State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as licensed)		
Bride Brook Health and Rehabilitation Cneter		
Address (No. & Street, City, State, Zip Code)		
23 Liberty Way, Niantic, CT 06357		
Type of Facility		
Chronic and Convalescent	Rest Home with Nursing	
\square Nursing Home only	Supervision only	□ (Specify)
(CCNH)	(RHNS)	
Report for Year Beginning	Report for Year Ending	
10/1/2014	9/30/2015	

License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider 07-5375
Medicaid Provider Numbers:	CC 2082-C	CNH	RHNS	ICF-IID

For Department Use Only

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

Table of Contents

Gen	eral Information - Administrator's/Owner's Certification	1
Gen	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gen	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gen	eral Information and Questionnaire - Partners/Members	3
Gen	eral Information and Questionnaire - Corporate Owners	3A
Gen	eral Information and Questionnaire - Individual Proprietorship	3B
Gen	eral Information and Questionnaire - Related Parties	4
Gen	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gen	eral Information and Questionnaire - Leases	6
Gen	eral Information and Questionnaire - Accounting Basis	7
Sch	edule of Resident Statistics	8
Sch	edule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
В.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
С.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

			1		
Name of Facility (as licensed)		License N	1	ar Ended Pag	
Bride Brook Health and Renab	ilitation Cheter	2082-C	9/30/2015	1	37
COST REPORT M. FEDERAL LAW. I HEREBY CERTIN Cost Report and sup [facility name], for that to the best of m	Admini ATION OR FALSIF AY BE PUNISHA FY that I have read pporting schedules the cost report peri ny knowledge and b	FICATION OF BLE BY FINE the above state prepared for B od beginning C pelief, it is a tru	9/30/2015 ANP INFORMATION CONTA AND/OR IMPRISIONMENT US ement and that I have examined the ride Brook Health and Rehabilitate Detober 1, 2014 and ending Septem e, correct, and complete statement e with applicable instructions.	NDER STATE ne accompanyin tion Cneter mber 30, 2015,	OR ng and
Schedule of Resident Balance Sheet of this year ended as specific I have read this Rep my knowledge unde presented in this Re residents were incur	t Statistics, Statement Facility in accordance ed above. Poort and hereby cert er the penalty of pe eport as a basis for s rred to provide resi	tify that the information of the securing reimbolic dent care in this	attached General Information and Q xpenditures, Statements of Revenue orting Requirements of the State of C pormation provided is true and cor rtify that all salary and non-salary ursement for Title XIX and/or oth s Facility. All supporting records out law and will be made available	s and the related Connecticut for t rect to the best y expenses her State assiste s for the expense	he of d es
Signed (Administrator)		Date	Signed (Owner)	Date	
Printed Name (Administrator)			Printed Name (Owner) Chris S. Stenger		
	State of	Date	Signed (Notary Public)	Comn	. Expires
Subscribed and Sworn to before me:	State 01				/ /
	State 01				/ /
o before me:					/ /

General Information

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	vered:	From	То
Bride Brook Health and Rehabilitation Cneter				10/1/2014	9/30/2015
Address of Facility					
23 Liberty Way, Niantic, CT 06357					
Report Prepared By		Phone Nun		Date	
Margaret Philen		832-467-62	225	2/12/2016	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		one No. of Fa 0-739-4007	cility	Report for Ye 9/30/2015	ar Ended	Page 2	of 37	
Name of Facility (as shown on license)		Address (N	0. & S	Street, City, Sta	ıte, Zip)			
Bride Brook Health and Rehabilitation Cneter		23 Liberty	Way,	Niantic, CT 06	5357			
ССИН		RHNS		(Specify)		Medicare F	rovide	r No.
License Numbers: 2082-C						07-5375		
Type of Facility (Check appropriate box(es))								
☑Chronic and Convalescent Nursing Home only (CCNH)□		t Home with pervision only			(Specify))		
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership	0	Profit Corp.	0	Non-Profit Con	p. O	Government	ОТ	rust
If this facility opened or closed during report year provid	de:		Date	e Opened	Date Clo	osed		
Has there been any change in ownership								
or operation during this report year?	0	Yes	\odot	No	If "Yes,"	explain full	у.	
Administrator								
Name of Administrator Lisa Mailloux				Nursing Ho Administrat				
				License N				
Other Operators/Owners who are assistant administrator	s (fu	ll or part time	e) of t		10			
Name			,	License N	No.:			

General Information and Questionnaire Partners/Members

Name of Facility Bride Brook Health and Rehabi		License No. 2082-C	Report for Y 9/30/2015	ear Ended	Page 3	of 37
	egal Name of Partnership/LLC Busi			State(s) and/o Which R	or Town(s) in
1			1			
Name of Partners/Members	Business Ac	ldress	5	Fitle	% Ow	ned

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Page of		
Bride Brook Health and Rehabilitation Cnete		3A 37		
If this facility is owned or operated as a corpo				
Legal Name of Corporation	Busine	ss Address	State(s) in Wh	ich Incorporated
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least				
10% of Shares				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitation Cneter	2082-C	9/30/2015	3B 37
If this facility is owned or operated as an individua	al proprietorship,	provide the following informa	tion:
	mer(s) of Facility		

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
Bride Brook Health and	Rehabilitation Cneter		2082-С		9/30/2015		4	37
Are any individuals rece	iving compensation from the fa	acility r	alated th	rough		If "Yes," provide th	Nomo/Ad	ldroog and
	rol, ownership, family or busin				N O N-	· •		
marriage, ability to conti	rol, ownership, family of busine	ess asso	clation	0	Yes O No	complete the inform	nation on P	age 11 of the report.
Are any individuals or co	ompanies which provide goods	or serv	ices.					
•	roperty or the loaning of funds							
	ssociation, common ownership			siness	• Yes O No			
	owners, operators, or officials					If "Yes," provide th	ne following	information:
	-		-			· I		·
		Als	so Provi	des		Indicate Where		
		Good	ls/Servi	ces to		Costs are Included		
Name of Related	Business	Non-F	Related	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
	5300 W. Same Houston Pkwy North, Ste 100 Houston TX 77041	0	٥		Back Office Services	Page 16/C.1.m.12		
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

* Use additional sheets if necessary.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No. Report for Year Ended Page			
Bride Brook Health and Rehabilitation Cneter	2082-C		9/30/2015	5 37
If the facility is licensed as CDH and/or RCH of	r provides A	IDS or TH	BI services with special Medica	id rates, costs
must be allocated to CCNH and RHNS as follow	ws:			
Item			Method of Allocation	
Dietary		Number o	f meals served to residents	
Laundry		Number o	f pounds processed	
Housekeeping		Number o	f square feet serviced	
		Number o	f hours of routine care provided	l by EACH
Nursing		· ·	classification, i.e., Director (or	•
		Registered	d Nurses, Licensed Practical Nu	irses, Aides and
		Attendant		
Direct Resident Care Consultants		Number o	f hours of resident care provide	d by EACH
			(See listing page 13)	
Maintenance and operation of plant		Square fee		
Property costs (depreciation)		Square fee		
Employee health and welfare		Gross sala		
Management services		<u> </u>	ate cost center involved	
All other General Administrative expenses			Direct and Allocated Costs	
The preparer of this report must answer the foll-	owing quest	ions appli	cable to the cost information pr	ovided.
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocation was
costs allocated as required?	0 165		not made.	
2. Explain the allocation of related company ex	penses and	attach cop	y of appropriate supporting dat	a.
3. Did the Facility appropriately allocate and se	elf-disallow	direct and	indirect costs to non-nursing h	ome cost centers?
(e.g., Assisted Living, Home Health, Outpati	ient Services	s, Adult D	ay Care Services, etc.)	
	O V	\frown N	If "No," explain fully why suc	ch allocation was
	• Yes	O No	not made.	
k				

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	ear Ended		Page of
Bride Brook Health and Rehabilitation Cnet			2082-C	9/30/2015	6 37		
	Relate Owr	ed * to					
	Oper	ators,				Annual	
	Offi			Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? O Yes	0	No	Total ***	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitat 2082-C	9/30/2015	7 37
The records of this facility for the period covered by this report	were maintained on the following basis:	
Accrual O Cash O Modified Cash		
Is the accounting basis for this		
period the same as for the • Yes	If "No," explain.	
previous period? O No		
Independent Accounting Firms		
Independent Accounting Firm Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	
1		
2		
3		
4		
Services Provided by This Firm (describe fully)		
1		\$
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	•
O Yes O No		
Legal Services Information		
Name of Legal Firm or Independent Attorney		Telephone Number
2 3		
5 4		
5		
Address (No. & Street, City, State, Zip Code)		
1		
2		
3		
4		
5		
Services Provided by This Firm (<i>describe fully</i>)		
1		\$
2		\$
3		\$
4		\$
5		\$
		Charge for Services Provided
		\$
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	
O Yes O No		

Schedule of Resident Statistics

Name of Facility	Name of Facility Bride Brook Health and Rehabilitation Cneter				Report for Year Ended 9/30/2015					Page	of	
Bride Brook Health and Rehabilitation Cheter	1		20							D 1 1 - (8	37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total	Total	Period 10/ CCNH	1 Thru 6/ RHNS		Total	Period 7/	1 Thru 9/3 RHNS	
1. Certified Bed Capacity	Levels	Level	Level	(Specify)	Total	CCNH	KHNS	(Specify)	Total	CCNH	KHNS	(Specify)
A. On last day of PREVIOUS report period	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
 Number of Residents A. As of midnight of PREVIOUS report period 	111	111			111	111			129	129		
B. As of midnight of THIS report period	121	121			117	117			121	121		
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)												
Total Number of Days Not Included in Figures in 3G 4. 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)												

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

i			SU	icui		Nex	sider					l)			
Name of Fac	ility			Lice	nse No.				Report	t for Year	Ended		Page	of	
Bride Brook	Health a	nd Reha	abilitation Cnete	20	082-C					9/30/201	5		9	37	
	-	-	in the certified		pacity du	uring	the repo	ort yea	ar?	0	Yes	\odot	No		
If "YES	", provid	le the fo	llowing informa	tion:											
		Place of	f Change		Cl	nange	in Bed	s		Caj	pacity Afte	er Change			
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	d						
Change															
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change	
							<u> </u>								
5. If there	was any	change	in certified bed	capac	ity during	g the 1	report y	ear (a	s repor	rted in iter	n 4 above)	provide the nu	mber of		
	-	-	90 days followi	-		5		(~ - · P			P			
RESID		10101	90 duys 10110 wil	15 110	enunge.										
			Change in Ro	acidar	t Dovo					CC	CNH	RHNS	(Sne	ecify)	
1st chan	ice		Change III K	esidei	lt Days						INT	KHNS	(Spt	(lly)	
2nd cha	-														
3rd cha	-														
4th char	-														
		dents an	d Rates on Sept	ember	· 30 of Co	ost Ye	ear			1					
			Medicare		Medi					Se	elf-Pay		Other State Assisted		
	Item		CCNH	C	CNH	RI	HNS	CO	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR	
No. of F	Residents	5	30		72				19	1					
Per Die	m Rate														
a. One	bed rm.		PPS		236.00				409.00						
b. Two	bed rms		PPS		236.00				360.00						
c. Three	e or more	e													
bed	rms.														
												~ ~ ~ ~ ~		(2) (2)	
		-	al Therapy Trea	tment	S					TO	TAL	CCNH	RHNS	(Specify)	
	. Medica										3,217	3,217			
Б			lusive of Part B) e Treatments)											
			Treatments								1,401	1,401			
C	. Other	lorative	Treatments								31,145	31,145			
		Physical	Therapy Treat	nents							35,763	35,763			
			Therapy Treatr								,	,			
	. Medica	•									778	778			
			lusive of Part B))											
			e Treatments												
	2. Res	torative	Treatments								85	85			
-	. Other										4,410	4,410			
			Therapy Treatm								5,273	5,273			
			ational Therapy	Treat	ments										
	. Medica										2,565	2,565			
B			lusive of Part B)											
			e Treatments												
~		torative	Treatments								767	767			
	Other			7							29,839	29,839			
L D	. Total C	vccupat	ional Therapy T	reatn	ients					1	33,171	33,171	1	1	

Schedule of Resident Statistics (Cont'd)

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	ar Ended	Page	of 27
Bride Brook Health and Rehabilitation Cneter	2082-C		9/30/2015		10	37
Are time records maintained by all individuals receiving co	ompensation?	0	Yes		No	
			Total Cost a	and Hours	1	1
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*	CENII	Tiours	KIINS	Tiours	(Speeny)	Hours
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	134,509	2,324				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone		48.080				
operator, clerks, receptionists, etc.)	417,842	17,370				
 Dietary Service a. Head Dietitian 	62,910	1,670				
b. Food Service Supervisor	60,183	2,086		1	+	
c. Dietary Workers	315,806	23,479		1	1	
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services	50.414	2 000				
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	59,414 39,882	2,088		-		
8. Laundry Service	39,882	2,138				
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	207,287	4,282				
b. RN	207,207	1,202				
1. Direct Care	1,490,306	40,306				
2. Administrative**	142,960	3,654				
c. LPN						
1. Direct Care	921,953	29,710				
2. Administrative**	166,443	4,626				
d. Aides and Attendants e. Physical Therapists	1,511,904 633,024	95,941 17,306				
f. Speech Therapists	81,431	2,074				
g. Occupational Therapists	397,669	10,368				
h. Recreation Workers	124,388	6,349				
i. Physicians						
1. Medical Director						
2. Utilization Review 3. Resident Care***						
4. Other (Specify)						
. Guier (opeeny)						
j. Dentists				1	1	
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	122,037	4,174				
n. Marketing						
o. Other (Specify) See Attached Schedule	68,031	2,252				
A-13. Total Salary Expenditures	6,957,979	272,219			+	

* 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.

Bride Brook Health and Rehabilitation Cneter 9/30/2015

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	HNS	(Specify)				
Position	\$	Hours	\$	Hours	\$	Hours		
Medical Records - Supervisor	\$ 63,322	2,098						
Medical Records - Non Supervisor	\$ 214	7						
Respiratory Therapy - Therapist	\$ 3,420	90						
Respiratory Therapist - Non Supervisor	\$ 152	4						
Wheelchair Transport Driver	\$ 923	54						
Total	\$ 68,031	2,252	\$ -	-	\$ -	-		

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$-	-	

Attachment Page 10/13

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility				License No.			Year Ended		Page	of
Bride Brook Health and Rehabilita	ation Cneter	r		2082-C		9/30/2015			11	37
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	(Specify)	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
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.

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

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

Assistant Administrators and	Other Related Parties*
------------------------------	------------------------

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Bride Brook Health and Rehabilita	tion Cneter			2082-C		9/30/2015		12	37	
		Salary Pai	d	Fringe Benefits and/or Other	Eull Description of	Total Hours	Line Where	Norm and Address of All	Total	Commention
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Worked	Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Lisa Mailloux	134,509			Standard package	Administrative Responsibility over day to day operations	2,324	A.2	N/A		
Section IV - Assistant Administrators										

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

** Include <u>all</u> other employment worked during the cost year.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Bride Brook Health and Rehabilitation Cneter	2082	2-C	9/30/2015		13	37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee	0.01.11	110415	Turito	110 010	(speenj)	11041
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	736					
3. Pharmacist	10,950					
4. Podiatrist	,					
5. Physical Therapy						
a. Resident Care	586					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	120,000					
b. Utilization Review	,					
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	6,675					
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
 Staff Development Committee (Once annually) 						
e. Other (Specify)						
e. Ouler (Speensy)						
9. Speech Therapist						
a. Resident Care	1,256					
b. Other	1,200					
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,950					
2. Administrative***	1,838		1			
b. LPN	1,020					
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
2-13 Total Fees Paid in Lieu of Salaries	148,990					

* 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.

Name of Facility License No. Report for Year Ended Page of Bride Brook Health and Rehabilitation Cneter 2082-C 9/30/2015 14 37 Related** to Owners, Full Explanation of Service Operators, Officers Name & Address of Individual Explanation of Relationship Yes No Ο Ο Ο Ο 0 Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο Ο Ο 0 0

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Licens	e No.	Report for Y	ear Ended	Page	of
Bride Brook Health and Rehabilitation Cneter 20	82-C	9/30/2015		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	278,376	278,376		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	199,633	199,633		
4. Social Security (F.I.C.A.)	\$	511,714	511,714		
5. Health Insurance	\$	212,201	212,201		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$	5,033	5,033		
7. Pensions (Non-Discriminatory)	\$				
(not-owners and not-operators)					
8. Uniform Allowance	\$	2,105	2,105		
9. Other (<i>Specify</i>)	\$	5,853	5,853		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	110,686	110,686		
d. Accounting and Auditing	\$		- ,		
e. Legal (Services should be fully described on Pag			12,531		
f. Insurance on Lives of Owners and	\$,		
Operators (Specify)*					
g. Office Supplies	\$	33,229	33,229		
h. Telephone and Cellular Phones		,			
1. Telephone & Pagers	\$	30,970	30,970		
2. Cellular Phones	\$		1,881		
i. Appraisal (Specify purpose and	\$		1,001		
attach copy)*	Ψ				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$	(350)	(350)		
k. Other Taxes (<i>Not related to property - See Page</i>		(330)	(550)		
1. Income*	\$				
2. Other (<i>Specify</i>)	\$	2,595	2,595		
See Attached Schedule	φ	2,393	2,393		
3. Resident Day User Fee	\$	600 120	600 120		
S. Resident Day User Fee	<u> </u>		690,130 2,096,587		ļ
Subiomi	¢	2,090,387	2,090,387		

* 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

Bride Brook Health and Rehabilitation Cneter 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS	(Specify)
EE Medical Expense/Innoculations-Administrative	\$	5,542		
Physical-Administrative	\$	311		
Total	\$	5,853	\$-	\$ -

Schedule of Other Taxes

Description	CCNH		CCNH RHNS		(Specify)
Sales-Administrative	\$	2,595			
Total	\$	2,595	\$	-	\$ -

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
ide Brook Health and Rehabilitation Cneter 2082-C			9/30/2015		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtote	uls Brought Forwa	rd:	2,096,587	2,096,587		
1. Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	16,274	16,274		
4. Employee Travel		\$	11,151	11,151		
5. Education Expenses Related to Seminars a	and Conventions	\$	11,416	11,416		
6. Automobile Expense (not purchase or dep	reciation)	\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	es)	\$	10,898	10,898		
2. Advertising Telephone Directory (all such	expenses)***	\$				
3. Advertising Other (<i>Specify</i>)***		\$	33,075	33,075		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$	386	386		
6. Barber and Beauty Supplies (if this service	e is supplied	\$	2,021	2,021		
directly and not by contract or fee for serve	ice)***					
7. Postage		\$	4,603	4,603		
* 8. Dues and Membership Fees to Professiona	l	\$	9,593	9,593		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.***	\$	50	50		
9. Subscriptions		\$	930	930		
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	d Complete	\$	15,480	15,480		
Schedule C-2, Page 21 for each firm or ind	dividual)					
12. Administrative Management Services**		\$	755,762	755,762		
13. Other (<i>Specify</i>)		\$	(19,780)	(19,780)		
See Attached Schedule						
C-14 Total Administrative & General Expenditures	5	\$	2,948,446	2,948,446		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	0	CONH	RI	HNS	(Spec	cify)
Marketing (Operations)	\$	33,075				
Total Other Advertising	\$	33,075	\$	-	\$	-

Schedule of Dues

Description	С	CNH	RI	INS	(Spe	cify)
Physical Therapy	\$	460				
Activities	\$	105				
Nursing Admin	\$	72				
Admin	\$	8,956				
Total Dues	\$	9,593	\$		\$	-

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Director & Trustee Fees	\$ 525	i	
Staff Meetings	\$ 425	i	
EE Background Screening	\$ 4,630)	
Licenses	\$ 2,053	;	
Penalties & Late Filings	\$ 151		
Bank Charges	\$ 4,073	;	
Cash Over/Short	\$ 1		
Surety Bonds	\$ 1,049)	
Memoriam/Benevolence Exp	\$ 978	;	
Lost Resident Property	\$ 4,264	Ļ	
Extraord. Gain/Loss DebtExiting	<u>\$ (37,930</u>))	
Total Other Administrative and General	\$ (19,780))\$-	\$-

Name of Facility	License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitation Cu	2082-C	9/30/2015	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #

Schedule C-1 - Management Services*

* 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)

Bride Brook Health and Rehabilitation Cneter2082-C9/30/201513ItemTotalCCNHRHNS2. Dietary a. In-House Preparation & Service 1. Raw Food\$252,641252,6412. Non-Food Supplies\$37,26437,2644	Page of 18 37 (Specify)
2. Dietary a. In-House Preparation & Service a. a. a. a. b. b.	(Specify)
2. Dietary a. In-House Preparation & Service a. a. a. a. b. b.	(Specify)
2. Non-Food Supplies \$ 37,264 37,264	
3. Other (Specify) \$ 3,417 3,417 Lease Exp - Eqpt \$ 3,417 \$ 1,417	
b. Purchased Services (by contract other \$ \$ than through Management Services) (Complete Schedule C-2 att. Page 21)	
c. Management Services** \$	
d. Other (<i>Specify</i>)\$	
2E. Total Dietary Expenditures (2a + b + c + d) \$ 293,322 293,322	
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? • Yes O No	
I. Did you receive revenue from employees? • Yes O No If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Pag	age 30, IV.1
Is cost of meals provided to persons otherIf yes, specifyK. than employees or residents (i.e., Board Members, Guests) included in 2E?O YesO NoIf yes, specify cost.	
L. Is any revenue collected from these people? O Yes O No If yes, specify amt.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)	
Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees includedOYesIf yes, specify cost.N.If yes, specify cost.	
O. Is any revenue collected from employees? O Yes \bigcirc No $\begin{bmatrix} If yes, specify \\ amt. \end{bmatrix}$	
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 Bride Brook Health and Bababilitation Crater		License		Report for Y	ear Ended	Page of
Bride Brook Health and Rehabilitation Cneter			082-C	9/30/2015		19 37
	Item		Total	CCNH	RHNS	(Specify)
	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs. Amt. \$	10,261	10,261		
	 Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 	Lbs.				
	processed.	Amt. \$				
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.				
	4. Repair and/or purchase of linens.***	Amt. \$				
		Amt. \$	14,284	14,284		
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	190,865	190,865		
	c. Management Services**	\$				
	d. Other (<i>Specify</i>)	\$				
	Total Laundry Expenditures (3a + b + c + d)	\$	215,410	215,410		
3F.	Laundry Questionnaire				¥C.	
G.	Is cost of employee laundry included in 3E? O	Yes	۲	No	If yes, specify cost.	
	5 1 5	Yes		No	If yes, specify amt.	
	Where is the revenue received reported in the Cost	t Report?		(Page/Line	ltem)	
	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	\odot	No	If yes, specify cost.	
K.	ý I I	Yes		No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost	t Report?		(Page/Line	Item)	

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

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

*** Pounds of Laundry only required for multi-level facilities.

C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care Basis for Allocation of Costs (See Note on Page 5)

Bride Brook Health and Rehabilitation Cneter2037ItemTotalCCNHRHNS(Specify)4.Housekeeping a.Sq. Ft. Serviced by PersonnelNat.S15,34715,34715,3471.Supplies - Cleaning (Mops, pails, brooms, etc.)Ant.S15,34715,34715,34715,347b.Purchased Services (by contract other than through Management Services) Page 21)Sq. Ft. Serviced by PersonnelS297,503297,503297,503c.Management Services*\$S297,503297,503297,503297,503297,503d.Other (Specify)\$\$312,850312,8505565666666666<	Nar	ne of Facility	License No.	Rep	ort for Year E	Ended	Page	of
4.Housekeeping a.Sq. Ft. Serviced by PersonnelSq. Ft. Serviced by Personnela.In-House Care pails, brooms, etc.)Amt.\$15,347b.Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)Sq. Ft. Serviced by Personnelc.Management Services*\$297,503297,503d.Other (Specify)\$4E.Total Housekeeping Expenditures (4a + b + c + d)\$312,850312,8505.Resident Care (Supplies)** a.1.Own Pharmacy\$375,140375,1402.Purchased from\$375,140375,140b.Medicine Cabinet Drugs\$232,467232,467c.Medican dTherapeutic Supplies\$232,46730,994e.Oxygen\$16,43116,431f.X-rays and Related Radiological Procedures***\$49,29649,296g.Dental (Nor dentists who should be included under salaries or fees)\$7,2937,293h.Laboratory***\$\$55,68665,686i.Recrain\$7,2937,293j.Other (Specify)****\$\$258,079258,079	Bric	Bride Brook Health and Rehabilitation Cneter		_	9/30/2015		20	37
4.Housekeeping a.Sq. Ft. Serviced by PersonnelSq. Ft. Serviced by Personnela.In-House Care pails, brooms, etc.)Amt.\$15,347b.Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)Sq. Ft. Serviced by Personnelc.Management Services*\$297,503297,503d.Other (Specify)\$4E.Total Housekeeping Expenditures (4a + b + c + d)\$312,850312,8505.Resident Care (Supplies)** a.1.Own Pharmacy\$375,140375,1402.Purchased from\$375,140375,140b.Medicine Cabinet Drugs\$232,467232,467c.Medican dTherapeutic Supplies\$232,46730,994e.Oxygen\$16,43116,431f.X-rays and Related Radiological Procedures***\$49,29649,296g.Dental (Nor dentists who should be included under salaries or fees)\$7,2937,293h.Laboratory***\$\$55,68665,686i.Recrain\$7,2937,293j.Other (Specify)****\$\$258,079258,079								
4.Housekeeping a.Sq. Ft. Serviced by PersonnelSq. Ft. Serviced by Personnela.In-House Care pails, brooms, etc.)Amt.\$15,347b.Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)Sq. Ft. Serviced by Personnelc.Management Services*\$297,503297,503d.Other (Specify)\$4E.Total Housekeeping Expenditures (4a + b + c + d)\$312,850312,8505.Resident Care (Supplies)** a.1.Own Pharmacy\$375,140375,1402.Purchased from\$375,140375,140b.Medicine Cabinet Drugs\$232,467232,467c.Medican dTherapeutic Supplies\$232,46730,994e.Oxygen\$16,43116,431f.X-rays and Related Radiological Procedures***\$49,29649,296g.Dental (Nor dentists who should be included under salaries or fees)\$7,2937,293h.Laboratory***\$\$55,68665,686i.Recrain\$7,2937,293j.Other (Specify)****\$\$258,079258,079								
a.In-House Careby Personnel1.Supplies - Cleaning (Mops, pails, brooms, etc.)Amt.\$15,34715,347b.Purchased Services (by contract other than through Management Services)Sq. Ft. Serviced by PersonnelSq. Ft. Serviced by PersonnelImage 297,503297,503c.Management Services*\$Amt.\$297,503297,503c.Management Services*\$Image 201Image 201Image 201c.Management Services*\$Image 201Image 201Image 201d.Other (Specify)\$Image 201Image 201Image 201d.Own Pharmacy\$Image 201Image 201Image 201J.Own Pharmacy\$Image 201Image 201		Item			Total	CCNH	RHNS	(Specify)
1.Supplies - Cleaning (Mops, pails, brooms, etc.)Amt.\$15,34715,347b.Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)sq. Ft. Serviced by Personnelby Personnelc.Management Services*\$15,34715,34715,347d.Other (Specify)Amt.\$297,503297,503 4E. Total Housekeeping Expenditures (4a + b + c + d)\$312,850312,8505.Resident Care (Supplies)** a.1312,850312,8507.Parscription Drugs*** 1.375,140375,140375,1409.Medicine Cabinet Drugs\$28,24528,245c.Medical and Therapeutic Supplies\$232,46730,994e.Oxygen 1.For Emergency Use\$16,43116,431f.X-rays and Related Radiological Procedures**\$49,29649,296g.Dental (Not dentists who should be included under salaries or fees)\$5,58649,296h.Laboratory***\$5,5865,6861i.Recreation\$7,293258,079258,079258,079	4.	Housekeeping	Sq. Ft. Serviced					
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		a. In-House Care	by Personnel					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services* d. Other (Specify) EE Total Housekeeping Expenditures (4a + b + c + d) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy S. Purchased from b. Medicine Cabinet Drugs C. Medical and Therapeutic Supplies C. Medical and Therapeutic Supplies S. C. Medical and Therapeutic Supplies S. C. Medical and Therapeutic Supplies C. Medical and Therapeutic Supplies S. C. Other*** S. C. Other*** S. C. Other*** S. C. Other*** S. C. Other*** S. C. Other*** S. C. Medical Related Radiological Procedures*** S. C. Medical Supplies S. C. Medical Supplies S. C. Other*** S. S. Solution S. S. Solution S. S. Solution S. S. Solution S. Soluti		1. Supplies - Cleaning (Mops,	Amt.	\$	15,347	15,347		
than through Management Services)by Personnel $(Complete Schedule C-2 att.Page 21)Amt.297,503297,503c. Management Services*$d. Other (Specify)$4E. Total Housekeeping Expenditures (4a + b + c + d)$312,850312,8505. Resident Care (Supplies)**a. Prescription Drugs***1. Own Pharmacy$2. Purchased from$375,140375,140b. Medicine Cabinet Drugs$28,245c. Medical and Therapeutic Supplies$232,467232,467d. Ambulance/Limousine***$30,994e. Oxygen1. For Emergency Use$$		pails, brooms, etc.)						
(Complete Schedule C-2 att. Page 21)c. Management Services*\$ $-$ d. Other (Specify)\$ $-$ 4E. Total Housekeeping Expenditures (4a + b + c + d)\$312,8505. Resident Care (Supplies)** a. Prescription Drugs*** $-$ 1. Own Pharmacy\$ $-$ 2. Purchased from\$375,1405. Medicine Cabinet Drugs\$28,2452. Purchased from\$30,9949. Medicine Cabinet Drugs\$232,4672. Purchased from\$30,9949. Medical and Therapeutic Supplies\$232,4679. Oxygen $ -$ 1. For Emergency Use\$ $-$ 2. Other***\$ $-$ 3. Other (Specify) $ -$ 9. Dental (Not dentists who should be included under salaries or fees) $-$ 1. Laboratory***\$ $-$ 1. Recreation\$7,2931. Other (Specify)****\$ $-$ 9. Dental (Not dentists who should be included under slaries or fees) $-$ 1. Recreation\$7,2931. Other (Specify)****\$ $-$ 2. Other Specify)****\$ $-$ 3. Dental (Not dentist who should be included under slaries or fees) $-$ 1. Recreation\$ $-$ 2. Other (Specify)****\$ $-$ 3. Dental (Not dentist who should be included under slaries or fees) $-$ 3. Recreation\$ $-$ 3. Dental (Not dentist who should be included under slaries or fee		b. Purchased Services (by contract other	Sq. Ft. Serviced					
Page 21)c. Management Services*d. Other (Specify)4E. Total Housekeeping Expenditures $(4a + b + c + d)$ 312,8505. Resident Care (Supplies)**a. Prescription Drugs**1. Own Pharmacy2. Purchased from5. Medicine Cabinet Drugs6. Medicine Cabinet Drugs7. Purchased from8. Medicine Cabinet Drugs9. Mit Laboratory Vise9. Dental (Not dentists who should be included under salaries or fees)10. H. Laboratory***11. Recreation12. Other (Specify)****13. Mit Capital Science14. Mit Capital Science15. Recreation16. Recreation17. 29318. Medicinel Schedule19. Other (Specify)****10. Medicine Cabinet Dicked Schedule10. Medicine Cabinet Dicked Schedule10. Medicine Cabinet Dicked Schedule10. Medicine Cabinet Dicked		than through Management Services)	by Personnel					
c. Management Services* \$		(Complete Schedule C-2 att.	Amt.	\$	297,503	297,503		
d. Other (Specify)\$ a a a 4E. Total Housekeeping Expenditures (4a + b + c + d)\$312,850312,8505. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy\$ a a 2. Purchased from\$375,140375,140b. Medicine Cabinet Drugs\$28,24528,245c. Medical and Therapeutic Supplies\$232,467232,467d. Ambulance/Limousine***\$30,99430,994e. Oxygen 1. For Emergency Use\$ a a g. Dental (Not dentists who should be included under salaries or fees)\$49,29649,296h. Laboratory***\$65,68655,686 a i. Recreation\$7,2937,293 a j. Other (Specify)****\$258,079258,079258,079		Page 21)						
Attraction of the second sec		c. Management Services*	-	\$				
5. Resident Care (Supplies)** a. Prescription Drugs*** a. 1. Own Pharmacy \$		d. Other (<i>Specify</i>)		\$				
5. Resident Care (Supplies)** a. Prescription Drugs*** a. 1. Own Pharmacy \$								
a. Prescription Drugs*** Image: Constraint of the second seco	4E.	Total Housekeeping Expenditures (4a +	b + c + d)	\$	312,850	312,850		
1. Own Pharmacy \$	5.	Resident Care (Supplies)**						
2. Purchased from \$ 375,140 375,140 375,140 b. Medicine Cabinet Drugs \$ 28,245 28,245 28,245 c. Medical and Therapeutic Supplies \$ 232,467 232,467 232,467 d. Ambulance/Limousine*** \$ 30,994 30,994 0 0 e. Oxygen 1 For Emergency Use \$ 16,431 16,431 0 1. For Emergency Use \$ 16,431 16,431 0 0 0 f. X-rays and Related Radiological Procedures*** \$ 49,296 49,296 0 0 0 g. Dental (Not dentists who should be included under salaries or fees) 65,686 65,686 0 0 0 h. Laboratory*** \$ 65,686 65,686 0<		a. Prescription Drugs***						
b. Medicine Cabinet Drugs\$28,24528,245c. Medical and Therapeutic Supplies\$232,467232,467d. Ambulance/Limousine***\$30,9940e. Oxygen1For Emergency Use\$11. For Emergency Use\$116,43112. Other***\$16,43116,4311f. X-rays and Related Radiological Procedures***\$49,29649,296g. Dental (Not dentists who should be included under salaries or fees)\$11h. Laboratory***\$65,68665,6861i. Recreation\$7,2937,2931j. Other (Specify)****\$258,079258,079258,079		1. Own Pharmacy		\$				
c. Medical and Therapeutic Supplies\$ 232,467232,467d. Ambulance/Limousine***\$ 30,99430,994e. Oxygen\$ 30,99430,9941. For Emergency Use\$ 16,43116,4312. Other***\$ 16,43116,431f. X-rays and Related Radiological\$ 49,29649,296Procedures***\$ 16,43116,431g. Dental (Not dentists who should be included under salaries or fees)\$ 65,68665,686h. Laboratory***\$ 65,68665,686i. Recreation\$ 7,2937,2931j. Other (Specify)****\$ 258,079258,0795See Attached Schedule\$ 258,079258,0795		2. Purchased from		\$	375,140	375,140		
c. Medical and Therapeutic Supplies\$ 232,467232,467d. Ambulance/Limousine***\$ 30,99430,994e. Oxygen\$ 30,99430,9941. For Emergency Use\$ 16,43116,4312. Other***\$ 16,43116,431f. X-rays and Related Radiological\$ 49,29649,296Procedures***\$ 16,43116,431g. Dental (Not dentists who should be included under salaries or fees)\$ 65,68665,686h. Laboratory***\$ 65,68665,686i. Recreation\$ 7,2937,2931j. Other (Specify)****\$ 258,079258,0795See Attached Schedule\$ 258,079258,0795								
d. Ambulance/Limousine***\$30,99430,994e. Oxygen1. For Emergency Use\$11. For Emergency Use\$16,43116,4312. Other***\$16,43116,431f. X-rays and Related Radiological Procedures***\$49,29649,296g. Dental (Not dentists who should be included under salaries or fees)\$65,68665,686h. Laboratory***\$65,68665,6861i. Recreation\$7,2937,2931j. Other (Specify)****\$258,079258,079258,079		b. Medicine Cabinet Drugs		\$	28,245	28,245		
d. Ambulance/Limousine***\$ 30,99430,994Outpute. OxygenImage: Constraint of the state of the		c. Medical and Therapeutic Supplies		\$	232,467	232,467		
1. For Emergency Use\$Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the system2. Other***16,43116,43116,431Image: Constraint of the systemImage: Constraint of the systemf. X-rays and Related Radiological Procedures***49,29649,296Image: Constraint of the systemImage: Constraint of the systemg. Dental (Not dentists who should be included under salaries or fees)Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemh. Laboratory***\$65,68665,686Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemi. Recreation\$7,2937,2937,293Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemj. Other (Specify)****\$258,079258,079258,079Image: Constraint of the systemSee Attached ScheduleImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the system				\$	30,994	30,994		
2. Other***\$ 16,43116,431f. X-rays and Related Radiological Procedures***\$ 49,29649,296g. Dental (Not dentists who should be included under salaries or fees)\$		e. Oxygen						
f. X-rays and Related Radiological Procedures***\$ 49,29649,296g. Dental (Not dentists who should be included under salaries or fees)\$		1. For Emergency Use		\$				
Procedures***Image: Constraint of the second se		2. Other***		\$	16,431	16,431		
g. Dental (Not dentists who should be included under salaries or fees)\$\$\$\$\$h. Laboratory***\$65,686 </td <td></td> <td>f. X-rays and Related Radiological</td> <td></td> <td>\$</td> <td>49,296</td> <td>49,296</td> <td></td> <td></td>		f. X-rays and Related Radiological		\$	49,296	49,296		
salaries or fees) Image: Constraint of the second seco		Procedures***						
h. Laboratory*** \$ 65,686 65,686 i. Recreation \$ 7,293 7,293 j. Other (Specify)**** \$ 258,079 258,079 See Attached Schedule 6 1000 10000		g. Dental (Not dentists who should be inc	luded under	\$				
h. Laboratory*** \$ 65,686 65,686 i. Recreation \$ 7,293 7,293 j. Other (Specify)**** \$ 258,079 258,079 See Attached Schedule 6 1000 10000		salaries or fees)						
i. Recreation \$ 7,293 7,293 j. Other (Specify)*** \$ 258,079 258,079 See Attached Schedule 6 6				\$	65,686	65,686		
See Attached Schedule				\$	7,293	7,293		
		j. Other (Specify)****		\$	258,079	258,079		
5K. Total Resident Care Expenditures (5a - 5j) \$ 1,063,632 1,063,632		See Attached Schedule						
	5K.	Total Resident Care Expenditures (5a - 5	5j)	\$	1,063,632	1,063,632		

* 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)
Supplies-Non-Chrg-SNF Non Certified	\$ 148,836		
Supplies-Non-Chrg-IV - Therapy	\$ 16,729		
Supplies-Non-Chrg-Transport Non-Emergency	\$ 1,598		
Incontinent Care Supplies-SNF Non Certified	\$ 61,000		
Lease Exp - Eqpt-SNF Non Certified	\$ 2,384		
Lease Exp - Eqpt-Nursing Admin/Supv	\$ 1,319		
Minor Equipment Purchase-SNF Non Certified	\$ 26,212		
Total Other Resident Care	\$ 258,079	\$ -	\$ -

.....

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

Name of Facility Bride Brook Health and Rehab	bilitation Cneter	License No. 2082-C	Report for Year Ende 9/30/2015	d			Page 21	of 37		
		Related ** Operators					Total Cost	Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility License No.	Report for Y	ear Ended		Page of
Bride Brook Health and Rehabilitation Cneter 2082-C	9/30/2015	$22 \mid 37$		
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 172,617	172,617		
b. Heat	\$ 90,070	90,070		
c. Light & Power	\$ 138,056	138,056		
d. Water	\$ 50,055	50,055		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 13,748	13,748		
f. Other (<i>itemize</i>)	\$ 89,356	89,356		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 553,901	553,901		
7. Depreciation (<i>complete schedule page 23</i> *)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 411,947	411,947		
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 73,688	73,688		
*7e. <i>Total Depreciation Costs</i> (7a + b + c + d)	\$ 485,635	485,635		
8. Amortization (<i>Complete att. Schedule Page 24</i> *)				
a. Organization Expense	\$ 2,935	2,935		
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other (<i>Specify</i>)	\$			
*8e. <i>Total Amortization Costs</i> (8a + b + c + d)	\$ 2,935	2,935		
9. Rental payments on leased real property less				
real estate taxes included in item 10b	\$ 1,756,682	1,756,682		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 95,509	95,509		
c. Personal property taxes	\$ 9,509	9,509		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,350,270	2,350,270		

* 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	CC	NH	RHNS	(Specify)
Supplies-Dept- Non-Chrg-Physical Plant	\$	2,025		
Infectious Waste Disposal-Nursing Admin/Supv	\$	879		
Garbage Service-Physical Plant	\$	23,149		
Contract Svcs	\$	22,433		
Lease Exp	\$	10,240		
Minor Equipment Purchase-Physical Plant	\$	17,235		
TV Cable/Dish-Patient Personal Purchase	\$	9,096		
Network-WAN-Admin	\$	4,299		
Total Other Repairs and Maintenance	\$	89,356	\$-	\$ -

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

Depreciation Schedule License No. Report for Year Ended Page Name of Facility of Bride Brook Health and Rehabilitation Cneter 2082-C 9/30/2015 23 37 Historical Accumulated Cost Less Depreciation to Method of Exclusive of Salvage Cost to Be Beginning of Computing Useful Depreciation Year's Operations for This Year **Property Item** Land Value Depreciated Depreciation Life Totals A. Land Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) A-4. Subtotal **Building and Building Improvements** B. 1. Acquired prior to this report period 9,312,663 9,312,663 7,417,680 411,133 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 17.333 173,333 814 B-4. Subtotal 411,947 C. Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage logbook Historical Accumulated Date of maintained? Acquisition Cost Less Depreciation to Method of Exclusive of Salvage Cost to Be Beginning of Computing Useful Depreciation Depreciated Year's Operations Depreciation Life for This Year Totals Yes No Land Value Month Year D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c. d. 2. Movable Equipment a. Acquired prior to this report period 1,748,332 1,748,332 1,961,933 70,558 b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) 13,954 13,954 3,131 D-3. Subtotal 73,688 **Total Depreciation** 485,635

Bride Brook Health and Rehabilitation Cneter 9/30/2015

Schedule of Land Improvements Acquired during this report period

		Useful						
Acquisition Date	Description of Item	Cost	Life	Depreciation				
Additions:								
				_				
Fotal additions for Land Impro	vements	\$ -		\$ -				
Deletions:								
Fotal deletions for Land Improv	vements	\$ -		\$ -				

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

	ig improvements required during tims report period		Useful		
Acquisition Date	Description of Item	Cost	Life	Depr	eciation
Additions:					
8/7/2014	Mixing Valve	\$ 1,872	10	\$	187
8/12/2014	Wander Guard Maglock	\$ 1,670	10	\$	167
5/27/2015	Heat Pump Compressor	\$ 2,199	10	\$	73
6/5/2015	Replaced Heat Pump	\$ 11,592	10	\$	386
Total additions for	Building Improvements	\$ 17,333		\$	814
Deletions:					
Total deletions for	Building Improvements	\$ -		\$	-

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of item	Cost		Depreciation
iuitions.				
				-
Fotal additions for Non-Mov	able Equipment	\$ -		\$ -
Deletions:				
				-
Fotal deletions for Non-Mov	able Equipment	\$ -		\$ -

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		<i>a</i> .	Useful		
Acquisition Date Additions:	Description of Item	Cost	Life	Depr	reciation
	Washer Muffin and Fan	\$ 1,564	10	\$	156
9/5/2013	Kronos time clock chargers	\$ 3,440	10	\$	344
	Galaxy Tab 4	\$ 432	3	\$	72
3/30/2015	Food Processor	\$ 3,617	10	\$	2,170
8/11/2015	LVO Custom TP LL440	\$ 866	3	\$	48
8/19/2015	Ergotron Neo flex laptop	\$ 874	3	\$	24
8/27/2015	HTR BSTER 6gal 36kw 208V 3PH EQ	\$ 3,161	10	\$	316
Total additions for	Movable Equipment	\$ 13,954		\$	3,131
Deletions:					
Total deletions for Movable Equipment		\$ -		\$	-

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Fotal additions for Leasehole	d Improvement	\$ -		\$ -
Deletions:				
Fotal deletions for Leasehold	l Improvement	\$ -		\$ -

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

Amortization Schedule*

Name of Facility				License No.		Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation Cneter					9/30/2015			24	37	
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
									Amortization	
				Length of	Cost to Be	Year's	Computing	Rate	for This	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	Year	Totals
A.	Organization Expense									
	1. Leasehold Rights			10	34,365	34,365				
	2. Leasehold Rights			10	32,855	26,496			2,935	
	3.									
A-4.	Subtotal									2,935
В.	Mortgage Expense									
	1.									
	2.									
	3.									
	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									
D.	Total Amortization									2,935

* 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 FacilityLicense NoBride Brook Health and Rehabilitation208	о. 82-С	Report for Year En 9/30/2015	ded		Page of 25 37
11. Property Questionnaire		·			·
Part A					
Is the property either owned by the Facility	0	N 7	0	NT	If "Yes," complete Part B.
or leased from a Related Party?*	0	Yes	U	No	If "No," complete Part C.
*If any owner or operator of this facility is relate					
business association to any person or organization a related party transaction.	n from whom	buildings are leased, th	en it is considered		
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchas	se				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		130			
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, variab	le)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed f. Principal balance outstanding as of _					
Complete if Mortgage was Refinanced					
During Current Cost Year					
g. Type of Financing (e.g., fixed, variab	le)				
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed	2.66				
1. Principal Outstanding on Note Paid-O					
Part C - Arms-Length Leases for Real	1 0			Torm of Loose	Annual Amount of Lagra
Name and Address of Lessor SMV Niantic, Inc.	Land and E	perty Leased	12/10/04		Annual Amount of Lease
Sivi v Tvlaitte, file.		Jununig	12/10/04	12 years	
				1	

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page of
Bride Brook Health and Rehabilitatio 2082-C	9/30/2015			26 37	
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable	e				
Equipment 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 FacilityLicense IBride Brook Health and Rehabilita208	No. 32-C	Report for Y 9/30/2015	ear Ended		Page of 27 37	
Item	Total	CCNH	RHNS	(Specify)		
	totals Brou	ught Forward:				
12. C. Movable Equipment		6				
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender	<u> </u>	<u> </u>				
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Inte Expense (C1 + 2)	rest	\$				
12. D. Other Interest Expense (<i>Specify</i>)		\$				
13. Total All Interest Expense (12B7 + 12	2C3 + 12I	D) (C	1			
14. Insurance						
a. Insurance on Property (buildings of	only)	\$	17,653	17,653		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as						
1. Umbrella (<i>Blanket Coverage</i>)						
2. Fire and Extended Coverage						
3. Other (<i>Specify</i>)	91,670	91,670				
Gen/Prof Liability \$91003.45;						
14d. Total Insurance Expenditures (14a +	(b+c)	\$	109,323	109,323		
15. Total All Expenditures (A-13 thru C-		\$		14,954,122		

D. Adjustments	to Statement	of Expenditures
-----------------------	--------------	-----------------

Bride Brook Health and Rehabilitation Cneter 2082-C 9/30/2015 28 Item Page Total Total Amount of RHNS (Specif Page 10 - Salaries and Wages Decrease CCNH RHNS (Specif 1 Outpatient Service Costs \$ - - - 2 Salaries not related to Resident Care \$ - - - 3 Occupational Therapy \$ 397.669 397.669 - - 4 Other - See attached Schedule (23.076) - - - 5 Resident Care Physicians ** \$ 6.675 - - - 6 Occupational Therapy \$ - - - - 7 Other - See attached Schedule \$ - - - - 8 Discriminatory Benefits \$ - - - - 9 Bad Debts \$ 110.686 110.686 - - - 11. Telephone \$ - - - - 12. Cellular Telephone \$ - - - - 13. Life insurance premiums on the life - - - </th <th>Nam</th> <th>e of Fa</th> <th>acility</th> <th></th> <th>Lic</th> <th>ense No.</th> <th>Report for Yea</th> <th colspan="2">Page of</th>	Nam	e of Fa	acility		Lic	ense No.	Report for Yea	Page of		
Item Page Line Item Description Amount of Decrease CCNH RHNS (Specif Page 10 - Salaries and Wages Image 10 - Salaries not related to Resident Care S Image 10 - Salaries not related to Resident Care S Image 10 - Salaries not related to Resident Care S Image 10 - Salaries not related to Resident Care S Image 10 - Salaries not related to Resident Care S Image 10 - Salaries not related to Resident Care S Image 10 - Salaries not related to Resident Care S Image 10 - Salaries not related Schedule S S S Resident Care Physicians ** S 6.675 G G S Image 10 - Salaries not related Schedule Image 10 - Salaries not related Schedule </td <td>Bride</td> <td>e Broo</td> <td>k Hea</td> <td>lth and Rehabilitation Cneter</td> <td></td> <td>2082-C</td> <td>9/30/2015</td> <td></td> <td>28</td> <td> 37</td>	Bride	e Broo	k Hea	lth and Rehabilitation Cneter		2082-C	9/30/2015		28	37
1. Outpatient Service Costs \$						Amount of	CCNH	RHNS	(Spe	cify)
2. Salaries not related to Resident Care \$ Occupational Therapy \$	Page	10 - 5	Salari	÷						
3. Occupational Therapy \$ 397,669 397,669 4. Other - See attached Schedule \$ (23,076) (23,076) Page 13 - Professional Fees 6 (23,076) (23,076) Page 15 - Professional Therapy \$ (6,675) (6,675) (7) Other - See attached Schedule \$ (7) (7) (7) (7) Other - See attached Schedule \$ (7) (7) (7) (7) Other - See attached Schedule \$ (7) (7) (7) (7) Other - See attached Schedule \$ (7) (7) (7) (7) Other - See attached Schedule \$ (7) (7) (7) (7) 9 Bad Debts \$ (10,686) (10,686) (10,686) 10. Accounting & Legal \$ (7) (7) (7) (7) 11. Telephone \$ (7) (7) (7) (7) (7) 12. Cellular Telophone \$ (7) (7) (7) (7) 13. Life insurance preminums on the life (1.			-						
4 Other - See attached Schedule \$ (23,076) (23,076) Page 13 - Professional Fees 6 Occupational Therapy \$ 6,675 6,675 5. Resident Care Physicians ** \$ 6,675 6,675 6 7. Other - See attached Schedule \$ 9 9 9 8. Discriminatory Benefits \$ 10 6 10,686 110,686 10. Accounting & Legal \$ 11					_					
Page 13 - Professional Fees 5 Resident Care Physicians ** \$ 6.675 6.675 6. Occupational Therapy \$ 6.675 6.675 7. Other - See attached Schedule \$ 6 6.675 8. Discriminatory Benefits \$ 6 6 9. Bad Debts \$ 110,686 110,686 10. Accounting & Legal \$ 6 6 11. Telephone \$ 6 6 12. Cellular Telephone \$ 6 6 13. Life insurance premiums on the life 6 6 6 14. Gifts, flowers and coffee shops \$ 2,500 2,500 15. Education expenditures to colleges or universities for tuition and related costs 6 6 for owners and employees \$ 2,500 2,500 2,500 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state 6 6 17. Automobile Expense (e.g., personal use) \$ 6 6 18. Unallow										
5. Resident Care Physicians ** \$ 6,675 6,675 6. Occupational Therapy \$					\$	(23,076)	(23,076)			
6. Occupational Therapy \$		<u>13 - 1</u>	Profes							
7. Other - See attached Schedule \$ Pages 15 & 16 - Administrative and General				•		6,675	6,675			
Pages 15 & 16 - Administrative and General \$ \$ 8 Discriminatory Benefits \$ \$ 9 Bad Debts \$ \$ \$ 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 \$ \$ \$ \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state \$ \$ \$ \$ 17. Automobile Expense (e.g. personal use) \$ \$ \$ \$ \$ 18. Unallowable Advertising * \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					_					
8. Discriminatory Benefits \$ 110,686 110,686 9. Bad Debts \$ 110,686 110,686 10. Accounting & Legal \$					\$					
9. Bad Debts \$ 110,686 110,686 10. Accounting & Legal \$		s 15 &	z 16 -							
10. Accounting & Legal \$									_	
11. Telephone \$						110,686	110,686			
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 \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * \$ 33,075 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ (125,947) 22. Barber and Beauty \$ 2,021 2,021 23. Other - See attached Schedule \$ (40,217) 24. Meals to employees, guests and others who are not residents \$ 1,281 25. Laundry services to employees, guests and others who are not residents \$ 1,281 26. Housekceping services to employees, guests and others who are not residents \$ 1										
of Owners, Partners, Operators\$				1	\$					
14. Gifts, flowers and coffee shops \$	13.			-	¢					
15.Education expenditures to colleges or universities for tuition and related costs for owners and employees2,5002,50016.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$	1.4								-	
universities for tuition and related costs for owners and employees\$2,5002,50016.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$				*	\$			_		_
Income s and employees $2,500$ <t< td=""><td>15.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	15.									
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 *\$ 33,07519.Income Tax / Corporate Business Tax\$20.Fund Raising / Contributions\$21.Unallowable Management Fees\$ (125,947)22.Barber and Beauty\$ 2,02123.Other - See attached Schedule\$ (40,217)24.Meals to employees, guests and others 					¢	2 500	2,500			
Image: conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representativeImage: conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representativeImage: conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representativeImage: conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representativeImage: conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representativeImage: conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representativeImage: conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representativeImage: conferences or seminars outside the seminars outside the travel in excess of one representativeImage: conferences or seminars outside the seminars outside the travel in excess of one representativeImage: conferences or travel in excess of one representative10.Income Tax / Corporate Business Tax Fund Raising / ContributionsImage: conferences travel in excess of one representativeImage: conference travel in excess of one representative20.Fund Raising / ContributionsImage: conference travel in excess of one representativeImage: conference travel in excess of one representative21.Unallowable Management Fees(125,947)(125,947)Image: conference travel in excess of one representative22.Barber and BeautyS2,0212,021Image: conference travel in excess of one representative <td>16</td> <td></td> <td></td> <td>* *</td> <td>\$</td> <td>2,500</td> <td>2,500</td> <td></td> <td></td> <td></td>	16			* *	\$	2,500	2,500			
continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of one representativeImage: continental U.S. Other out-of-state travel in excess of out-out-out-out-out-out-out-out-out-out-	16.									
Image: service										
17.Automobile Expense (e.g. personal use)\$					¢					
18.Unallowable Advertising *\$ 33,07533,07519.Income Tax / Corporate Business Tax\$20.Fund Raising / Contributions\$21.Unallowable Management Fees\$ (125,947)22.Barber and Beauty\$ 2,02123.Other - See attached Schedule\$ (40,217)Page 18 - Dietary Expenditures•24.Meals to employees, guests and others who are not residents\$ 1,28125.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures and others who are not residents\$26.Housekeeping services to employees, guests and others who are not residents\$	17			1						
19.Income Tax / Corporate Business TaxIncome Tax / Corporate Business Tax / Corporate Business TaxIncome Tax / Corporate Business Tax / Corporat						22.075	22.075			
20.Fund Raising / Contributions\$Image: Contribution of the second secon						55,075	33,073			
21.Unallowable Management Fees(125,947)(125,947)22.Barber and Beauty\$ 2,0212,02123.Other - See attached Schedule\$ (40,217)(40,217)Page 18 - Dietary ExpendituresMeals to employees, guests and others who are not residents1,2811,28124.Meals to employees, guests and others who are not residents\$ 1,28125.Laundry services to employees, guests and others who are not residents\$ 126.Housekeeping Expenditures and others who are not residents\$ 1				4						
22.Barber and Beauty\$ 2,0212,0212,02123.Other - See attached Schedule\$ (40,217)(40,217)Page 18 - Dietary ExpendituresMeals to employees, guests and others who are not residents1,2811,28124.Meals to employees, guests and others who are not residents\$ 1,2811,28125.Laundry services to employees, guests and others who are not residents\$ 126.Housekeeping services to employees, guests and others who are not residents\$ 1					_	(125.947)	(125.047)			
23.Other - See attached Schedule(40,217)(40,217)Page 18 - Dietary ExpendituresMeals to employees, guests and others who are not residents1,2811,28124.Meals to employees, guests and others who are not residents1,2811,281Page 19 - Laundry Expenditures1,2811,281125.Laundry services to employees, guests and others who are not residents11Page 20 - Housekeeping Expenditures11126.Housekeeping services to employees, guests and others who are not residents11				× *						
Page 18 - Dietary Expenditures Image 18 - Dietary Expenditures Image 19 - Laundry Expenditures Image 19 - Laundry Expenditures Image 19 - Laundry Expenditures Image 10 - Laundry Expenditures										
24.Meals to employees, guests and others who are not residents1,2811,281Page 19 - Laundry Expenditures1,2811,2811,28125.Laundry services to employees, guests and others who are not residents26.Housekeeping Services to employees, guests and others who are not residents26.Housekeeping services to employees, guests and others who are not residents		18 - 1	Dietar		Ψ	(40,217)	(40,217)			
who are not residents1,2811,281Page 19 - Laundry Expenditures1125.Laundry services to employees, guests and others who are not residents11Page 20 - Housekeeping Expenditures1126.Housekeeping services to employees, guests and others who are not residents1126.Housekeeping services to employees, guests and others who are not residents11	0	10-1							_	
Page 19 - Laundry Expenditures Image: Second Se	27.				\$	1 281	1 281			
25. Laundry services to employees, guests and others who are not residents Image: 20 - Housekeeping Expenditures Image: 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests 26. Housekeeping services to employees, guests Image: 20 - Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests 26. Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests 27. Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests 28. Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests 29. Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests 20. Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests Image: 20 - Housekeeping Services to employees, guests	Page	10 _ 1	aund		ψ	1,201	1,201			
and others who are not residents Image: 20 - Housekeeping Expenditures Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others who are not residents Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and others Image: 20 - Housekeeping services to employees, guests and guest and guest					_					
Page 20 - Housekeeping Expenditures Image: Constraint of the symbol	49.				\$					
26. Housekeeping services to employees, guests and others who are not residents Image: Complex services to employees, guests	Paga	20 - 1	Tousa		φ					
and others who are not residents \$	-	20-1	iouse		_					
	20.				¢					
Subtotal (Items 1 - 26) \$ 364,667 364,667						361 667	361 667			

* All except "Help Wanted".

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

⁽Carry Subtotal forward to next page)

Bride Brook Health and Rehabilitation Cneter 9/30/2015

Attachment Page 28

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A.12.o.	Salaries - Respiratory Therapist	\$ 3,420		
10	A.12.d.	Salaries Non License	\$ 406		
10	A.12.b.1.	Record Bonuses - Supervisor RN	\$ (708)		
10	A.12.c.1.	Record Bonuses - LVN/LPN	\$ (5,133)		
10	A.12.b.1.	Record Bonuses - RN	\$ (3,363)		
10	A.12.d.	Record Bonuses - SNF Non Certified - C N A	\$ (12,566)		
10	A.12.h.	Record Bonuses - Activities - Supervisor	\$ (354)		
10	A.12.h.	Record Bonuses - Activities - Non Supervisor	\$ (354)		
10	A.5.a.	Record Bonuses - Dietary - Registered Dietician	\$ (354)		
10	A.5.c.	Record Bonuses - Dietary - Dietary Cook	\$ (3,717)		
10	A.2.	Record Bonuses - Administrative - Administrator	\$ (354)		
Total Othe	r Salaries	Adjustment	\$ (23,076)	\$-	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Fees Adj	ustments	\$-	\$-	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
15	C.1.a.1.	Remove Workmen's Compensation Reserve Expense	\$	247,546		
15	C.1.a.1.	Include Workmen's Compensation Paid Claims	\$	(255,995)		
15	C.1.j.	Franchise Taxes in Excess of \$250	\$	(600)		
16	C.1.m.8a.	Civic Dues	\$	50		
16	C.1.m.13.	Cash Over/Short and Patient Trust Reconciliation	\$	1		
16	C.1.m.13.	Memorium/Benevolence Expense	\$	978		
16	C.1.m.13.	Lost Resident Property	\$	4,264		
16	C.1.m.13.	Miscellaneous Receipts - Administrative (from p. 30, line IV.8.)	\$	724		
16	C.1.m.13.	Penalties and Late Filings	\$	151		
16	C.1.m.13.	Director and Trustee Fees	\$	525		
16	C.1.m.13.	Extraordinary Gain/Loss - Administrative	\$	(37,930)		
16	C.1.m.13.	Interest Income (from p.30, line IV.5.)	\$	68		
			_			
Total Othe	er A&G Ad	justments	\$	(40,217)	\$ -	\$-

Report for Year Ended Name of Facility License No. Page of Bride Brook Health and Rehabilitation Cneter 2082-C 9/30/2015 29 37 Total Item Page Line Amount of No. No. Item Description CCNH RHNS No. Decrease (Specify) Subtotals Brought Forward \$ 364,667 364,667 Page 20 - Resident Care Supplies*** Prescription Drugs 27 \$ 375,140 375,140 28 Ambulance/Limousine \$ 30,994 30,994 29 \$ X-ravs. etc 49.296 49.296 30. Laboratory \$ 65,686 65,686 31. Medical Supplies \$ 13,024 13,024 32 Oxygen (non emergency) \$ 16.431 16.431 33. Occupational Therapy \$ 370 370 34. Other - See Attached Schedule \$ 147,992 147,992 Page 22 - Maintenance and Property **Excess Movable Equipment Depreciation** 35. See Attached Schedule \$ Depreciation on Unallowable 36 Motor Vehicles \$ 37 Unallowable Property and Real Estate Taxes \$ Rental of Building Space or Rooms 38 \$ 39 Other - See Attached Schedule \$ Page 27 - Insurance Mortgage Insurance 40. \$ 41. Property Insurance \$ 74,504 74,504 Other - Miscellaneous 42. Research or Experimental Activities \$ \$ 43. Radio and Television Revenue \$ 44 Vending Machine Revenue 81 81 45 Purchase Discounts and Allowances \$ \$ 46. Duplications of functions or services 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ \$ 48 Interest Income on Accounts Rec 49 Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -See Attached Schedule \$ 51. Total Amount of Decrease (Items 1 - 50) \$ 1,138,186 1,138,186

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

*** 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.

Bride Brook Health and Rehabilitation Cneter 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	(CONH	RHNS	(Specify)
20	C.5.c.	Ancillary Cost of Goods Sold - P.E.N. Therapy	\$	5,403		
20	C.5.c.	Respiratory Therapy	\$	4,711		
20	C.5.c.	Ancillary Cost of Goods Sold - IV Therapy	\$	51,950		
20	C.5.c.	Ancillary Cost of Goods Sold - Equipment Rental	\$	19,121		
20	C.5.c.	Oxygen Concentrators	\$	(700)		
20	C.5.c.	Adjust Medical Supplies to Proper Cost-to-Charge Ratio	\$	67,507		
Total Othe	er Ancillary	7 Costs	\$	147,992	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Property	Adjustments	\$-	\$-	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	er Adjustm	ents	\$ -	\$ -	\$ -
Total Othe	er Adjustm	ents	\$-	\$ -	\$

Schedule of Unallowable Building Interest

Image: Image of the second s			
Total Unallowable Building Interest	\$ -	\$-	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

F. Statement of Ke		E 1 - 1		Dana
Name of Facility License No. Bride Brook Health and Rehabilitation C 2082-C	Report for Y 9/30/2015	Page of 30 37		
Direc Drook Houth and Kondollitation C 2002-C	2130/2013			30 31
Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (CT only)	\$ 6,331,958	6,331,958		
b. Medicaid Room and Board Contractual Allowance **	\$ (197,530)	(197,530)		
2. a. Medicaid (All other states)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (all inclusive)	\$ 6,144,063	6,144,063		
b. Medicare Room and Board Contractual Allowance **	\$ (3,167)	(3,167)		
4. a. Private-Pay Residents and Other	\$ 2,669,102	2,669,102		
b. Private-Pay Room and Board Contractual Allowance **	\$ (825)	(825)		
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 585,302	585,302		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (583,715)	(583,715)		
c. Prescription Drugs - Non-Medicare	\$ 126,504	126,504		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (117,311)	(117,311)		
2. a. Medical Supplies - Medicare	\$ 17,979	17,979		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (17,981)	(17,981)		
c. Medical Supplies - Non-Medicare	\$ 33,999	33,999		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (30,358)	(30,358)		
3. a. Physical Therapy - Medicare	\$ 1,071,868	1,071,868		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (978,525)	(978,525)		
c. Physical Therapy - Non-Medicare	\$ 195,838	195,838		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (177,793)	(177,793)		
4. a. Speech Therapy - Medicare	\$ 216,361	216,361		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (187,303)	(187,303)		
c. Speech Therapy - Non-Medicare	\$ 23,040	23,040		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (20,134)	(20,134)		
5. a. Occupational Therapy - Medicare	\$ 1,036,929	1,036,929		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (962,527)	(962,527)		
c. Occupational Therapy - Non-Medicare	\$	134,430		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (122,280)	(122,280)		
6. a. Other (Specify) - Medicare	\$ 323	323		
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,809	4,809		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,193,056	15,193,056		
IV. Other Revenue*				
1. Meals sold to guests, employees & others	\$ 1,281	1,281		
2. Rental of rooms to non-residents	\$			
3. Telephone	\$			
4. Rental of Television and Cable Services	\$ 			
5. Interest Income (<i>Specify</i>)	\$ 68	68		
6. Private Duty Nurses' Fees	\$ 			
7. Barber, Coffee, Beauty and Gift shops	\$ 			_
8. Other (<i>Specify</i>)	\$ 805	805		
V. Total Other Revenue (1 thru 8)	\$ 2,154	2,154		
VI. Total All Revenue (III +V)	\$ 15,195,210	15,195,210		

* 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)
30	Medicare A Revenue - Oxygen Concentrator Rental - SNF Anc Revenue	\$ 2,459		
30	Medicare A Revenue - IV Therapy - SNF Anc Revenue	\$ 58,042		
30	Medicare A Revenue - Laboratory - SNF Anc Revenue	\$ 291,687		
30	Medicare A Revenue - X-Ray - SNF Anc Revenue	\$ 63,018		
30	Medicare B Revenue - X-Ray - SNF Anc Revenue	\$ 524		
30	Mcare Replacement Revenue-Oxygen Concentrator Rental-SNF Anc Rev	\$ 768		
30	Mcare Replacement Revenue-IV - Therapy-SNF Anc Rev	\$ 42,707		
30	Mcare Replacement Revenue-Laboratory-SNF Anc Rev	\$ 31,694		
30	Mcare Replacement Revenue-X/Ray-SNF Anc Rev	\$ 14,793		
30	PP Mcare Replacement Revenue-Laboratory-SNF Anc Rev	\$ 39,842		
30	Medicare Ancillary Revenue - Contractual Adjustment	\$ (545,212)		
Total Othe	r Resident Revenue - Medicare	\$ 323	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Medicaid Revenue-Oxygen Concentrator Rental-SNF Anc Rev	\$ 6,397		
30	Medicaid Revenue-Oxygen Concentrator Rental-SNF Anc Rev	\$ 227		
30	Medicaid Revenue-IV - Therapy-SNF Anc Rev	\$ 10		
30	Medicaid Revenue-Laboratory-SNF Anc Rev	\$ 125		
30	HMO/MGD Revenue-Oxygen Concentrator Rental-SNF Anc Rev	\$ 541		
30	HMO/MGD Revenue-Respiratory Therapy-SNF Anc Rev	\$ 80		
30	HMO/MGD Revenue-IV - Therapy-SNF Anc Rev	\$ 17,837		
30	HMO/MGD Revenue-Laboratory-SNF Anc Rev	\$ 22,550		
30	HMO/MGD Revenue-X/Ray-SNF Anc Rev	\$ 5,721		
30	Insurance Revenue-Oxygen Concentrator Rental-SNF Anc Rev	\$ 35		
30	Insurance Revenue-Laboratory-SNF Anc Rev	\$ 1,621		
30	PP Insurance Revenue-Laboratory-SNF Anc Rev	\$ 510		
30	Insurance Revenue-X/Ray-SNF Anc Rev	\$ 947		
30	VA Revenue-Oxygen Concentrator Rental-SNF Anc Rev	\$ 160		
30	VA Revenue-Laboratory-SNF Anc Rev	\$ 3,575		
30	VA Revenue-X/Ray-SNF Anc Rev	\$ 2,981		
30	Hospice Revenue-Oxygen Concentrator Rental-SNF Anc Rev	\$ 20		
30	Private/HMO/MGD/Insurance/VA/Hospice Ancillary Revenue - Contractual Adjustment	\$ (58,527)		
Total Oth	er Resident Revenue	\$ 4,809	\$-	\$-

Interest Income

.....

Account

.........

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Interest Income-Administrative		\$ 1		
30	Interest Income-Realty		\$ 67		
Total Inter	rest Income		\$ 68	\$ -	\$ -

Schedule of Other Revenue

Description		н	RHNS	(Specify)
Miscellaneous Receipts-Vending	\$	81		
Miscellaneous Receipts-Administrative	\$	724		
				-
				-
er Revenue	\$	805	\$ -	\$ -
	Description Miscellaneous Receipts-Vending Miscellaneous Receipts-Administrative	Miscellaneous Receipts-Administrative \$ Miscellaneous Receipts-Administrative \$	Miscellaneous Receipts-Administrative \$ 81 Miscellaneous Receipts-Administrative \$ 724 Image: State of the state o	Miscellaneous Receipts-Administrative \$ 81 Miscellaneous Receipts-Administrative \$ 724 Image: Image

State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	
Bride Brook Health and Rehab		9/30/2015	31	37
•	Account			Amount
Assets				
A. Current Assets	1 1 \		٠	140 450
1. Cash (on hand and in	,		\$	148,456
	eceivable (Less Allowance		\$	1,106,501
	ivable (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	43,051
a. Prepaid Insurance		3,179	_	
b. Prepaid Licenses		681	_	
c. Deposits		37,903	_	
d. Prepaid Other		1,289		
6. Interest Receivable			\$	
7. Medicare Final Settle			\$	
8. Other Current Assets	(itemize)		\$	
			_	
A-9. Total Current Assets (Li	nes A1 thru 8)		\$	1,298,009
B. Fixed Assets			Ψ	1,270,007
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
2. Land improvements	Accum. Deprecia	ation Net	φ	
3. Buildings	*Historical Cost	9,329,996	\$	1,500,369
5. Dunungs	Accum. Deprecia		φ	1,500,509
4 Lassahold Improvem	X X	ation 7,829,027 Net	\$	
4. Leasehold Improvement		Not	Φ	
5 Non Moushle Farring	Accum. Deprecia nent *Historical Cost	ation Net	\$	
5. Non-Movable Equipm		ation Net	Φ	
6 Maushla Equipment	Accum. Deprecia		¢	(272.225
6. Movable Equipment	*Historical Cost	1,762,286	\$	(273,335
	Accum. Deprecia	ation 2,035,622 Net	Φ.	
7. Motor Vehicles	*Historical Cost	N	\$	
	Accum. Deprecia	ation Net		
8. Minor Equipment-No	t Depreciable		\$	
9. Other Fixed Assets (i			\$	16,140
Asset Clearing-Re	alty-PS AM Cap Ex SSC	16,140		
B-10. Total Fixed Assets (1	Lines B1 thru 9)		\$	1,243,174
	- /		Ψ	1,273,177

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

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page		of
Bride	e Br	ook Health and Rehabilitation	2082-C	9/30/2015		32		37
			Account			An	nount	
				Total Brought Forward:	\$		2,54	1,182
C.	Lea	asehold or like property recorde	ed for Equity Purposes	8.				
	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 Deprec	iable		\$			
C-8	То	tal Leasehold or Like Properti	es (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost	67,220				
			Accum. Depreciation	63,796 Net	\$			3,424
	4.	Goodwill (Purchased Only)			\$			
	5.	Investments Related to Reside	nt Care (itemize)		\$			
					1			
	6.	Loans to Owners or Related P	arties (<i>itemize</i>)		\$			
		Name and Address	Amount	Loan Date				
ĺ								
	7.	Other Assets (<i>itemize</i>)			\$		36	6,396
		Other Assets-Default-Dept	-General	366,396				
		tal Investments and Other Ass			\$		36	9,820
D-9.	То	tal All Assets (Lines A9 + B10	+ C8 + D8)		\$		2,91	1,002

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

G. Balance Sheet (cont'd)

Name of Fac	cility		License No.	Report for Year I	Ended	Page	of
Bride Brook	Heal	th and Rehabilitation Cneter	2082-C	9/30/2015		33	37
		I	Account			А	mount
Liabilities							
А.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	493,645
	2.	Notes Payable (itemize)			5	\$	
	3.	Loans Payable for Equipme	-			\$	
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	of Owners and/or S	Stockholders only)		\$	452,418
	5.	Accrued Payroll (Owners a	0			\$,
	6.	Accrued Payroll Taxes Pay		<i>,</i> ,		\$	104,606
	7.	Medicare Final Settlement				\$,
	8.	Medicare Current Financin	•			\$	
	9.	Mortgage Payable (Current	°			\$	
		Interest Payable (Exclusive		elated Parties)		\$	
		Accrued Income Taxes*	5	,		\$	412
		Other Current Liabilities (i	temize)			\$	445,637
		AP Utility Accruals		98 A/P Other	365		,
		Garnishments/Levies	7	01 Accrued Insurance-PL	GL 100,764		
		Benefits Dedctns	6,7	80 Accruals-Insurance	(320)		
		Misc Dedctns		58			
A-13	. To	tal Current Liabilities (Line	es A1 thru 12)		5	\$	1,496,718

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

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Bride Brook Health and Rehabilitation Cne	License No. e 2082-C	Report for Year 9/30/2015	r Ended	Page 34	of 37
	Account	9/30/2013			nount
	ht Forward:	All	1,496,718		
Liabilities (cont'd)		Total Dioug	Int FOI ward.		1,490,710
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
	1 01 000				
2. Mortgages Payable			\$		
3. Loans from Owners or Rel	ated Parties (<i>itemize</i>)		\$		(10,592,468)
Name and Address of Lender	Amount	Loan D			(10,0)2,100)
	7 milount				
Internet many Description					
Intercompany Revolver -	(10,500,460)				
SSC	(10,592,468)				
4. Other Long-Term Liabiliti	es (<i>itemize</i>)		\$		2,018,129
L/T Benefits Reserve-PLG	L Post-Petition Claim	254,626			
L/T Benes Reserve-W/Con	np Post-Petition Clain	n 110,029			
Deferred CLO Gain/Loss /	Deferred Income	193,895			
Rent Accrual		804,439			
B-5. Total Long-Term Liabilities (\$		(8,574,338)
C. Total All Liabilities (Lines A-	-13 + B-5)		\$		(7,077,621)

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

	-		ar Ended	Page	
Bric	le Brook Health and Rehabilitation 2082-C 9/30/ Account	/2015		35	Amount 37
A.	Reserves		Amount		
	1. Reserve for value of leased land			\$	1,109,234
	2. Reserve for depreciation value of leased buildings and to be amortized	appurten	ances	\$	
	3. Reserve for depreciation value of leased personal prop	erty (Equ	uity)	\$	
	4. Reserve for leasehold real properties on which fair ren	tal value	is based	\$	
	5. Reserve for funds set aside as donor restricted			\$	
	6. Total Reserves			\$	1,109,234
B.	Net Worth				
	1. Owner's Capital			\$	
	2. Capital Stock			\$	
	3. Paid-in Surplus			\$	
	4. Treasury Stock			\$	
	5. Cumulated Earnings			\$	8,638,301
	6. Gain or Loss for Period 10/1/2014	thru	9/30/2015	\$	241,089
	7. Total Net Worth			\$	8,879,389
C.	Total Reserves and Net Worth			\$	9,988,623
D.	Total Liabilities, Reserves, and Net Worth			\$	2,911,002

State of Connecticut Annual Report of Long-Term Care Facility CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of		
Bride Brook Health and	Rehabilitation (2082-C Account	9/30/2015		36	37		
		Ame	ount				
	Prior Period as shown on Report			\$			
	om Statement of Revenue Page 30			\$			
_	(From Statement of Expenditure	s Page 27)		\$ \$			
E. Balance			:	\$			
F. Additions							
 Additional Cap Other (<i>itemize</i>) 	ital Contributed (<i>itemize</i>)						
F-3. Total Additions				\$			
G. Deductions							
1. Drawings of Ov	wners/Operators/Partners (Specify	y)	:	\$			
Name and Add	lress (No., City, State, Zip)	Title	Amount				
2. Other Withdrav	vings (Specify)		:	\$			
	Purpose	Amo	ount				
3. Total Deduction				\$			
H. Balance at End of	Period 09/3	0/15		\$			

Name of Facility	License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation	2082-C	9/30/2015	37	37	
	Check appropriate category				
☑ Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	□ (Specify)			
	Preparer/Reviewer Certific	cation			
I have read the most recent Federal at appropriate personnel as to the possil applicable regulations. All non-reim automatically removed in the State ra performed by me are properly reported	report and am familiar with the applic nd State issued field audit reports for t ble inclusion in this report of expenses bursable expenses of which I am awar the computation system) as a result of n ed as such in this report on Pages 28 an ained in this report is in agreement with	the Facility and have inquired of s which are not reimbursable under re (except those expenses known to reading reports, inquiry or other ser and 29 (adjustments to statement of	the be vices		
Signature of Preparer	Title	Date Signed			
Printed Name of Preparer					
Margaret Philen					
Addres Address		Phone Number			
5300 W. Sam Houston Pkwy North, Ste 100, Houston, TX 77041		832-467-6225	832-467-6225		

I. Preparer's/Reviewer's Certification