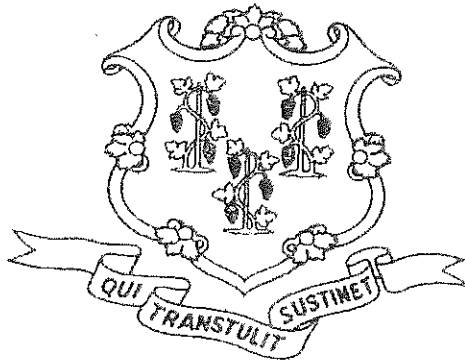


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Bidwell Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 333 Bidwell Street Manchester, CT 06040	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
1 NurseFac-Aids	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2148-C	RHNS	NurseFac-Aids	Medicare Provider 07-5314
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Medicaid Provider Numbers:	CCNH CCH 0020123	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) Bidwell Care Center, LLC	License No. 2148-C	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 Bidwell Care Center, LLC [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) <i>James Christofori</i>		Date 2/10/16	Signed (Owner) <i>Chris Wright</i>		Date 2/10/16
Printed Name (Administrator) James Christofori			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me: <i>James Christofori</i>	State of CT	Date 2/10/16	Signed (Notary Public) <i>Brenda Walsh</i>	<div style="border: 1px solid black; padding: 2px;"> BRENDAL WALSH Notary Public, Connecticut My Commission Expires February 29, 2020 </div>	
Address of Notary Public 341 Bidwell Street, Manchester, CT 06040					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bidwell Care Center, LLC		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 333 Bidwell Street Manchester, CT 06040				
Report Prepared By Denise MacKinnon		Phone Number 860-570-2140 ext 15	Date	
Item	Total	CCNH	RHNS	NurseFac-Aids
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 860-645-4888		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Bidwell Care Center, LLC		Address (No. & Street, City, State, Zip) 333 Bidwell Street Manchester, CT 06040		
License Numbers:	CCNH 2148-C	RHNS	NurseFac-Aids	Medicare Provider No. 07-5314
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 checked="" type="checkbox"/> NurseFac-Aids				
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	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator James Christofori		Nursing Home Administrator's License No.:	1674	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Related Parties*

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes 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? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
See Attached		<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.
 ** Provide the percentage amount of revenue received from non-related parties.

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Related Parties*

Name of Facility Bidwell Care Center, LLC	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees		-	-
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees		4,802	(4,802)
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19	3	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees		-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16	M	(799)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees		4,918	(4,918)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19	3	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		-	-
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		-	-
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees		11,025	(11,025)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees		15,948	(15,948)
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees		-	-
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees		1,254	(1,254)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13	5,8,10	(648,738)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27	10,9,14	(771,189)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15	M,E	(23,420)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EE's not part of mgmt agmt			(143,562)
				Management Services, Direct	20	5i	(118,393)
				Management Services, Indirect	20	5i	(42,062)
				Management Services, Administrative	16	M12	(244,662)
							-
							-
							-
							-
All 9 Care Centers, mgmt co, realty cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

* 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 Bidwell Care Center,LLC	License No. 2148-C	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
Accounting Basis

Name of Facility Bidwell Care Center,LLC	License No. 2148-C	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.				
Independent Accounting Firm				
Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
Services Provided by This Firm (<i>describe fully</i>)				
1	Taxes, financial statements, accounting support	\$	3,712	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	3,712
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 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina) 5 Starble and Harris, iCare Health Management LLC			Telephone Number 860-570-2140 860-678-7775 860-275-8200	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	341 Bidwell Street, Manchester CT			
2	32 Main Street, Avon, CT			
3	280 Trumbull St, Hartford, CT			
4				
5	32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT			
Services Provided by This Firm (<i>describe fully</i>)				
1	Lease and contract issues, general legal advice, Labor Law	\$	22,489	
2	Lease and contract issues, general legal advice, union funds advice	\$	4,641	
3	Employment law, arbitrations, contract negotiations	\$	846	
4	Employment Arbitrations, healthcare law	\$	8,492	
5	Collections	\$	982	
			Charge for Services Provided	
			\$	37,451
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 15E				

Schedule of Resident Statistics

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2015						Page 8	of 37
		Period 10/1 Thru 6/30			Period 7/1 Thru 9/30				
		Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac-Aids	Total	CCNH		
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	131	131			131	131			
B. On last day of THIS report period	131	131			131	131			
2. Number of Residents									
A. As of midnight of PREVIOUS report period	122	122			122	123			
B. As of midnight of THIS report period	121	121			123	123			
3. Total Number of Days Care Provided During Period									
A. Medicare	4,093	4,093			3,092	3,092		1,001	
B. Medicaid (Conn.)	38,735	38,735			29,266	29,266		9,469	
C. Medicaid (other states)									
D. Private Pay	434	434			400	400		34	
E. State SSI for RCH									
F. Other (Specify) INSURANCE	490	490			355	355		135	
G. Total Care Days During Period (3A thru F)	43,752	43,752			33,113	33,113		10,639	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days									
B. Other Bed Reserve Days									
5. Total Resident Days (3G + 4A + 4B)	43,752	43,752			33,113	33,113		10,639	

Schedule of Resident Statistics (Cont'd)

Name of Facility Bidwell Care Center, LLC			License No. 2148-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(1)	(2)	(3)	(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	NurseFac-Aids			
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	RHNS	CCNH	RHNS	CCNH	RHNS	NurseFac-Aids	R.C.H.	ICF-MR				
No. of Residents	13		105		3								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.	444.00		246.00		389.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	NurseFac-Aids		
A. Medicare - Part B								3,969	3,969				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								1,847	1,847				
C. Other								9,493	9,493				
D. Total Physical Therapy Treatments								15,309	15,309				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								196	196				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								353	353				
C. Other								974	974				
D. Total Speech Therapy Treatments								1,523	1,523				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,090	3,090				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								1,840	1,840				
C. Other								8,631	8,631				
D. Total Occupational Therapy Treatments								13,561	13,561				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bidwell Care Center, LLC	2148-C	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	NurseFac-Aids	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	140,189	2,154				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	114,111	6,360				
5. Dietary Service						
a. Head Dietitian	34,984	1,030				
b. Food Service Supervisor	45,627	1,574				
c. Dietary Workers	470,798	25,814				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	42,863	1,518				
b. Other Maintenance Workers	40,307	2,478				
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	165,135	3,294				
b. RN						
1. Direct Care	547,832	13,126				
2. Administrative**	291,099	7,572				
c. LPN						
1. Direct Care	1,109,736	36,073				
2. Administrative**						
d. Aides and Attendants	1,814,902	100,355				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	172,201	8,436				
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	158,235	5,914				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	45,561	3,082				
A-13. Total Salary Expenditures	5,193,581	218,780				

* 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		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 989	73			\$ -	-
MEDICAL RECORDS SALARIES	\$ 1,271	93			\$ -	-
CENTRAL SUPPLY SALARIES	\$ 43,301	2,917			\$ -	-
Total	\$ 45,561	3,082	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 26,366	1,068			\$ -	-
ADMISSIONS C/S LABOR	\$ 26,042	570			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 2,889	74			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 89,725	2,312			\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 35,778	792			\$ -	-
Total	\$ 180,801	4,816	\$ -	-	\$ -	-

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

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2015		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received	
		Page 11	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							
Section I - Operators/Owners									
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.

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

Name of Facility (as licensed) Bidwell Care Center, LLC		License No. 2148-C		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	NurseFac-Aids							
Section III - Administrators***										
James Christofori (10/1/2014-3/8/2015, 5/6/2015-9/30/2015)	116,622			same as employees less union funds	Administrator	1,818	A2			
David Sones (03/09/15 - 05/06/15)	23,567			same as employees less union funds	Administrator	336	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		
Bidwell Care Center,LLC	2148-C	9/30/2015	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	8,771	223				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	299,383	3,915				
b. Other						
6. Social Worker	313	Training				
7. Recreation Worker	17,220	31				
8. Physicians						
a. Medical Director (entire facility)	44,600	391				
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) Physician Care Contract Services	22,398	147				
9. Speech Therapist						
a. Resident Care	52,898	716				
b. Other						
10. Occupational Therapist						
a. Resident Care	268,964	3,554				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	15,790	139				
2. Administrative***	51,955	414				
b. LPN						
1. Direct Care	2,844	68				
2. Administrative***						
c. Aides	(483)	(36)				
d. Other						
12. Other (Specify) See Attached Schedule	180,801	4,816				
B-13 Total Fees Paid in Lieu of Salaries	965,453	14,378				

* 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 Bidwell Care Center,LLC		License No. 2148-C	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		
Omnicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Tocuhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Paulekas Wayne	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Bogacki Robert	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group	Housekeeping & Laundry Contract	<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"/>		
		<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
Bidwell Care Center, LLC	2148-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
I. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 168,502	168,502		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 483,549	483,549		
5. Health Insurance	\$ 836,436	836,436		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 272,325	272,325		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 35,658	35,658		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 134,424	134,424		
d. Accounting and Auditing	\$ 3,712	3,712		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 37,451	37,451		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 19,167	19,167		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,664	20,664		
2. Cellular Phones	\$ 1,433	1,433		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 252	252		
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	\$ 919,667	919,667		
Subtotal	\$ 2,933,240	2,933,240		

* 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**

Bidwell Care Center,LLC
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac- Aids
UNION TRAINING	\$ 35,658		\$ -
Total	\$ 35,658	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac- Aids
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center,LLC	2148-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:	2,933,240	2,933,240		
l. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$				
4. Employee Travel \$	698	698		
5. Education Expenses Related to Seminars and Conventions \$	3,081	3,081		
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	3,231	3,231		
7. Other (<i>Specify</i>) \$	803	803		
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>) \$	5,402	5,402		
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$				
3. Advertising Other (<i>Specify</i>)*** \$	34,032	34,032		
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 \$	5,519	5,519		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$	8,917	8,917		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$				
9. Subscriptions \$	373	373		
10. Contributions*** \$	2,387	2,387		
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$	119,554	119,554		
12. Administrative Management Services** \$	244,663	244,663		
13. Other (<i>Specify</i>) \$	26,385	26,385		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 3,388,284	3,388,284		

* 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	NurseFac-Aids
MEALS	\$ 803		\$ -
Total Other Travel and Entertainment	\$ 803	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 34,032		\$ -
Total Other Advertising	\$ 34,032	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAHCF Dues	\$ 8,916.72		\$ -
OTHER DUES			
Total Dues	\$ 8,917	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
CHARITABLE CONTRIBUTIONS	\$ 2,387		\$ -
Total Contributions	\$ 2,387	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ 287		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,457		\$ -
EMPLOYEE RELATIONS	\$ 7,731		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 1,887		\$ -
PERMITS & LICENSES	\$ 1,530		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 11,036		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 2,456		\$ -
Rounding			
Total Other Administrative and General	\$ 26,385	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bidwell Care Center, LLC	2148-C	9/30/2015	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 #
iCare Management, LLC/iCare Health Management, LLC	244,663	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	118,393	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	42,062	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

* 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
Bidwell Care Center, LLC	2148-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	NurseFac-Aids
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 268,510	268,510		
2. Non-Food Supplies	\$ 36,851	36,851		
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 18,626	18,626		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 13,631	13,631		
c. Management Services**	\$			
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 5,700	5,700		
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 343,319	343,319		
	Total	CCNH	RHNS	NurseFac-Aids
2F. Dietary Questionnaire				
G. Resident Meals: Total no. of meals served per day:*	360	360		
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 Bidwell Care Center, LLC		License No. 2148-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
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. \$	445	445	
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)	\$	361,968	361,968	
c.	Management Services**	\$			
d.	Other (Specify) LAUNDRY SUPPLIES	\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	362,413	362,413	
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
Bidwell Care Center, LLC		2148-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	NurseFac-Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 28,131	28,131		
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.	\$ 410,329	410,329		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) HOUSEKEEPING MINOR EQUIPMENT		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 438,460	438,460		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from OMNICARE PHARMACY		\$ 171,494	171,494		
b.	Medicine Cabinet Drugs		\$ 15,136	15,136		
c.	Medical and Therapeutic Supplies		\$ 62,319	62,319		
d.	Ambulance/Limousine***		\$ 9,744	9,744		
e.	Oxygen					
1.	For Emergency Use		\$ 8,405	8,405		
2.	Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 18,609	18,609		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 24,920	24,920		
i.	Recreation		\$			
j.	Other (Specify)**** See Attached Schedule		\$ 350,985	350,985		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 661,611	661,611		

* 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	NurseFac- Aids
NURSING ADMIN SUPPLIES	\$ 416		\$ -
NURSING MINOR EQUIP	\$ 10,234		\$ -
MEDICAL RECORDS SUPPLIES	\$ 20		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 118,393		\$ -
NON-COVERED PPS DR. VISITS	\$ 769		\$ -
RESIDENT CARE SUPPLIES	\$ -		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 15,416		\$ -
PERSONAL CARE SUPPLIES	\$ 10,665		\$ -
INCONTINENCY SUPPLIES	\$ 35,628		\$ -
VACCINE RESIDENTS	\$ 1,983		\$ -
PATIENT SPECIAL NEEDS	\$ 664		\$ -
PHYSICAL THERAPY SUPPLIES	\$ 1,095		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ 71		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 72,181		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 840		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ 2,909		\$ -
IV THERAPY SUPPLIES	\$ 28,570		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 3,350		\$ -
ACTIVITIES SUPPLIES	\$ 5,719		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 42,062		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
Total Other Resident Care	\$ 350,985	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of				
Bidwell Care Center, LLC		2148-C		9/30/2015		21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	NurseFac-Aids	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Housekeeping Services	408,428			20	4b
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Laundry Services	360,290			19	3b
Eagle Elevator		<input type="radio"/>	<input type="radio"/>	VENDOR	Elevator Contract	6,126			22	6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	VENDOR	Medical Waste	3,350			22	6F
A-1 Snowplowing / Brickman Landscaping/Twin Landscaping Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Snow Removal/Landscaping	24,579			22	6F
CWPM - Recycling	Box 415, Plainville, CT 06062	<input type="radio"/>	<input type="radio"/>	VENDOR	Trash removal	18,181			22	6F
American HealthTech		<input type="radio"/>	<input type="radio"/>	VENDOR	Software Maintenance Contract	17,835			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	VENDOR	Payroll Services	41,979			16	M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	VENDOR	Resident Trust Software	2,541			16	M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>	VENDOR	Computer Consulting Services	34,229			16	M11
Priority Express		<input type="radio"/>	<input type="radio"/>	VENDOR	Courier Services	4,902			16	M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Nursing Software	4,290			16	M11
		<input type="radio"/>	<input type="radio"/>	VENDOR						
		<input type="radio"/>	<input type="radio"/>	VENDOR						

* 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
Bidwell Care Center, LLC	2148-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 30,761	30,761				
b. Heat	\$ 17,650	17,650				
c. Light & Power	\$ 112,050	112,050				
d. Water	\$ 52,410	52,410				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 36,733	36,733				
f. Other (<i>itemize</i>)	\$ 99,497	99,497				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 349,102	349,102				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 19,013	19,013				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 65,931	65,931				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 84,943	84,943				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 45,774	45,774				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 45,774	45,774				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 601,500	601,500				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 98,973	98,973				
c. Personal property taxes	\$ 13,118	13,118				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 844,308	844,308				

* 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	NurseFac-Aids
PLANT SUPPLIES	\$ 15,084		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 5,446		\$ -
ELEVATOR CONTRACT SERVICE	\$ 2,290		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,388		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 11,410		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 16,913		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 18,181		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 9,810		\$ -
PLANT MINOR EQUIPMENT	\$ 12,426		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ 2,550		\$ -
Total Other Repairs and Maintenance	\$ 99,497	\$ -	\$ -

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/23/2015	Box, Control for Acuator: Medline	\$ 1,868	60	\$ 249
5/1/2015	Bed - Medline	\$ 3,609	60	\$ 241
6/5/2015	Floor Lift: Direct Supply	\$ 3,442	120	\$ 86
Total additions for Movable Equipment		\$ 8,919		\$ 576 *
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:				
1/30/2015	Replaced Evaporator in Freezer: Proline	\$ 2,171	120	\$ 145
10/3/2014	Upgraded Freezer: Proline	\$ 4,328	120	\$ 397
5/29/2015	Replaced Valve on Water Heater: Saucier Mechanical Serv.	\$ 5,134	120	\$ 171
3/31/2015	Upgraded Kitchen Drain: Saucier Mechanical Serv.	\$ 3,167	300	\$ 63
6/12/2015	Installed Ice Machine: Proline	\$ 4,068	120	\$ 102
Total additions for Leasehold Improvement		\$ 18,868		\$ 878 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Bidwell Care Center, LLC		Date of Acquisition		License No. 2148-C	Report for Year Ended 9/30/2015		Page 24	of 37
		Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense								
1. Organization Expense				5	3,410	3,410		
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					612,939	374,042	44,896	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)					18,868		878	
C-4. Subtotal								45,774
D. Total Amortization								45,774

* 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 Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*			<input checked="" type="radio"/> Yes	<input type="radio"/> 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	12/01/03				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	12/01/03				
4. Date of Initial Licensure	12/01/03				
5. Total Licensed Bed Capacity	131				
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)	HUD fixed				
b. Date Mortgage Obtained	05/30/13				
c. Interest Rate for the Cost Year	335.00%				
d. Term of Mortgage (number of years)	23				
e. Amount of Principal Borrowed	3,259,200				
f. Principal balance outstanding as of 09/30/2015	3,040,414				
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.

Annual Report of Long-Term Care Facility

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bidwell Care Center,LLC		2148-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	NurseFac-Aids		
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
Bidwell Care Center,LLC		2148-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	NurseFac-Aids
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)				\$	27,684	27,684	
INTEREST							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	27,684	27,684	
14. Insurance							
a. Insurance on Property (buildings only)				\$	13,332	13,332	
b. Insurance on Automobiles				\$	1,483	1,483	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	38,531	38,531	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	3,000	3,000	
14d. Total Insurance Expenditures (14a + b + c)				\$	56,346	56,346	
15. Total All Expenditures (A-13 thru C-14)				\$	12,630,559	12,630,559	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bidwell Care Center, LLC			2148-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
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.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 86,035	86,035		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 134,424	134,424		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 34,032	34,032		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 2,456	2,456		
Page 18 - Dietary Expenditures							
24.			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)				\$ 256,947	256,947		

* 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	NurseFac-Aids
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16		Management fee over cost	\$ -		\$ -
15	K3	Provider User Fee Medicare days	\$ 86,035		
Total Other Fees Adjustments			\$ 86,035	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 2,456		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	0		
Total Other A&G Adjustments			\$ 2,456	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bidwell Care Center, LLC			2148-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 256,947	256,947		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 9,744	9,744		
29.			X-rays, etc	\$ 18,609	18,609		
30.			Laboratory	\$ 24,920	24,920		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,183	2,183		
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	\$ 35	35		
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)				\$ 312,438	312,438		

*** 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.

Bidwell Care Center, LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	769.03		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	1,291		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	123		
Total Other Ancillary Costs			\$ 2,183	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	2		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	26		
22	6B	Heat (for outpatient Therapy see schedule)	2		
22	6C	Light and Power (for outpatient therapy see schedule)	2		
22	6D	water (for outpatient therapy see schedule)	2		
22	6A	Repair&Maint (for outpatient therapy see schedule)	2		
Total Other Adjustments			\$ 35	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bidwell Care Center,LLC	2148-C	9/30/2015		30	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 9,514,355	9,514,355			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 2,045,216	2,045,216			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 391,683	391,683			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 147,638	147,638			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (147,638)	(147,638)			
c. Prescription Drugs - Non-Medicare	\$ 25,559	25,559			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (25,559)	(25,559)			
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	\$ 344,574	344,574			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (291,113)	(291,113)			
c. Physical Therapy - Non-Medicare	\$ 98,734	98,734			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (98,734)	(98,734)			
4. a. Speech Therapy - Medicare	\$ 72,350	72,350			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (58,346)	(58,346)			
c. Speech Therapy - Non-Medicare	\$ 39,375	39,375			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (39,375)	(39,375)			
5. a. Occupational Therapy - Medicare	\$ 374,220	374,220			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (295,831)	(295,831)			
c. Occupational Therapy - Non-Medicare	\$ 100,065	100,065			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (99,806)	(99,806)			
6. a. Other (Specify) - Medicare	\$ 69,298	69,298			
b. Other (Specify) - Non-Medicare	\$ 28,367	28,367			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,195,032	12,195,032			
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 (Specify)	\$ 12	12			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$				
V. Total Other Revenue (1 thru 8)	\$ 12	12			
VI. Total All Revenue (III +V)	\$ 12,195,043	12,195,043			

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

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	NurseFac-Aids
	Lab Medicare	\$ 107,323		
	Lab Medicare CA	\$ (107,323)		
	Oxygen Medicare	\$ 245		
	Oxygen Medicare CA	\$ (245)		
	Equipment rental	\$ 4,338		
	Equipment rental CA	\$ (4,338)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 15,618		
	Radiology Medicare CA	\$ (15,618)		
	IV Therapy	\$ 36,494		
	IV Therapy CA	\$ (36,494)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy	\$ 69,298		
	Total Other Resident Revenue - Medicare	\$ 69,298	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	NurseFac-Aids
	Lab	7,460.58		
	Lab CA	(7,460.58)		
	Oxygen	\$ 715		\$ -
	Oxygen CA	\$ (715)		\$ -
	Equipment rental	\$ 11,886		
	Equipment rental CA	\$ (11,886)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 2,291		
	Radiology CA	\$ (2,291)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 3,708		\$ -
	IV therapy CA	\$ (3,708)		\$ -
	Flu shot revenue	\$ 2,432		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ 25,935		
	rounding	\$ (1)		
	Total Other Resident Revenue	\$ 28,367	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	NurseFac-Aids
	INTEREST INCOME		\$ 12		
	Total Interest Income		\$ 12	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	NurseFac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	Total Other Revenue	\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(186,329)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	819,690
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	79,947
4. Inventories			\$	
5. Prepaid Expenses			\$	303,705
a. Prepaid Insurance	295,867			
b. Prepaid Property Taxes	3,094			
c. Prepaid Expenses Other	4,744			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(517,816)
Due From (to) Related Parties	(383,844)			
Other Owners reserves	(133,972)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	499,197
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	190,125	\$	163,191
	Accum. Depreciation	26,934	Net	
4. Leasehold Improvements	*Historical Cost	631,807	\$	211,991
	Accum. Depreciation	419,815	Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	936,208	\$	129,552
	Accum. Depreciation	806,656	Net	
7. Motor Vehicles	*Historical Cost	7,009	\$	
	Accum. Depreciation	7,009	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	36,042
Construction in Progress	36,042			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	540,777

* 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
Bidwell Care Center,LLC	2148-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,039,974
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost 3,410	
			Accum. Depreciation 3,410	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	55,246
Patient Trust Funds			52,691	
Long Term Deposit - primicare			2,555	
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)			\$	55,246
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,095,220

* 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
Bidwell Care Center, LLC	2148-C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	588,262
2. Notes Payable (<i>itemize</i>)			\$	822,999
Working Capital Line of Credit				822,999
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>)			\$	353,997
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
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>)			\$	1,800,945
Related Party Payables				1,641,465
Accrued Expenses				17,652
Accrued Resident User Fees				202,612
Accrued Workers Comp Expense				(60,784)
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	3,566,203

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

(*Carry Total forward to next page*)

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Bidwell Care Center,LLC		License No. 2148-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,566,203	
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>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
Patient Trust Funds		52,691		\$	52,691
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	52,691
C. Total All Liabilities (Lines A-13 + B-5)				\$	3,618,894


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

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	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			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,113,158)
6. Gain or Loss for Period			\$	(435,516)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(2,523,674)
C. Total Reserves and Net Worth			\$	(2,523,674)
D. Total Liabilities, Reserves, and Net Worth			\$	1,095,220

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center,LLC	2148-C	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>)			\$	12,195,043
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,630,559
D. Net Income or Deficit			\$	(435,516)
E. Balance			\$	(435,516)
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			\$	(435,516)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	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 checked="" type="checkbox"/> NurseFac-Aids		
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 VP Finance	Date Signed 2-10-16		
Printed Name of Preparer Denise MacKinnon				
Address Address 341 Bidwell Street, Manchester, CT 06040			Phone Number 860-570-2140 ext 15	