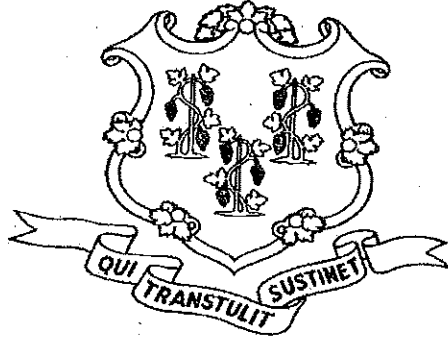


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	
Address (No. & Street, City, State, Zip Code) 189 Alps Road, Branford, CT 06405	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)                      (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider 07-5296
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Medicaid Provider Numbers:	CCNH 9977	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) CSC Enterprises, Inc. d/b/a Branford Hills Health Care	License No. 997C	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 CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center [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)		Date	Signed (Owner)		Date
Printed Name (Administrator) Janet A. Woxland			Printed Name (Owner) Charles F. Shelton, Jr		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 189 Alps Road, Branford, CT 06405				
Report Prepared By Renee P. Grailich, Director of Financial Analysis		Phone Number 203-483-4402	Date	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-481-6221		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center		Address (No. & Street, City, State, Zip) 189 Alps Road, Branford, CT 06405		
License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider No. 07-5296
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" 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.				
<b>Administrator</b>				
Name of Administrator Janet A. Woxland		Nursing Home Administrator's License No.:	001516	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Charles F. Shelton, Jr		License No.:	211	



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills H	License No. 997C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	189 Alps Road, Branford, CT 06405	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Charles F. Shelton, Jr.	29 Blackstone Avenue, Branford, CT 06405	resident/Treasur	99	
Doris J. Shelton	29 Blackstone Avenue, Branford, CT 06405	Secretary	1	
Names of Stockholders Owning at Least 10% of Shares				
Charles F. Shelton, Jr.	29 Blackstone Avenue, Branford, CT 06405	resident/Treasur	99	

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health C	997C	9/30/2015	3B	37

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

Owner(s) of Facility

NOT APPLICABLE



State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-4 Rev. 10/2005

**General Information and Questionnaire**  
**Related Parties\***

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care	License No. 997C	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 %**				
Charles F. Shelton, Jr.	Branford Hills Realty Associates, New Haven, CT	<input type="radio"/>	<input checked="" type="radio"/>	Arms-length lease of land and building	22/9	370,365	370,365
Charles F. Shelton, Jr.	29 Blackstone Avenue, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	Stockholder dividend	36/F2	750,000	N/A
Charles F. Shelton, Jr.	Blackstone Associates, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	Management services - financial & banking	30a/IV8	49,900	49,900
Charles F. Shelton, Jr.	Mimetta LLC, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	Management services - energy contracting	30a/IV8	49,900	49,900
Charles F. Shelton, Jr.	Trison LLC, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	Management services - insurance contracting	30a/IV8	49,900	49,900
DJS Enterprises, LLC d/b/a BHHCC Pharmacy	189 Alps Road, Branford, CT 06405	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	See Page 4a	785,429	785,429
ACD Enterprises	189 Alps Road, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	Rent land/building - Administrative Offices	22/9	49,900	49,900
BHHCC Memorial Trust	189 Alps Road, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	Provided benefits to residents	N/A (No costs)	N/A	N/A
		<input type="radio"/>	<input type="radio"/>				

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Heal	License No. 997C	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 (See listing page 13)
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.

Outpatient Therapy, Respiratory Therapy and BHHCC Pharmacy

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

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

Name of Facility		License No.	Report for Year Ended	Page	of		
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cen		997C	9/30/2015	6	37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Corner Stone Medical, 115 Hurley Road, Oxford, CT 06478	<input type="radio"/>	<input checked="" type="radio"/>	Continuous passive motion device		As needed		2,374
Life Systems, 7320 Central Avenue, Savannah, GA 31406	<input type="radio"/>	<input checked="" type="radio"/>	Monitoring machine		As needed		1,782
ADP, PO Box 7247-0372, Philadelphia, PA 19170-0372	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks	05/01/03	Monthly		13,483
Accelerated Care, 13828 Coil Center Road, Chicago, IL 60963	<input type="radio"/>	<input checked="" type="radio"/>	PT and OT Equipment		As needed		14,181
Telehealth Services, PO Box 890115, Charlotte, NC 28289-0115	<input type="radio"/>	<input checked="" type="radio"/>	Televisions	08/01/04	1 Year		14,136
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machines	10/01/98	Monthly		2,813
Great American Leasing Corp. PO Box 609, Cedar Rapids, IA 52406	<input type="radio"/>	<input checked="" type="radio"/>	Telephone System	04/01/11	3 Years		9,814
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No
<b>Total ***</b>							<b>58,583</b>

adj 09/35 ✓  
 rec'd 08/06 ✓  
 rec'd 08/06 ✓  
 RFI Rec'd 08/06 ✓  
 adj 09/35 ✓  
 rec'd 08/06 ✓

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No

\* 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 CSC Enterprises, Inc. d/b/a Branford	License No. 997C	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.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	O'Connor Davies	100 Great Meadow Rd., Wethersfield, CT 06109		
2	Saslow, Lufkin & Buggy, LLP	10 Tower Lane, Avon, CT 06001		
3				
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Accounting and Financial Reporting	\$	9,750	
2	Medicare Cost Report	\$	4,500	
3		\$		
4		\$		
			Charge for Services Provided	
			\$	14,250
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input type="radio"/> Yes <input type="radio"/> No				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	CATIC	203-458-6535		
2	Parrett, Proto, Parese and Colwell	203-281-2700		
3	Attorney Christian B. Shelton	203-481-6221		
4				
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1	29 Water Street, Guilford, CT 06437			
2	2319 Whitney Ave., Hamden, CT 06518			
3	6 Spice Bush Lane, Branford, CT 06405			
4				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Accts Receivable Collection Efforts	\$	270	
2	Facility Lease Review	\$	8,879	
3	Facility Lease Review	\$	73	
4		\$		
5		\$		
			Charge for Services Provided	
			\$	9,222
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				

**Schedule of Resident Statistics**

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	License No. 997C		Report for Year Ended 9/30/2015				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
				Total	CCNH	RHNS			(Specify)
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	190	190		190	190	190	190	190	
B. On last day of THIS report period	190	190		190	190	190	190	190	
2. Number of Residents									
A. As of midnight of PREVIOUS report period	186	186		186	186	182	182	182	
B. As of midnight of THIS report period	183	183		178	178	183	183	183	
3. Total Number of Days Care Provided During Period									
A. Medicare	9,945	9,945		7,316	7,316	2,629	2,629	2,629	
B. Medicaid (Conn.)	47,350	47,350		35,365	35,365	11,985	11,985	11,985	
C. Medicaid (other states)									
D. Private Pay	9,178	9,178		7,297	7,297	1,881	1,881	1,881	
E. State SSI for RCH									
F. Other (Specify)									
G. Total Care Days During Period (3A thru F)	66,473	66,473		49,978	49,978	16,495	16,495	16,495	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days	126	126		126	126				
B. Other Bed Reserve Days	110	110		51	51	59	59	59	
5. <b>Total Resident Days (3G + 4A + 4B)</b>	66,709	66,709		50,155	50,155	16,554	16,554	16,554	

**Schedule of Resident Statistics (Cont'd)**

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills He			License No. 997C			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 checked="" 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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(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	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	31		128										
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	559.37		228.85										
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								16,590	16,590				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								1,038	1,038				
C. Other								1,036	1,036				
D. <b>Total Physical Therapy Treatments</b>								18,664	18,664				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								544	544				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								45	45				
C. Other								107	107				
D. <b>Total Speech Therapy Treatments</b>								696	696				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								11,876	11,876				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								957	957				
C. Other								1,167	1,167				
D. <b>Total Occupational Therapy Treatments</b>								14,000	14,000				

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cent	997C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	152,096	2,192				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	187,920	2,088				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	654,826	16,835				
5. Dietary Service						
a. Head Dietitian	72,901	2,120				
b. Food Service Supervisor	69,554	2,126				
c. Dietary Workers	703,683	49,366				
6. Housekeeping Service						
a. Head Housekeeper	62,383	1,545				
b. Other Housekeeping Workers	460,179	32,703				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	69,571	2,126				
b. Other Maintenance Workers	107,316	4,670				
8. Laundry Service						
a. Supervisor	31,178	772				
b. Other Laundry Workers	180,740	11,902				
9. Barber and Beautician Services						
10. Protective Services	171,584	13,692				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	273,877	5,717				
b. RN						
1. Direct Care	1,064,646	32,026				
2. Administrative**	267,576	7,499				
c. LPN						
1. Direct Care	1,488,285	58,704				
2. Administrative**	54,797	1,832				
d. Aides and Attendants	2,708,814	191,424				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	202,546	10,147				
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	148,999	6,159				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	198,395	8,635				
A-13. Total Salary Expenditures	9,331,866	464,280				

d 57,447

) 176,867

reclass A4

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.  
 \*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.  
 \*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Admissions Coordinator	\$ 79,651	2,144	✓ Reclass A4			
Medical Records	\$ 49,634	2,304	Reclass A4			
Nursing Scheduler	\$ 31,096	2,005	Reclass A4			
Unit Secretary	\$ 38,014	2,182	Reclass A4			
<b>Total</b>	<b>\$ 198,395</b>	<b>8,635</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy Patient Care	\$ 94,738	1,723				
Therapy Services Consultant	\$ 2,540	39				
<b>Total</b>	<b>\$ 97,278</b>	<b>1,762</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>



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

Name of Facility	License No.	Report for Year Ended		Page	of			
		9/30/2015				11	37	
Name	CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	Salary Paid		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
		CCNH	RHNS (Specify)					
<b>Section I - Operators/Owners</b>	997C							
<b>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).</b>								
Christian B. Shelton		55,867					1,044	(Disallowed see Pg 28)
Stephen J. Shelton		192,956					2,152 A 4	

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

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

Name of Facility (as licensed) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center		License No. 997C		Report for Year Ended 9/30/2015		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section III - Administrators***</b>									
Janet A. Woxland	152,096			Administrator	2,192	A 2			
<b>Section IV - Assistant Administrators</b>									
Charles F. Shelton, Jr	187,920		Auto Exp See Pg 28	Assistant Administrator	2,088	A 3			

\*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		
CSC Enterprises, Inc. d/b/a Branford Hills Health C	997C	9/30/2015	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	20,979	38				
3. Pharmacist	14,744	268				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	897,706	9,865				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	85,585	208				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	97,158	995				
b. Other						
10. Occupational Therapist						
a. Resident Care	760,173	8,168				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	97,278	1,762				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,973,623</b>	<b>21,304</b>				

\* 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		License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care		997C	9/30/2015	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental Services, 85 Barnes Rd Suite 207, Wallingford, CT	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Harold Levy, 140 Montowese St, Branford, CT	Medical director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Joseph A Balsamo, 11 Loop Road, Clinton, CT	Medical director	<input type="radio"/>	<input checked="" type="radio"/>		
Omicare of CT, PO Box 715268, Columbus, OH	Pharmacy consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Alliance Rehab of CT, 1520 Kensington Rd Suite 105, Oak Brook, IL	PT, OT, ST and RT services	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<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
CSC Enterprises, Inc. d/b/a Branford Hills Health	997C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 278,900	278,900			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 205,106	205,106			
4. Social Security (F.I.C.A.)	\$ 666,558	666,558			
5. Health Insurance	\$ 894,855	894,855			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 22,654	22,654			Total Fringe 2,068,075
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$ 10,945	10,945			recessed/v
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 415,310	415,310			d
<b>d. Accounting and Auditing</b>	\$ 14,250	14,250			d 4500
<b>e. Legal (Services should be fully described on Page 7)</b>	\$ 9,222	9,222			d
<b>f. Insurance on Lives of Owners and        Operators (Specify)*</b>	\$ 1,212	1,212			d
<b>g. Office Supplies</b>	\$ 239,734	239,734			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 42,195	42,195			d 1892
2. Cellular Phones	\$ 4,137	4,137			d 3417
<b>i. Appraisal (Specify purpose and        attach copy)*</b>	\$				
<b>j. Corporation Business Taxes (franchise tax)</b>	\$				
<b>k. Other Taxes (Not related to property - See Page 22)</b>					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$ 12,913	12,913			
3. Resident Day User Fee	\$ 1,154,965	1,154,965			
<b>Subtotal</b>	\$ 3,972,956	3,972,956			

\* 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**

CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Employee Physicals	\$ 1,200		
Employee Background Checks	\$ 2,488		
Employee Drug Screening	\$ 5,400		
Workshoes and Tools	\$ 1,857		
<b>Total</b>	<b>\$ 10,945</b>	<b>\$ -</b>	<b>\$ -</b>

reclass 16/m/5  
reclass 16/m/3  
reclass 16/m/4  
reclass 15/m/8

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
Sales and Use Tax	\$ 12,913		
<b>Total</b>	<b>\$ 12,913</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Ca	997C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	3,972,956	3,972,956		
<b>l. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 13,016	13,016		
3. Gifts to Staff and Residents	\$ 19,905	19,905		
4. Employee Travel	\$ 4,499	4,499		
5. Education Expenses Related to Seminars and Conventions	\$ 9,472	9,472		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 13,569	13,569		
7. Other ( <i>Specify</i> ) See Attached Schedule	- \$ 16,781	16,781		
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 7,631	7,631		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 15,840	15,840		
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	\$ 12,489	12,489		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 14,744	14,744		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 325	325		
9. Subscriptions	\$ 5,933	5,933		
10. Contributions*** See Attached Schedule	\$ 2,444	2,444		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 34,120	34,120		
12. Administrative Management Services**	\$			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 66,337	66,337		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,210,061	4,210,061		

\* 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.

d 8,987 ✓  
 d 12,380 ✓  
 - reclass 10/16  
 d on 8/10/03  
 d ✓  
 d ✓  
 over cap. ✓  
 d ✓  
 d ✓  
 d 19,320 ✓  
 need to  
 d ✓  
 \$1

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Travel and entertainment	\$ 4,781		
Board of director fees	\$ 12,000		
<b>Total Other Travel and Entertainment</b>	<b>\$ 16,781</b>	<b>\$ -</b>	<b>\$ -</b>

d on 2/8/23  
reclass mis d on 2/8/23

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotion	\$ 15,840		
<b>Total Other Advertising</b>	<b>\$ 15,840</b>	<b>\$ -</b>	<b>\$ -</b>

d

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 12,821		
ALTCFM	\$ 320		
CT Bar Association	\$ 280		
American Express	\$ 435		
ACHCA	\$ 385		
CAT Recreation Directors	\$ 20		
Healthcare Compliance Assn	\$ 295		
Infection Control Nurses of CT	\$ 38		
Shoreline Eldercare Alliance, Inc	\$ 150		
<b>Total Dues</b>	<b>\$ 14,744</b>	<b>\$ -</b>	<b>\$ -</b>

d  
d  
d  
Over  
Cap, NO Adj.

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
ACHCA Pedge Sponsor Program (See pg 28)	\$ 250		
Branford Fireworks Committee (See pg 28)	\$ 100		
Feed Branford Kids (See pg 28)	\$ 150		
Guilford Art Center (See pg 28)	\$ 500		
Kate Foundation (See pg 28)	\$ 500		
Branford Town Band Concert (See pg 28)	\$ 100		
Shoreline Eldercare Alliance	\$ 500		
Rotary Foundation (See pg 28)	\$ 344		
<b>Total Contributions</b>	<b>\$ 2,444</b>	<b>\$ -</b>	<b>\$ -</b>

d ✓

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
License - CT Boiler/Furnace license and inspection fees	\$ 480		
License - CT controlled substance	\$ 40		
License - CT RN license	\$ 105		
License - Mash Shore Health District food service	\$ 450		
License - CT elevators	\$ 480		
License - DEA registration	\$ 731		
Cable TV	\$ 61,621		
Cable Business Internet	\$ 2,430		
<b>Total Other Administrative and General</b>	<b>\$ 66,337</b>	<b>\$ -</b>	<b>\$ -</b>

need to dis  
electra as  
Facility adj  
off by \$  
reclass 60/5 for limit



**Schedule C-1 - Management Services\***

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills	License No. 997C	Report for Year Ended 9/30/2015	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

**C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care		997C	9/30/2015		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 580,378	580,378			
2.	Non-Food Supplies	\$ 112,594	112,594			
3.	Other (Specify)	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 802	802			
c. Management Services**		\$				
d. Other (Specify)		\$				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 693,774</b>	<b>693,774</b>			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs**  
**(See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care C		997C	9/30/2015		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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. \$	42,418	42,418		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Laundry Supplies		\$	19,183	19,183		
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	61,601	61,601		
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
CSC Enterprises, Inc. d/b/a Branford Hills Hea		997C	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)	
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	56,503	56,503			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel					
	Amt. \$					
c. Management Services*	\$					
d. Other ( <i>Specify</i> )	\$					
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	<b>56,503</b>	<b>56,503</b>			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Own Pharmacy	\$	768,215	768,215			d
b. Medicine Cabinet Drugs	\$					
c. Medical and Therapeutic Supplies	\$	369,966	369,966			
d. Ambulance/Limousine***	\$					
e. Oxygen						
1. For Emergency Use	\$					
2. Other****	\$	60,569	60,569			d
f. X-rays and Related Radiological Procedures***	\$	33,336	33,336			d
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$					
h. Laboratory***	\$	90,157	90,157			
i. Recreation	\$	33,771	33,771			
j. Other (Specify)**** See Attached Schedule	\$	81,398	81,398			
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>1,437,412</b>	<b>1,437,412</b>			

\* 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)
Glucose monitoring (See pg 29a)	\$ 7,758	d	
Social Services supplies	\$ 187		
Resident personal needs (See pg 29a)	\$ 10,576	d	
PT supplies	\$ 4,783	DAD ✓	
OT supplies	\$ 77	d	
IV Supplies (See pg 29a)	\$ 50,101	d	
IV Supplies HMO (See pg 29a)	\$ 7,916	d	
<b>Total Other Resident Care</b>	\$ 81,398	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Total Cost/Page Ref.***		Page of		
			CCNH	RHNS (Specify)		Pg	Line
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
Westcom Solutions	Suite A Milford, OH 45150	Related ** to Owners, Operators, Officers	Patient/financial system software & support	35,247		15	1G
Ozzie's Carting	1933 Moose Hill Road Guilford, CT 06437	Yes	Refuse removal	42,598		22	6F
Thyssen Knupp	PO Box 933007 Atlanta, GA 31193	No	Elevator maintenance	14,293		22	6F
Limewood	33 Waverly Road Branford, CT 06405	Yes	Snow removal	27,135		22	6F
Controlled Air	21 Thompson Road Branford, CT 06405	No	HVAC Maintenance	42,011		22	6F
Allied Communications	88 Farwell Street West Haven, CT 06516	Yes	System backup/support, internet phone services	44,791		15	1G
Comcast Corporation	Boulevard Philadelphia, PA 19103	No	Cable television for residents	61,621		16	M13
Comcast Corporation	Boulevard Philadelphia, PA 19103	Yes	Business internet access	2,234		16	M13
OnShift, Inc	Suite 1500 Cleveland, OH 44115	No	Staff scheduling software	12,196		15	1G
ADP, LLC	One ADP Drive Augusta, GA 30909	Yes	Payroll processing services	75,692		15	1G
AR Solutions	PO Box 592 Wallingford, CT 06492	No	consultant/billing services	19,320		16	M11
IN C Lawn Care	PO Box 3186 Branford, CT 06405	Yes	Grounds Maintenance	11,393		22	6F
Nahnreworks	518 Forest Rd	No	Grounds Maintenance	12,575		22	6F

\* 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
CSC Enterprises, Inc. d/b/a Branford Hills He	997C	9/30/2015		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 96,310	96,310			
b. Heat	\$ 115,410	115,410			
c. Light & Power	\$ 133,262	133,262			
d. Water	\$ 46,326	46,326			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 58,583	58,583			
f. Other ( <i>itemize</i> )	\$ 183,068	183,068			
See Attached Schedule					
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 632,959	632,959			
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$ 23,778	23,778			
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$ 813	813			
d. Movable Equipment	\$ 78,440	78,440			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 103,031	103,031			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 189,840	189,840			
d. Other ( <i>Specify</i> )	\$				
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 189,840	189,840			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 457,460	457,460			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 164,673	164,673			
c. Personal property taxes	\$ 12,172	12,172			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 927,176	927,176			

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Equipment rentals (non-lease)	\$ 738		
Maintenance Purchased services	\$ 138,439		
Refuse removal	\$ 42,598		
Interior Decorating	\$ 1,293		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 183,068</b>	<b>\$ -</b>	<b>\$ -</b>



**Depreciation Schedule**

Name of Facility		License No.		Report for Year Ended		Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center		997C		9/30/2015		23	37	
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>A. Land Improvements</b>								
1. Acquired prior to this report period	339,584		339,584	108,250	SL	Var	23,200	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	12,835		12,835		SL	Var	578	
A-4. Subtotal								23,778
<b>B. Building and Building Improvements</b>								
1. Acquired prior to this report period	6,746,906		6,746,906					
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
<b>C. Non-Movable Equipment</b>								
1. Acquired prior to this report period	181,006		181,006	180,193	SL	Var	813	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								813
<b>D. Movable Equipment</b>								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a.								
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period	1,655,878		1,655,878	1,335,801	SL	Var	64,702	
b. Disposals (attach schedule)	(152,466)		(152,466)	(152,466)				
c. Acquired during this report period (attach schedule)								
D-3. Subtotal			168,853		SL	Var	13,738	
<b>E. Total Depreciation</b>								78,440
								103,031

CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center  
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/29/2014	Retaining Wall Dumpster Area	\$ 5,135	20	\$ 257
12/1/2014	Concrete Pad for Generator	\$ 7,700	20	\$ 321
<b>Total additions for Land Improvements</b>		<b>\$ 12,835</b>		<b>\$ 578</b> *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		<b>\$ -</b>		<b>\$ -</b> *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/25/2014	2 Asus Pro Desktops Intel i7 8GB 1TB SJS and MFB	1,778	3	593
10/27/2014	18 mattresses 35 x 84 x 6	5,120	5	1,024
11/25/2014	13 HP Leaf Blower	1,222	3	373
12/1/2014	1 Advtg Electric Beds complete package	1,968	12	137
12/8/2014	1 Blixer Triple Phase Two Speed	3,601	10	300
12/9/2014	1 700LB Capacity Power Mat Platform Lift	4,227	10	352
12/10/2014	Asstd Therapy Gym Equipment	6,230	10	519
12/12/2014	15 Nightstands, chests, wardrobes, and vanities	20,725	15	1,151
12/19/2014	32 Wheel Chairs 20 inch	3,990	5	665
12/23/2014	7 Welch Ally Mobile Stands w Baskets	2,223	15	124
12/29/2014	6 Welch Ally Vital Sign Monitors	19,667	6	2,731
12/29/2014	1 Hi Lo Stand In Table w Electric Lift	4,381	10	365
12/31/2014	7 Punchcard 600PC Medication Carts	9,515	10	793
1/14/2015	Edge Z30 SmallBlock Computer	1,972	5	296
1/22/2015	Double Deck Convection Oven	10,877	10	816
1/22/2015	Ricoh Copier MP 301	1,635	5	245
2/6/2015	Snow Blower 39Ice	1,756	5	234
2/28/2015	Touchfree Ice Maker/Dispenser	9,040	10	527
2/28/2015	30 Nightstands, chests, wardrobes	24,188	15	941
4/1/2015	SS shelves & brackets/poly carving boards	1,946	20	49
4/1/2015	2 Thurmaduke Steam Tables, cutting boards	7,576	10	379
5/1/2015	8 2DR Wardrobe	760	7	45
6/1/2015	Tent, frame, covers, s&h	9,996	7	476
6/16/2015	7 Windows 7 computers	3,213	5	214
7/13/2015	New Fiesta Tent cover, frame, S & H	3,886	7	139
8/3/2015	24 Chairs/3 Love seats/4 Tables	3,173	7	76
5/28/2018	1 Thurmaduke steamtable w accessories	4,188	10	175
<b>Total additions for Movable Equipment</b>		<b>\$ 168,853</b>		<b>\$ 13,738 *</b>
<b>Deletions:</b>				
10/2/2004	Washing Machine	(14,390)		
2/20/2006	Fax Machine	(1,036)		
10/1/2006	CareTracker Software	(2,814)		
12/15/2006	4 Tray Carts	(16,557)		
12/31/2006	Food Slicer	(2,737)		
1/9/2007	2 Carts	(2,867)		
2/28/2007	CareTracker Software	(27,771)		
2/28/2007	CareTracker Software	(34,657)		
2/28/2007	CareTracker Software	(2,285)		
3/9/2007	Copier for Admissions	(4,627)		
5/31/2007	Sales Tax on Range previously returned	(169)		
10/31/2007	1 Scale	(2,270)		
5/9/2008	3 Tents	(11,945)		
7/31/2008	Sling & Lift	(7,253)		
8/4/2008	CareTracker Software	(5,002)		
9/30/2008	Computers and Monitors	(2,581)		
11/5/2008	Ice Machine	(6,581)		
12/31/2009	Miscellaneous old equipment	(635)		
2/19/2010	W. B. Mason	(296)		
3/31/2010	Hot Food Server/casters	(2,128)		
4/30/2010	2 hot food server tables	(3,708)		
5/17/2010	Staples	(159)		
<b>Total deletions for Movable Equipment</b>		<b>\$ (152,466)</b>		<b>\$ - **</b>

\*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
<b>Additions:</b>				
10/18/2014	Aviglone Security Camera System in service 12/14	20,046	5	4,009
10/25/2014	Loading Dock Extension	1,120	15	75
11/3/2014	150 KW Generator w Transfer Switch in service 12/14	127,088	16	7,281



**Amortization Schedule\***

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	Date of Acquisition		License No. 997C	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**	Rate Amortization % for This Year		
<b>A. Organization Expense</b>								
1.								
2.								
3.								
<b>A-4. Subtotal</b>								
<b>B. Mortgage Expense</b>								
1.								
2.								
3.								
<b>B-4. Subtotal</b>								
<b>C. Leasehold Improvements and Other</b>								
1. Acquired prior to this report period				4,155,357	2,837,169		169,612	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)				315,139			20,228	
<b>C-4. Subtotal</b>								
<b>D. Total Amortization</b>								189,840
								189,840

\* 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 CSC Enterprises, Inc. d/b/a Branford I	License No. 997C	Report for Year Ended 9/30/2015	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
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	01/01/80			
2. Date Structure Completed	01/01/80			
3. If <b>NOT</b> Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	Est 1980			
5. Total Licensed Bed Capacity	190			
6. Square Footage	Est 80,109			
7. Acquisition Cost				
a. Land	112,878			
b. Building	2,516,322			
<b>Part B - Owner and Related Parties</b>	<b>1st Mortgage</b>	<b>2nd Mortgage</b>	<b>3rd Mortgage</b>	<b>4th Mortgage</b>
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	03/02/11			
c. Interest Rate for the Cost Year	3.04%			
d. Term of Mortgage (number of years)	23			
e. Amount of Principal Borrowed	4,725,477			
f. Principal balance outstanding as of	4,199,018			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford		997C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility			License No.	Report for Year Ended			Page	of
CSC Enterprises, Inc. d/b/a Branfo			997C	9/30/2015			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$	19,649	19,649		
Unemp tax 798 Misc 35 Lease 18,816								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	19,649	19,649		
14. Insurance								
a. Insurance on Property (buildings only)				\$	19,567	19,567		
b. Insurance on Automobiles				\$	4,601	4,601		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	111,546	111,546		
2. Fire and Extended Coverage				\$	235	235		
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	135,949	135,949		
15. Total All Expenditures (A-13 thru C-14)				\$	19,480,573	19,480,573		

d.v





**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A4	In-House Counsel Related to Owner 100% Disallowed	\$ 55,867		
10	A4	Director of Financial Analysis Non-Facility Work Disallowed	\$ 1,580		
<b>Total Other Salaries Adjustment</b>			\$ 57,447	\$ -	\$ -

✓ reclass 28/10  
✓ reclass 29/12

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Respiratory Therapy Contract	\$ 94,738		
<b>Total Other Fees Adjustments</b>			\$ 94,738	\$ -	\$ -

✓

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L2	Employee Parties and Food	\$ 8,987		
16	L3	Employee Gifts	\$ 12,380		
16	L7	Owner Travel & Entertainment	\$ 21,279	11,949 of 6/11	
16	M8	Rotary Dues	\$ 190	7 325 ✓	
16	M8	Chamber of Commerce	\$ 135		
16	M11	Administrative Consultant - Medicare	\$ 19,320		
16	M3	Marketing	\$ 12,271		
29B		Outpatient Therapy Overhead	\$ 291	✓	
29C		Pharmacy Overhead	\$ 2,173	✓	
29D		Business Park Utilities/Maintenance Related to Sub-Lease	\$ 2,692	✓	
<b>Total Other A&amp;G Adjustments</b>			\$ 79,718	\$ -	\$ -

reclass 28/14 ✓  
reclass 28/20 to travel ✓

reclass 28/17 ✓  
reclass 29/39 ✓  
reclass 29/39 ✓  
reclass 29/39 ✓



CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J	Glucose Monitoring Supplies	\$ 7,758	✓	
20	5J	Patient Personal Needs	\$ 10,576	✓	
20	5J	IV Supplies	\$ 58,017	✓	
30	II 6A	EKG Medicare	\$ (203)		
<b>Total Other Ancillary Costs</b>			<b>\$ 76,148</b>	<b>\$ -</b>	<b>\$ -</b>

RFT-gb

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14B	Auto Insurance	\$ 4,601		
29B		Outpatient Therapy Overhead	\$ 139	✓	
29B		Outpatient Therapy Fair Rent	\$ 357	✓	
29C		Pharmacy Overhead	\$ 1,041	✓	
29C		Pharmacy Fair Rent	\$ 2,669	✓	
29D		Business Park Rent Related To Sub-Lease	\$ 9,299	✓	
<b>Total Other Property Adjustments</b>			<b>\$ 18,106</b>	<b>\$ -</b>	<b>\$ -</b>

reclass 09/14/11  
reclass #64 to 09/14/11  
reclass #75 to 09/13/11  
reclass DRD  
reclass #482 09/14/11  
reclass DRD #539  
reclass 09/13/11 09/13/11

Page Ref	Line Ref	Description	CCNH	RIINS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility		License No.		Report for Year Ended		Page of	
CSC Enterprises, Inc. d/b/a Branford Hill		997C		9/30/2015		30   37	
Item	Total	CCNH	RHNS	(Specify)			
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1. a. Medicaid Residents (CT only)	\$ 18,919,473	18,919,473					
b. Medicaid Room and Board Contractual Allowance **	\$ (8,054,501)	(8,054,501)					
2. a. Medicaid (All other states)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (all inclusive)	\$ 4,472,647	4,472,647					
b. Medicare Room and Board Contractual Allowance **	\$ 1,092,572	1,092,572					
4. a. Private-Pay Residents and Other	\$ 3,667,973	3,667,973					
b. Private-Pay Room and Board Contractual Allowance **	\$ (52,088)	(52,088)					
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$ 1,288,381	1,288,381					
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$ 132,589	132,589					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
2. a. Medical Supplies - Medicare	\$ 11,665	11,665					
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$						
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$ 2,698,314	2,698,314					
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$ 422,811	422,811					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$ 374,408	374,408					
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$ 61,399	61,399					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$ 2,365,033	2,365,033					
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 405,855	405,855					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other (Specify) - Medicare	\$ 381,170	381,170					
b. Other (Specify) - Non-Medicare	\$ (7,529,886)	(7,529,886)					
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	<b>\$ 20,657,815</b>	<b>20,657,815</b>					
<b>IV. Other Revenue*</b>							
1. Meals sold to guests, employces & others	\$						
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income (Specify)	\$ 715	715					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (Specify)	\$ (180,909)	(180,909)					
<b>V. Total Other Revenue (1 thru 8)</b>	<b>\$ (180,194)</b>	<b>(180,194)</b>					
<b>VI. Total All Revenue (III +V)</b>	<b>\$ 20,477,621</b>	<b>20,477,621</b>					

\* 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	(Specify)
	Oxygen Medicare A	\$ 91		
	Xray Medicare A	\$ 67,143		
	Labs Medicare A	\$ 116,960		
	EKG Medicare A	\$ 203		
	OP Medicare Contractural Allowance	\$ (65,791)		
	Room and Board Prior Year Medicare A	\$ 2,389		
	PT Prior Year Medicare B	\$ 2,797		
	IV therapy Medicare A	\$ 99,161		
	Prothrombin Medicare B	\$ 3,629		
	Respiratory Therapy Medicare A	\$ 154,088		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ 381,170</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Complex Medical Equipment	\$ 19,805		
	Oxygen HMO/Private	\$ 1,158		
	Contractural Allowances	\$ (7,504,588)		
	Lab HMO Current Year	\$ 12,067		
	Xray HMO Current Year	\$ 3,350		
	Respiratory HMO	\$ 1,640		
	Xray Medicaid	\$ 186		
	Room and Board Prior Year Medicaid	\$ (46,102)		
	Room and Board Prior Year Private	\$ (17,402)		
	<b>Total Other Resident Revenue</b>	<b>\$ (7,529,886)</b>	<b>\$ -</b>	<b>\$ -</b>

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income Investments		\$ 666		
	Interest Income Medicare A		\$ 49		
	<b>Total Interest Income</b>		<b>\$ 715</b>	<b>\$ -</b>	<b>\$ -</b>

*RFI asset assoc. asset incl. in cash, already excl. from ROE*

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Investment Income Dividends	\$ 9,977		
	Investment Income Net Short Term Capital Gains/(Losses)	\$ (11,084)		
	Investment Change in FMV	\$ (27,377)		
	Investment Management Fees	\$ (4,472)		
	Other Revenue and Deductions	\$ 4,829		
	Rental Income BHHCC Pharmacy	\$ 5,214		
	Value Added Service Fee BHHCC Pharmacy	\$ (12,000)		
	Management Fees Blackstone	\$ (49,900)		
	Management Fees Minetta LLC	\$ (49,900)		
	Management Fees Trison LLC	\$ (49,900)		
	Barber and Beauty Commissions	\$ 3,704		
	<b>Total Other Revenue</b>	<b>\$ (180,909)</b>	<b>\$ -</b>	<b>\$ -</b>

*RFI asset assoc. incl. in cash, already excl.*

*RFI asset incl. in cash, already excl.*

*RFI expense? netted, no expense reported.*

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford H	997C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	2,506,662
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,932,540
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	25
4 Inventories			\$	160,400
5. Prepaid Expenses			\$	76,000
a. Unexpired Insurance	58,516			
b. Sewer Use Fee	7,829			
c. Computer/Communications Support	5,217			
d. Dues & Subscriptions	4,438			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	59,375
Employee Loans and Advances	1,298			
IRS Section 759 Deposit	58,077			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>4,735,002</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	352,419	\$	220,391
	Accum. Depreciation	132,028	Net	
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	4,470,496	\$	1,443,487
	Accum. Depreciation	3,027,009	Net	
5. Non-Movable Equipment	*Historical Cost	181,006	\$	
	Accum. Depreciation	181,006	Net	
6. Movable Equipment	*Historical Cost	1,672,265	\$	410,490
	Accum. Depreciation	1,261,775	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	445,888
Capitalized Mgmt Fee	51,500			
CR vs FS	394,388			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>2,520,256</b>

\* 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
CSC Enterprises, Inc. d/b/a Branford HI		997C	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$	7,255,258
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
\$					
2. Land Improvements					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
3. Buildings					
		*Historical Cost	6,746,906		
		Accum. Depreciation	_____	Net	\$
6,746,906					
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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)					
				\$	6,746,906
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care ( <i>itemize</i> )					
\$					
6. Loans to Owners or Related Parties ( <i>itemize</i> )					
				\$	121,434
Name and Address		Amount	Loan Date		
		121,434			
7. Other Assets ( <i>itemize</i> )					
				\$	85,388
Equipment Deposits			12,438		
Cash Surrender Value OLI			72,950		
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)					
				\$	206,822
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)					
				\$	14,208,986

\* 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
CSC Enterprises, Inc. d/b/a Branford Hills He		997C	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	573,616
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
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> )				\$	751,598
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	5,760
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> )				\$	479,746
Deferred Income		32,662	Accrued Sales Tax	423	
Accrued Property Taxes		62,909	401(k) - Employee	2,933	
Accrued Nursing Home User Fee		284,170	Loans - 401(k)	(3,351)	
Accrued Shareholder Dividend		100,000			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>1,810,720</b>

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills I		License No. 997C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,810,720	
<b>Liabilities (cont'd)</b>					
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> )					\$ 611,372
Bank of America Loans		600,764			
BOA 6 \$3,857, BOA 7 \$167,836					
BOA 9 \$204,302, BOA 10 \$224,769					
CL&P Energy Efficiency Loan		10,608			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					\$ 611,372
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					\$ 2,422,092

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

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford	997C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
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			\$	6,746,906
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	6,746,906
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,041,938
6. Gain or Loss for Period			\$	997,050
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	5,039,988
<b>C. Total Reserves and Net Worth</b>			\$	11,786,894
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	14,208,986

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hill	997C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	4,819,974
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	20,477,621
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	19,480,573
D. Net Income or Deficit			\$	997,050
E. Balance			\$	5,817,022
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
CR vs FS Depreciation/Amortization	(25,497)			
2. Other ( <i>itemize</i> )				
Stockholder Dividends	(750,000)			
F-3. Total Additions			\$	(775,497)
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. <i>Balance at End of Period</i>			\$	5,041,525
	09/30/15			

**I. Preparer's/Reviewer's Certification**

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills	License No. 997C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<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	Date Signed		
Printed Name of Preparer				
Renee P. Grailich, Director of Financial Analysis				
Address Address		Phone Number		
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center, 189 Alps Road, Branford, CT		203-483-4402		

Schedule of Resident Statistics

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	License No. 997C	Report for Year Ended 9/30/2015						Page 8	of 37		
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total RHNS (Specify)	Total CCNH (Specify)			Total RHNS (Specify)	Total CCNH (Specify)
		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)						
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period		190	190			190	190		190		
B. On last day of THIS report period		190	190			190	190		190		
2. Number of Residents											
A. As of midnight of PREVIOUS report period		182	182			182	182		182		
B. As of midnight of THIS report period		183	183			178	178		183		
3. Total Number of Days Care Provided During Period											
A. Medicare		9,945	9,945			7,316	7,316		2,629		
B. Medicaid (Conn.)		47,350	47,350			35,365	35,365		11,985		
C. Medicaid (other states)											
D. Private Pay		9,178	9,178			7,297	7,297		1,881		
E. State SSI for RCH											
F. Other (Specify)											
G. Total Care Days During Period (3A thru F)		66,473	66,473			49,978	49,978		16,495		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds											
A. Medicaid Bed Reserve Days		126	126			126	126		59		
B. Other Bed Reserve Days		110	110			51	51		59		
5. Total Resident Days (3G + 4A + 4B)		66,709	66,709			50,155	50,155		16,554		

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs  
 (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care C		997C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry		Lbs.			
a. In-House Processing*		Amt. \$			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
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. \$	26,357	26,357	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$	35,244	35,244	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	61,601	61,601	
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.

E