
			100000000000000000000000000000000000000
			(1856-1957-1855) (5
		VI. (A)	
Total Other Administrative and General	\$ 268,035	s -	\$

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

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
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		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)

		1.4		1 Page 5)			1-5	C
Nan	Hamle of Facility		License		Report for Year Ended		Page	of
Autı	ımn Lake Healthcare At Norwalk			2343	9/30/2015		18	37
				_		DYDIG	(6.	! & .
	Item			Total	CCNH	RHNS	(2)	ecify)
2.	Dietary							
	a. In-House Preparation & Service			205.062	205.062			
	1. Raw Food		<u>\$</u>		305,963 36,308			
	2. Non-Food Supplies		<u>\$</u>		30,306			
	3. Other (Specify)							
<u> </u>	b. Purchased Services (by contract other		\$	119,181	119,181			
	than through Management Services)		Ψ					
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$					
-	d. Other (Specify)		\$					
	(-1 - 0)		<u>-</u> '					
2E.	Total Dietary Expenditures $(2a+b+c+d)$		\$	461,452	461,452			
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(S	pecify)
G.	Resident Meals: Total no. of meals served per	day	/:*					
H.	Is cost of employee meals included in 2E?		Yes	•	No			
***						If yes, specify		
I.	Did you receive revenue from employees?	О	Yes	•	No	amt.		
J.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)			
J.	Is cost of meals provided to persons other	-	37 X 1 P 0	(8				
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
IX.	Members, Guests) included in 2E?	_				cost.		
					3 Y	If yes, specify		
L.	Is any revenue collected from these people?	O	Yes	•	No	amt.		
M.	Where is the revenue received reported in the	Со	st Repo	rt? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,							
	snacks at monthly staff meetings, board	\sim	37	•	No	If yes, specify		
N.	meetings) provided to employees included	U	Yes	•	NO	cost.		
	in 2E?							
_			Var	•	No	If yes, specify		
О.	Is any revenue collected from employees?	U	Yes		110	amt.		
Р.	Where is the revenue received reported in the	: Co	st Repo	rt? (Page/Line	Item)			
Ι	" TTOY A TO SITE A CONTRACT COOK, AND TELESCOPE SITE OFFI			`				

^{*} 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		e No.	Report for Year Ended		Page	of
Aut	umn Lake Healthcare At Norwalk		2343	9/30/2015		19	37
	Item		Total	CCNH	RHNS	(Si	pecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
	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	Lbs.					
	processed.***	Amt. \$					
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.					
	4. Repair and/or purchase of linens.***	Amt. \$ 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)	\$					
3E.	Laundry Supplies Total Laundry Expenditures (3a + b + c + d)	\$	110,437	110,437			
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.		
Н.	, , , , , , , , , , , , , , , , , , ,	Yes	0	No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cos	t 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 Cos	t 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.			t for Year Er	nded	Page	of 37
Autumn Lake Healthcare At Norwalk	2343		9/30/2015		20	31
			m . 1	CONTI	RHNS	(Specify)
Item		}	Total	CCNH	КПИЗ	(Specify)
4. Housekeeping	Sq. Ft. Serviced		ļ			1
a. In-House Care	by Personnel		20.044	20.844		<u>. </u>
 Supplies - Cleaning (Mops, 	Amt.	\$	39,844	39,844		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced		ļ			
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)	<u> </u>					
c. Management Services*		- \$				
d. Other (Specify)		- \$				
				20.044		
4E. Total Housekeeping Expenditures (4a	+ b + c + d) _	\$	39,844_	39,844		
5. Resident Care (Supplies)**						
a. Prescription Drugs***	\$					
1. Own Pharmacy	1 Own Pharmacy					
2. Purchased from	·	\$	243,129	243,129		
Pharmacy RX Non						
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	<u> </u>	
2. Other***		\$	10,859	10,859	<u> </u>	
f. X-rays and Related Radiological		\$	8,791	8,791		
Procedures***						
g. Dental (Not dentists who should be in	ncluded under	\$				
salaries or fees)						
h. Laboratory***		\$	903		<u> </u>	
i. Recreation		\$	24,821	24,821	<u> </u>	
j. Other (Specify)****		\$	80,686	80,686		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a	- 5i)	\$	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	\$ 36,6	A SAN TO BE A SAN TO SA	
Resident PD Claims		46-	
Medical Waste	la reconstitutation and transportation and the contract of the	93	
Mattresses	\$ 3,3	08	AUTON NORMA
Medicaid IV	\$ 39,6		
			9 (A)
		60 E 00 G0 00 00 00 00 00	
manyan di kenya di k			
		0.0000000000000000000000000000000000000	A CONTRACTOR OF
		100000000000000000000000000000000000000	
out of Philipping and Philipping and Company of the Company of the Property of the Company of th	igy (Specific and a second		
			55 (0, 53, 4)
		en i transcribinologicos	
			20 m m m m
		A 1 (2) (3) (5) (6) (6) (6)	
Total Other Resident Care	\$ 80,68	36 \$ -	\$ -

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 Norwalk	Norwalk			License No. 2343	Report for Year Ended 9/30/2015				Page 21	of 37
		Related ** to Owners,	o Owners,				Total Cost/	Total Cost/Page Ref.***	*	
		operators,	Circuit					0		
Name of Individual or		27.22	Ž	Explanation of	Full Explanation of	CCNIH	PHNS	(Specify)	ρα	i.
Company	PO Box 17250, Stamford		Q. (drivenomics.				(6		
City Carting	CT	Э	0		Garbage	78,721			10 77	7
Knob Hill Landscaping	23 Deer Wood Court, Norwalk, CT	0	0		Snow Removal & Landscaping	26,002			22 6f	6f
Healthcare Services	3220 Tilman Dr, Vensalem, PA	0	0		Dietary	119,181			18 2b	2b
		0	0							
		0	0							
		0	0							
		0	0							
		0	0					<u></u>		
		0	0						_	
a de la companya de l	·	0	0							
	-	0	•							
		0	0							
		0	0							
		0	0							

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

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

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

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

Name of Facility	License No.	Report for Y	ear Ended		Page	of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015			22	37
Item		Total	CCNH	RHNS	(Spe	cify)
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 (Provide detail on p	age 6) \$	12,581	12,581			
f. Other (itemize)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	· 6f) \$	472,387	472,387			
7. Depreciation (complete schedule page 23	*)					
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 (Complete att. Schedule Pag	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	7,155	7,155			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d) \$	7,155	7,155			
9. Rental payments on leased real property leased	ess					
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 $(7e + 8e + 9 + 3e + 9e + 9$	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

	CCNH	RHNS	(Specify)
escription			
State of the state			
<u> 1988 - 1984 - </u>			
<u> </u>			
	The state of the s		
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
		90 90 500 00 970 90	
		a di di	
customer grating and distriction of the control of			
		1	
		900 SEC. SEC. SEC. AC. (1900)	
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
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Depreciation Schedule

**************************************			nehre	Deptectation Schedule	mennie					
Name of Facility			License No.			Report for Year Ended	Ended		Page	of
Autumn Lake Healthcare At Norwalk			2343	43		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	,,,,,,	Life	for This Year	Totals
A. Land Improvements										
 Acquired prior to this report period 					•					
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal									26	
B. Building and Building Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		10 873 341		10 873 341		10	į		
B-4. Subtotal			11 2/2/2017		7C-(0-0)		3 F	ns N	2/1,834	
C. Non-Movable Equipment										271,834
2 Diamonds (office) as report person										
2. Disposais (atlach schedule)										
Acquired during this report period (attach schedule)	sh schedule)									
C-4. Subtotal										
	ls a mileage logbook	Date of	Historical			Accumulated				
	maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
	Yes	Month	Exclusive of	Salvage	Cost to Be	Beginning of	··· }	Usefui	Depreciation	,
D. Movable Equipment				4	Depresiated	i cai s Operations		Line	ior this Year	Totals
1. 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										
(attach schedule)		Var Var	483,079		483,079		. 15	Var	77.153	
65									(6,42)	77 153
E. Total Depreciation										242,000
		AND THE PROPERTY OF THE PROPER	A NATIONAL PROPERTY OF THE PRO	or commence of the control of the co						102,240

Autumn Lake Healthcare At Norwalk 9/30/2015

Schedule of Land Improvements A	Acquired during this report period
Schedule of Land Improvements A	sequired during this report period

chedule of Land Improven	nents Acquired during this report period	Cost	Useful <u>Life</u>	Depreciation
equisition Date	Description of Item			
dditions:				
			0.000	
			1 (155) 750 (150) (150) 1 (150) (150) (150) (150)	
				\$ -
otal additions for Land I	nnrovements	\$ -		9.0000000000000000000000000000000000000
	<u> </u>		The section will be written	20. 920.00000000000000000
Deletions:				
			8	
				s -
Total deletions for Land I	mprovements	\$ -	Pri celitielos logas otarios	Sept. 18 and 18 sept. Service 1

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	ovements Acquired during this report period Description of Item	Cost	Useful Life	Depreciation
equisition Date			- Learning and the second	re la serie de la companion de
dditions:		\$ 10,873,341	J 30	\$ 271,834
1/1/2015 Purcha	se of building			
				\$ 75 S.
		[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	9-10-10-10-10-10-10-10-10-10-10-10-10-10-	
		go ga sagara sa	3,102,300,900,000	3 - 6150 (1957) (5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -
				100000000000000000000000000000000000000
		Market Street		0 221 924
		\$ 10,873,341	3 150 (0) (150 (50)	\$ 271,834
otal additions for Buildi	ig Improvements			
Deletions:			0.000	100000000000000000000000000000000000000
				7 (50 GS (50 GS)
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			100000000000000000000000000000000000000	
	ng Improvements	3 -	SCHOOL STATE	S

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

	quipment Acquired during this report period Description of Item	Cost	Useful Life	Depreciation
Acquisition Date	Description of feet	_		· · · · · · · · · · · · · · · · · · ·
Additions:				
		e		
		\$ -		\$ -
l'otal additions for Non-Mo	yable Equipment	2000		
Deletions:		Terreit seriesis listration		
percuora.				90 Amigratel (SA
			Sp. 1000000000000000000000000000000000000	
			In Formation	
			0. 10000.00000	
				V 0.000 000 000 000
		61817A 604699 664 773 C		
5.00		\$ -	00 200000000000000000000000000000000000	- \$
Total deletions for Non-M	ovable Equipment	and an analysis of the	Sent medicalegraphy	

^{*}Ties to Page 23, Line C3

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

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:			<u> </u>	Depreciation
1/1/2015	Purchase of prior owners equipment	\$ 440,250	5	\$ 66,038
	Computer	\$ 578	3	\$ 144
1/31/2015	Computer	\$ 2,166	3	\$ 541
1/31/2015	Соприе	\$ 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
				(SE SE 1851 (SEE)
				980,000 dia especie
			9660 (1957) (1957) (1957) (1967)	95607000000000000000
		100 100 100 100 100 100 100 100 100 100		7153 (St. 120)
	Moyable Equipment	\$ 483,079	(50) (40) (45)	\$ 72,153
Deletions:				
				60.000.000.000
			(9) (2) (6) (8)	
		9.99		920 35 (50 (60))
otal deletions for M	Iovable Equipment	\$ -		\$.

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	D 4.0 AT		Useful	
Additions;	Description of Item	Cost	Life	Depreciation
1/31/2015	Clock System - Central Time	\$ 2,704	V 15	\$ 135
	Generator Pad	\$ 1,725	411 114 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Characters (missing brace)
6/30/2015	Water Heater	\$ 26,588		Control Control on Control of Control Control
1/1/2015	Phone System	\$ 50,059	42 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	at experience of the control of the
6/30/2015	Plumbing	\$ 3,333	as a file of the second constitution	\$ 250
7/22/2015	HD Supply	\$ 2,182		\$. 164
8/31/2015	Sprinklers	\$ 19,408		
Fotal additions for	Leaschold Improvement	\$ 105,999		\$ 7,155
Deletions:				
			100 100 100 100 100	
9 3 3 9 9 9		18/00/09/09/09/09	7 in 1905 (\$500 (\$100 pt)	0.0000000000000000000000000000000000000
		Applications	07700070047064706470555	*4565 (455-559) (555-57
			200000000000000000000000000000000000000	
		30, 500 (* 10 and 122)	001000 0001000 0000	Side Alexander
otal deletions for I	easehold Improvement	\$ -		\$ -

^{*}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*

Name of Facility Autumn Lake Healthcare At Norwalk		License No. 2343		Report for Year Ended 9/30/2015	· Ended		Page 24	of 37
	Date of			Accumulated Amort. to				
	Acquisition			Beginning of			•	
		Length of	Cost to Be	Year's		Rate	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense	···							
1.								
2.								
3,								
B-4. Subtotal								
C. Leasehold Improvements and Other	er							
1. Acquired prior to this report period	pq pc							
2. Disposals (attach schedule)								
3. Acquired during this report period	P							
(attach schedule)	Var Var		105,999				7,155	100
C-4. Subtotal								7,155
D. Total Amortization								(,,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.

State of Connecticut

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CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year E	inded		Page of
Autumn Lake Healthcare At Norwalk	2343	9/30/2015			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	ne Facility				If "Yes," complete Part B.
or leased from a Related Party?*		Yes	0	No	If "No," complete Part C.
*If any owner or operator of this fa-	cility is related by family.	marriage, ownership, al-	pility to control or		
business association to any person				l	
a related party transaction.			PROTEURO CONTROL MARCHINE DE CONTROL DE CONT	univ	
Description		Total	_		
1. Date Land Purchased		01/01/1	5		
2. Date Structure Completed3. If NOT Original Owner, Date	of Dunalage	01/01/1	_		
4. Date of Initial Licensure	oi Purchase	01/01/1			
5. Total Licensed Bed Capacity		01/01/1	\dashv		
6. Square Footage		13			
7. Acquisition Cost	·				
a. Land					
b. Building					
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing		3.8	3.3	3.8	0.8
a. Type of Financing (e.g., fi	xed, variable)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost					
d. Term of Mortgage (number					
e. Amount of Principal Borro					
f. Principal balance outstand					
Complete if Mortgage was I			4-4-4-6		
During Current Cost Ye					
g. Type of Financing (e.g., fi	xed, variable)		ļ		
h. Date of Refinancing i. New Interest Rate					
j. Term of Mortgage (number	or of voore)		+		
k. Amount of Principal Borro			1		
Principal Outstanding on 1					
Part C - Arms-Length Lease		Improvements Onl	lv	<u> </u>	
Name and Address of Lesson		perty Leased	*,	Term of Lease	Annual Amount of Lease
				X COM OX SOLICE	THIS AT THE STATE OF LOCATION
			1		
			1		
			1	<u> </u>	

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

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

Name of Facility License No.		Report for Yea	ar 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				100	
Second Mortgage	\$			Total Biography and American State (1986)	
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					
Original Loan Amount	\$				
Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			forward to n	

(Carry Subtotals forward to next page)

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

Name of Facility License 1	No.		Report for Y	ear Ended		Page of
Autumn Lake Healthcare At Norwa 23	43		9/30/2015			27 37
Item			Total	CCNH	RHNS	(Specify)
	otals Brou	ight Forward:				
12. C. Movable Equipment		ሰ				
1. Automotive Equipment	Doto	\$ 1 Amount				
A. Item	Rate	Amount				
Lender		<u> </u>				
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
	reace	1 111.0 41.1				
Lender					1177	
Address of Lender						
B. Item	Rate					
Lender						
Address of Lender					1000	
10 C 2 T-1 M 11 F-1 1 1 1						
12. C. 3. Total Movable Equipment Inter Expense (C1 + 2)	est	\$				
12. D. Other Interest Expense (Specify)		<u>\$</u>		7,830		
Interest Expense		4	,,,,,,	,,,,,,		
13. Total All Interest Expense (12B7 + 12	C3 + 12D) \$	7,830	7,830		
14. Insurance						
a. Insurance on Property (buildings of	nly)	\$		40,859		
b. Insurance on Automobiles	·	\$				
c. Insurance other than Property (as s	pecified a		05 (0)	977 (0)		
1. Umbrella (Blanket Coverage)		<u>\$</u>		87,696		
2. Fire and Extended Coverage 3. Other (Specify)		\$				
3. Other (specify)		Φ				
14d. Total Insurance Expenditures (14a + a	b + c)	\$		128,555		
15. Total All Expenditures (A-13 thru C-1	4)	\$	12,761,791	12,761,791		

D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Lie	ense No.	Report for Yea	r Ended	Page	of
\utu	mn La	ke He	althcare At Norwalk	<u> </u>	2343	9/30/2015		28	37
					Total				
tem	Page	Line			Amount of		~*****	/0	
	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	Salarie	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$				(Vendiki/dominimization	THE THE RESIDENCE OF THE PARTY
Page	13 - J	rofes	sional Fees						
5.		1	Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	502,029	502,029			
7.			Other - See attached Schedule	\$					
	s 15 &	16 -	Administrative and General						
8.	Ī		Discriminatory Benefits	\$,			
9.	15	lc	Bad Debts	\$	36,702	36,702			
10.	15	le	Accounting & Legal	\$		2,398			
11.		10	Telephone	\$					
12.	15	1h2	Cellular Telephone	\$		1,136			
13.		1f	Life insurance premiums on the life						
13.	1.5	11	of Owners, Partners, Operators	\$				- Senter	
14.	16	L3	Gifts, flowers and coffee shops	\$		6,000			
15.	10	LO	Education expenditures to colleges or		0,000	3,1			
13.			universities for tuition and related costs						
	Ì		for owners and employees	\$					Mental Angel Carlo
1.0	 		Travel for purposes of attending	Ψ					
16.			conferences or seminars outside the						
			1 7 7						0.0
			continental U.S. Other out-of-state	•					
	 		travel in excess of one representative	<u>\$</u>		-		-	
17.		16	Automobile Expense (e.g. personal use)			10.019			
18.	16	m3	Unallowable Advertising *	\$		19,918		<u> </u>	
19.	1		Income Tax / Corporate Business Tax	\$				-	
20.	. 16	m10	Fund Raising / Contributions	\$		10.552			
21.			Unallowable Management Fees	\$		19,653		 	
22.			Barber and Beauty	\$		6.500			
23.			Other - See attached Schedule	\$	6,598	6,598			
Page			y Expenditures	<u> </u>					
24.	. 18	2a	Meals to employees, guests and others						
	<u> </u>		who are not residents	\$	5		·		
Page	2 19 -	Laund	lry Expenditures						
25			Laundry services to employees, guests						
	1		and others who are not residents	9	3				
Page	e 20	House	ekeeping Expenditures						
26		T	Housekeeping services to employees, guests	3					
•			and others who are not residents	9	S				
		1	Subtotal (Items 1 - 2	5) \$	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)
(5) (3) (5)	\$1.65 S\$		45 38 St. 52 (5.42)		A 10 (2)
19 S. S. M.	60.00.00		04-08-05-05-06		30.40 (0.0) (39) (40.40)
			40 10 10 10 10 10		
0.0000000000000000000000000000000000000			- 15 (15 (15 (15 (15 (15 (15 (15 (15 (15	0.00 41.050.00	2 670 62 (10.00.00.00.
			5.0000000000000000000000000000000000000		65 06 60 06 00 60 60 60 60 60 60
Total Othe	r Salaries	Adjustment	s -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
1006 51100 56					
100 (Date) - 05					
6 9 9 9	iiči) (S) (S) (S)				
	0.000		l de la companya de l	150 (1-183) (200-6) (21-36) 21-21-21-21-21-21-21-21-21-21-21-21-21-2	
5 2 5 5			ili	5 82 63 63 ±10 63	519970160 990 350 350
100 (0.00)	4 15 G B				
	10 10 At Mar.			a le di	5 13 50 50 50 36 50
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Penalties	\$ 6,598	95 - 55 CO ST - 55 - 50 -	and a second order
150 (50 (5)	0.000	1000 NEW 2001 COLUMN CO		8: 81: 62: 42: 65: 63:	2.00.0000000000000000000000000000000000
	60 60 60 60			20 20 20 20 20 20 20 20 20 20 20 20 20 2	90, 15, 15, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
	30 (50 (50 (5))			Margaretti opposit (A.	50 - A2-1-10 - A2-1-10 - A3-1-10 - A3-1-
				(i) (ii) (ii) (ii) (ii) (ii)	
			33(22)(33)		510-510-27-35-35-35-35-3
Total Othe	r A&G Ad	justments	\$ 6,598	\$	\$ -

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ots to Statement of Expenditures (cont'd)

			D. Adjustments to Statemen	nt (of Expend	itures (co	<u>nt'd)</u>			
		****	D. Aujustments to zen	Lic	ense No.	Report for Y	ear Ended	Page		of
Vame	of Fa	cility			2343	9/30/2015		29_		37
Lutun	nn La	ce Hea	althcare At Norwalk	1	Total					
- 1				-	Amount of]		
tem	Page	Line	Item Description	Ì	Decrease	CCNH	RHNS		Spec	ify)
No.	No.	No.	Subtotals Brought Forward	\$	594,434	594,434			monthstreethicklic	i and a second
				-						, i
	<u> 20 - F</u>	eside	nt Care Supplies***	\$	243,1294	243,129		<u> </u>		
27.	20	5a2	Prescription Drugs	\$	2,638	2,638				
28.			Ambulance/Limousine	\$	8,791	8,791				
29.		5f	X-rays, etc	\$	903-	7				
30.	20	5h	Laboratory	\$		14,399				
31.			Medical Supplies	\$				1_		
32.	20	5e2	Oxygen (non emergency)	\$						
33.		<u> </u>	Occupational Therapy	\$		39,786		<u> </u>		
34.	<u> </u>	<u> </u>	Other - See Attached Schedule							
Page	22 - 1	Maint	enance and Property							
<i>35</i> .			Excess Movable Equipment Depreciation	\$		22 (18.0.2)		<u> </u>		
		<u> </u>	See Attached Schedule							
36.		1	Depreciation on Unallowable	\$						
	<u>]</u>	<u> </u>	Motor Vehicles	4						
37.		1	Unallowable Property and Real	9				T[
	·		Estate Taxes	9						
38			Rental of Building Space or Rooms		<u> </u>					
39			Other - See Attached Schedule		9					
Pag	e 27 -	Insur	ance		\$	890	9,000,000			
40		l	Mortgage Insurance		\$ \$					
41			Property Insurance		Φ					
Oth	er - M	iscell	aneous		\$					
42			Research or Experimental Activities		\$					
43	\Box		Radio and Television Revenue		\$					
44	F. [Vending Machine Revenue		\$					
45	5.		Purchase Discounts and Allowances		\$					
46	5.	\perp	Duplications of functions or services		Φ					
4	7.		Expenditures made for the protection,							
1	Ì	1	enhancement or promotion of the		¢					
	1		providers interest		\$					
4	8.		Interest Income on Accounts Rec		Φ					
4	9.		Other (include personnel and other							
	1	-	costs unrelated to resident care) - See		¢.			William K. Dang		
	1		Attached Schedule		\$					
No	t For	Profit	t Providers Only							
	0.		Building/Non Movable Eq. Depreciation	3						
		-	Unallowable Building Interest -		o l				and the second	
	- }		See Attached Schedule		\$ 914,9	39 914,9	39			
5	1. To	tal Ar	nount of Decrease (Items 1 - 50)	_	φ <u>914,9</u>	37 71 53				

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5e2	Resident PD Claims	\$ 146	A Committee of the Comm	(E)Xet(J)
20	5e2	Medicaid IV	\$ 39,640	The same of the sa	
			2 230.0	1.00 (2) (8, 70 (0)	
	60,000,000,00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10000000		pp. 1999 - Anna Carlos Car			
10000000	600 Sec. (3) (6)				
			550 050 150 050	5 (5 (5) (5)	3 20 20 20 20 20 20
otal Other	Ancillary	Costs	\$ 39,786	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
				1	(Openiy)
	100 000 000 00 100 000 000 00		G. Sen open strategy		
500 (500 (500))					
	76 ST 50 N				(600.00)
					939, 67, 67, 623, 530
TA SUL SULPHY STORY			82.000 (S. 100) (S. 100)	3 (4.7)	
			80 P 100 P 1	C. GO SECURE SECURE	Total Section Co.
	2 Sign 152 (Sign (
otal Exces	s Movable	Equipment Depreciation	ę		
		Educhment Debrectation	ֆ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
vicin severe					7 48405 8888 888
			60.000 (0.000)	75 - 150 to be 150 to 1	
2000					
				12 10 10 10 10 10 10 10 10 10 10 10 10 10	· 163
			CS of Assets the G	201 (P. 12) No. 10	
				(5) (6) (6) (6) (6)	
Fotal Other	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	12/19/10/03/03/03/		200 (300) (300)	(180 M) (10 m) (10	/ general admits as
100 A 200 U.A 100					
			60 (1) (6) (3) (6)		
					1
			200		
Total Othe	r Adjustm	euts	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					and the state of
65 (2) (5)					
65 (S. M. 19)	Surab Grab		68-135-111 (Sa. Sa.	1000	and the design of
\$6.058.038.30					
46.090 S05 SE	98.935.59657				
(5) (5) (5) (5)	190 (190 (190 (190 (190 (190 (190 (190 ((A) (1) (A) (A)	
				100 W 31 S	100 60 60 60 60
350000000000000000000000000000000000000	53.050000.080		19.00 (0.00)		
				transport of the second of the	
Total Unal	lowable Bı	uilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

r. Statement of Re-		In . o vr	13 (1		15	C
Name of Facility License No.	i	Report for Y	ear Ended		Page	of
Autumn Lake Healthcare At Norwalk 2343		9/30/2015			30	37
Your		Trada 1	COMI	DIINIC	(Smao	:6.7
Item		Total	CCNH	RHNS	(Spec	11 y)
I. Resident Room, Board & Routine Care Revenue	Φ.	- 004	# 201 SEC			
1. a. Medicaid Residents (CT only)	\$	7,331,576	7,331,576			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$	7.007.110	6 205 1 40			
3. a. Medicare Residents (all inclusive)	\$	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	_					
a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$				ļ	
c. Prescription Drugs - Non-Medicare	\$			···	<u> </u>	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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		ļ	
b. Physical Therapy - Medicare Contractual Allowance **	\$	(618,874)	(618,874)			
c. Physical Therapy - Non-Medicare	\$				ļ	
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	\$:		ļ	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				<u> </u>	
5. a. Occupational Therapy - Medicare	\$	_				
b. Occupational Therapy - Medicare Contractual Allowance **	\$		560,304			
c. Occupational Therapy - Non-Medicare	\$		(455,298)			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$		(33,938)			
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)		13,510,559	13,510,559			
IV. Other Revenue*						
Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$	52	52			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$				_	
8. Other (Specify)	\$					
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.

Schedule of Other Resident Revenue - Medicare

Related Exp

	CCNH	RHNS	(Specify)
Page Ref Description		10 Victoria (1871)	
	7831		
	 (7-00)21 -200 - 01		
	\$ -	\$ -	\$ -
Total Other Resident Revenue - Medicare	V 3.0.153	<u> </u>	
<u> </u>			

Schedule of Other Non-Medicare Resident Revenue

Related Exp

	CCNH _	RHNS	(Specify)
age Ref Description		100 pro 100 0000	
		656 (1800) 1981 (1861) 1	
The state of the s	E8 33 50 45 65 65 6	(50) 555 (40) (450 (5	100 00 00 00
Section (Section Control of Contr		60/62/30/30/30	100 100 100 100
	63, 30 (63, 64, 63, 64, 65, 65	10211947 (96, 72519	Alexander de d
	30 S	68 Si - Si - Si	160 PR 101 JOH
			\$1.00 Kings
			1 5 6 6 6 16
	and the state of the state of	150 (200 (200 (200))	
	1900 E 1909 P 190 P	SECURE SECURE	
TO THE TRANSPORT OF THE PROPERTY OF THE PROPER	· ·	\$ -	\$ -
Total Other Resident Revenue	open wax		

Interest Income

Account

	Balance	CCNH	RHNS	(Specify)
Page Ref Account		\$ 52		
30/IV5 Interest Income	9 10 20 20 20 20 20 20 20 20 20 20 20 20 20			
		68 165 195 195 195	9/100	
				100
		¢ 52	\$	\$ -
Total Interest Income		[9	<u> </u>	<u></u> _
10tal filter cas Allered				

Schedule of Other Revenue

		CCNH	RHNS	(Specify)
ge Ref	Description		2 (Content April 1981)	1000 000 000 00 D
			30 30 30	A GLASSIS AND S
				20210000000000000000000000000000000000
			100 100 100	
				Musch (Spread)
		governos aperiospolestas a		Visited services (1)
	<u> </u>			100000000000000000000000000000000000000
			400	24.55 yang 50 mga 1
15.			7.50 min (5.70 min)	San San
16048			100	
				1 1 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
100000000		\$ -	\$ -	\$

G. Balance Sheet

		of Facility	License No.	Report for Year	Ended	Page	O
Aut	LIIIII	n Lake Healthcare At Norwal	······································	9/30/2015		31	37
Ass	o to		Account			Am	ount
ass A.		urrent Assets			1		
.	1	Cash (on hand and in bank	- \				
	2.	Resident Accounts Receive		C D ID III			437,77
	3	Other Accounts Receivable	(Evaluding O	for Bad Debts)	\$		2,042,41
	4	Inventories	(Excluding Owners	or Related Parties)	\$		
		Prepaid Expenses			\$		
	٥.	a. Prepaid Insurance		106 110	\$		117,16
		b. Prepaid Interest		105,110			
		C.		12,059			
		d.					
	6.	··· ··· ··· ···	······································		Φ		
		Medicare Final Settlement l	Receivable		\$ \$		
		Other Current Assets (itemi			\$		50.01
		Due To/From Previous Owner	r	50,019	Φ		50,019
		•		···			
\-9.	To	otal Current Assets (Lines A	1 thru 8)		\$		2 647 27
3.		xed Assets			ψ	·····	2,647,374
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost	······································	\$		
		•	Accum. Depreciat	ion	Net		
	3,	Buildings	*Historical Cost		\$		
		_ 	Accum. Depreciat	ion	Net		
	4.	Leasehold Improvements	*Historical Cost	106,001	\$		98,846
			Accum. Depreciat		_ ·		20,010
	5.	Non-Movable Equipment	*Historical Cost		\$		
			Accum. Depreciat	ion	Net		
	6.	Movable Equipment	*Historical Cost	42,832	\$		36,716
			Accum. Depreciat	ion 6,116			,,
	7.	Motor Vehicles	*Historical Cost		\$		**************************************
			Accum. Depreciat	ion]	Net		
	8.	Minor Equipment-Not Depre	eciable		\$	·	
	9.	Other Fixed Assets (itemize)		\$		
-10.		Total Fixed Assets (Lines B	1 thru 9)		<u></u>		105.55
		(Diffee E					135,563

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page 32	of 1 37
Autu	mn	Lake Healthcare At Norwalk	2343	9/30/2015	-		
			Account		Φ.	Amo	
				Total Brought Forward:	13		2,782,936
C.	Lea	asehold or like property record	ed for Equity Purpose	S.	Ι,		1 105 600
		Land			\$_		1,195,608
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation		\$		
	3.	Buildings	*Historical Cost	10,873,341			10 601 508
			Accum. Depreciatio	n 271,834 Net	\$		10,601,508
	4.	Non-Movable Equipment	*Historical Cost		6		
			Accum. Depreciatio		\$		
	5.	Movable Equipment	*Historical Cost	440,250			274 212
			Accum. Depreciatio	n 66,038 Net	\$		374,213
	.6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	7.	Minor Equipment-Not Depre	ciable		\$		10 171 229
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)		\$		12,171,328
D.	Inv	vestment and Other Assets					57.014
	1.	Deferred Deposits			\$		57,015
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	lent Care (<i>itemize</i>)		\$		
					_		
				<u> </u>			
	6.	Loans to Owners or Related	Parties (itemize)		\$		
		Name and Address	Amount	Loan Date	_		
			•				
				<u> </u>	. 0		
	7.	Other Assets (itemize)			\$		
					_		
					d.	<u> </u>	57,01
D-8	3. T	otal Investments and Other A.	ssets (Lines D1 thru'	7)	\$		15,011,28
D-0	T	otal All Assets (Lines A9 + B	10 + C8 + D8		\$)	13,011,20

^{*} 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 Fac			License No.	Report for Year	· Ended	Page	of
Autumn Lak	e He	althcare At Norwalk	2343	9/30/2015		33	37
			Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		679,973
	2.	Notes Payable (itemize)			\$		77,507
		Capital Lease - AVAYA		52,78	5955		
		Capital Lease - Great Ame	rican	24,72	27		
		T 7 11 A 7 1					
	3.	Loans Payable for Equipme			\$		
		Name of Lender	Purpose	Amount	Date Due		
			<u> </u>				
		1 1 2					
	4.	Accrued Payroll (Exclusive			\$		
	5.	Accrued Payroll (Owners a		only)	\$		
					\$		6,716
		Medicare Final Settlement			\$		
		Medicare Current Financin			\$		
		Mortgage Payable (Current			\$		
		Interest Payable (Exclusive	of Owner and/or R	elated Parties)	\$		
		Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (it	temize)		\$		

^{*} 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. 2343	Report for Year 9/30/2015	Ended	Page 34	of 37
Autumn Lake Healthcare At Norwalk		7/30/2010		Aı	nount
	Account	Total Broug	ht Forward:		764,196
		1000123148			
iabilities (cont'd)					
B. Long-Term Liabilities	mt (itamina)		Į;	\$	The state of the s
Loans Payable-Equipme	Purpose	Amount	Date Due		
Name of Lender	1 urpose				
	1				
		Ì			
]		
			1		
		}]]		
		<u>l</u>]		
		}	<u>'</u>		
				\$	
2. Mortgages Payable	Dalated Darting (itamize	.)		\$	989,063
3. Loans from Owners or	Amount	Loan	Date		
Name and Address of Lender	Amount				
		\			
Stern/Autumn					
Lake/Landloard	989,06	63			
					
		l:			
0.1 I T T.:al	oilities (itemize)			\$	
4. Other Long-Term Lia	Mitties (nemize)				
			1		
	(Lines D1 thom A)			\$	989,06
B-5. Total Long-Term Liability	nes (Lines B1 unu 4)			\$	1,753,26
C. Total All Liabilities (Lin	es A-13 + B-3)				

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

	ne of Facility umn Lake Healthcare At Norwalk	ense No.	Report for Year F	Ended	Page		of
Au		2343 ecount	9/30/2015		35		37
A.	Reserves	count			A	mount	
	1. Reserve for value of leased land			\$			
	Reserve for depreciation value of to be amortized	leased build	ings and appurtenance	es		<u> </u>	
ļ <u></u>				\$			
-	3. Reserve for depreciation value of	leased perso	nal property (Equity)	\$			
	4. Reserve for leasehold real propert	ies on which	fair rental value is ba	sed \$		12,509	,200
	5. Reserve for funds set aside as don	or restricted		\$			
	6. Total Reserves			\$		12,509	,200
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	1/1/20	15 thru 9/3	0/2015 \$		748,	820
	7. Total Net Worth			\$		748,	
C.	Total Reserves and Net Worth			\$		13,258,	
D.	Total Liabilities, Reserves, and Net W	orth		\$		15,011,	

H. Changes in Total Net Worth

11.0	. Changes						
		Report for	Year End	ded	Page	of	
ame of Facility	License No.	9/30/2 <u>015</u>			36	37	
utumn Lake Healthcare At Norwalk	2343	9/30/2013	9/30/2010		Amount		
utumi sens	Account	00/00/0014		\$			
Palance at End of Prior Period as	shown on Report of	09/30/2014		\$ 13,5			
. Balance at End of Prior Period as shown on Report of 09/30/2014 . Total Revenue (From Statement of Revenue Page 30) . Statement of Expenditures Page 27)					<u> </u>	12,761,791	
Total Revenue (From Statement of Expenditures Page 27) Total Expenditures (From Statement of Expenditures Page 27)					<u> </u>	748,820	
Net Income or Deficit					<u> </u>	748,820	
Net Income or Delicit Balance							
Additions Additional Capital Contribute Additional Capital Contribute 2. Other (itemize)	ed (itemize)				\$		
F-3. Total Additions					\$		
G. Deductions 1. Drawings of Owners/Opera	tors/Partners (Speci	fy)			0		
1. Drawings of Owners/Opera Name and Address (No., C	ity, State, Zip)	Ti	tle	Amount	-		
Name and Address (10.,					\$		
2. Other Withdrawings (Specify)			Amount				
Purpose		Amount		,,,,,,,			
					\$		
					-\ \$	748,8	
3. Total Deductions		9/30/15					

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended		of	
Autumn Lake Healthcare At Norwalk	2343	9/30/2015	Page 37		
	Check appropriate category	1000000	3/ [37	
☐ Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing □ (Specify)				
	Preparer/Reviewer Certifica	tion		********* ***************************	
appropriate personnel as to the possible applicable regulations. All non-reimble automatically removed in the State raperformed by me are properly reported expenditures). Further, the data contains, by the Facility.	report and am familiar with the applicabe and State issued field audit reports for the ble inclusion in this report of expenses we bursable expenses of which I am aware (at ecomputation system) as a result of read as such in this report on Pages 28 and ained in this report is in agreement with the state of the state of the system.	Facility and have inquired of hich are not reimbursable under t (except those expenses known to ding reports, inquiry or other services) (adjustments to extense to a statement of	he be vices		
Signature of Preparer	Title Partner	Date Signed	-/6		
Printed Name of Preparer	· · · · · · · · · · · · · · · · · · ·		······································		
Craig J. Lubitski Consulting LLC Address					
Address		Phone Number			
225 Pitkin Street, East Hartford, CT 06108		860-610-9009			