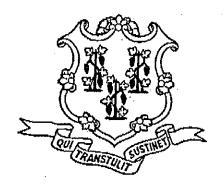
# **State of Connecticut**



# **Annual Report of Long-Term Care Facility**

Cost Year 2015

					Peda	IVEO	
Name of Facility (as	licensed)		<u> </u>			F: (**)	
New Horizons Inc. d	b/a Cherry Bro	ok HCC				FEB 1	7 2016
Address (No. & Stree	et, City, State, Z	ip Code)					
102 Dyer Avenue, Ca	anton, CT 0601	9				DEPT. OF SGC	
Type of Facility					Ľ	THOLEGE CLISH;	D MARY SETTINGS
Chronic and Convalescent Nursing Home only (CCNH)			Rest Home with Nursing Supervision only (RHNS)				
Report for Year Begi 10/1/2014	nning		Report for Yea 9/30/2015	r Ending			
License Numbers:		CCNH	RHNS	11.000	(Specif	fy)	Medicare Provider No.
·		2125C					07-5396
Medicaid Provider N	um borar	CC	CNH	RHN	e l	Ţ,	CF-MR
ivieutealu Frovidei iv	umbers.		25C	KIIIN	ى ا		CF-IVIK
For Department Use	e Only				•		
Sequence Number	Signed and	Date	Sequence Number Si			igned and Notarized Date Re	
Assigned	Notarized	Received	Assign	ea			



December 11, 2013

Mr. Michael E. Mosier Chief Financial Officer Athena Health Care Systems 135 South Road Farmington, CT 06032

Subject:

Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790. .

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA

CC: Chris Lavigne

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State of Connecticut

Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

CSI - [ RCV.7/2002	General l	nformatio	n.		
Name of Facility (as licensed)	License No.		Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C		9/30/2015	1	37
Adı	ministrator's/C	wner's Ceri	ification	÷	
MISREPRESENTATION OR I THIS COST REPORT MAY B UNDER STATE OR FEDERA	E PUNISHABI				IN ·
I HEREBY CERTIFY that I has accompanying Cost Report and New Horizons Inc. d/b/a Clierry Brook HCC  October 01, 2014  my knowledge and belief, it is a and records of the provider(s) in	supporting scho [facility r and ending a true, correct, a	edules prepar name] for the <u>September 30</u> nd complete	ed for  cost report period begi  2015  , and that  statement prepared from	nning to the bes	
I hereby certify that I have direct Questionnaires, Schedule of Resort of Revenues and the related Bar Requirements of the State of Control of the Sta	sident Statistics lance Sheet of tl	, Statements nis Facility in	of Reported Expenditu accordance with the R	res, State	ments
I have read this Report and here best of my knowledge under pe expenses presented in this Repo other State assisted residents we supporting records for the expe- and will be made available to an	nalities of perju ort as a basis for ere incurred to p nses recorded ha	ry. I also cert securing rein provide reside ave been reta	ify that all salary and n nbursement for Title X ent care in this Facility.	on-salary IX and/or All	
	·				
Signed (Administrator)	Date	Signed (Owne	r)	Date	
- Cill	2/10/16	Rober	TIM Miles	9/10	116
Printed Name (Administrator)  Jacob S. Bompastore	Printed Name Robert Mahe	` '			
Subscribed and Sworn to before me:	Date 2/10/16	Signed (Notar	y Public)	Comm. Ex	
Address of Notary Public		76	Christine Onu	<del></del> -	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

# State of Connecticut

### **Department of Social Services**

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustr	Page	of		
			1A	37
Name of Facility	Period Cove	red:	From	То
New Horizons Inc. d/b/a Cherry Brook HCC		10/1/2014	9/30/2015	
Address of Facility				
102 Dyer Avenue, Canton, CT 06019				
Report Prepared By	Phone Numb	er	Date	
Athena Health Care Associates, Inc	(860) 751-39	000	2/11	/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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-2 Rev. 10/2005

# General Information and Questionnaire

### Type of Facility - Organization Structure

		1	e No. of Facilit 860-693-777	-	Report for Year E 09/30/1		Page 2	of 37
Name of Facility (as shown on license)		<del> </del>			Street, City, Stat		<del></del> -	<u> </u>
New Horizons Inc. d/b/a Cherry Brook HCC			102 Dyer Ave	enue, (	Canton, CT 06019	•		
License Numbers:	CCNH 2125C		RHNS		(Specify)		Medicare P	
Type of Facility (Check appropriate box(						,		
Chronic and Convalescent Nursing Home only (CCNH)			Home with ervision only			(Specify)	)	
Type of Ownership (Check appropriate b	ox)							
PROPRIETORSHIP LLC	PARTNERSHIP		PROFIT CORP.	V	NON-PROFIT CORP		GOVERNMENT	TRUST
If this facility opened or closed during re	port year prov	ide:		Date	Opened	Date Clo	sed	
Has there been any change in ownership		• •				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
or operation during this report year?			Yes	7	No If "Y	es," expl	ain fully.	
		•						
			· · · · · · · · · · · · · · · · · · ·					
Administrator								
Name of Administrator						ng Home		
Jacob S. Bompastore					1	istrator's ense No.:	001	979
Other Operators/Owners who are assistan	t administrato	rs (fu	ll or part tim	ne) of	<u></u>	ilse No		
Name			<u> </u>	/ <u> </u>		ense No.:		<del> </del>
							· · · · · · · · · · · · · · · · · · ·	
Not Applicable								
				_				
							· · · · · · · · · · · · · · · · · · ·	

State of Connecticut Annual Report of Long-Term Care Facility CSP-3 Rev. 10/2005

### General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page	of	
New Horizons Inc. d/b/a Cherry B	rook HCC	2125C	9/3	0/2015	3	37	
Legal Name of Part	nership/LLC				/or Town(s) in Registered		
						:	
Name of Partners/Members	Business A	ddress		Γitle	.% Оw	ned	
Not Applicable							
•							
·							

## General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Ende	d ·	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/201	15	3A	37
If this facility is owned or operated as a cor	<del></del>	·····			·
Legal Name of Corporation		ess Address	State(s) in Whi	ch Incorp	orated
New Horizons, Inc		ll Rd, Collinsville, CT 16085		T	
Name of Directors, Officers	Busine	ess Address	Title	No. SI Held by	
	See Attached Pag	e 3A1			
	·	-	-		
			·		
·					
Names of Stockholders Owning at Least 10% of Shares				-	
	·				
				•	

NEW HORIZONS, INC. BOARD OF DIRECTORS For the Year May, 2015-2016

Elaine Blackwood, 860-202-4374 Richwood Consulting Group! 14 Blenheim Terrace Farmington, CT 06032

Kristin Bojanowski, 860-673-3802 32 Bliss Road Unionville, CT 06085

Stephanie Brucker, 860-589-8421 580 Stafford Ave. B-11 Bristol, CT 06010

Eric Daniels, Esq., 860-275-8225 Robinson & Cole One Commercial Plaza · Hartford, CT 06103-3597

Miguel Diaz, 860-675-4060 70 Bliss Road Unionville, CT 06085

Virginia Gallo, 860-675-3944 23 Bliss Road Unionville, CT 06085

Christopher Girard, 860-547-7688 524 Laurel Street Longmeadow, MA 01106

Gary Gross, 860-675-6775 69 Bliss Road Unionville, CT 06085

Mecheal D. Hamilton 860-284-4140 VP, Branch Manager Farmington Bank 1845 Farmington Avenue Unionville, CT 06085

Mark Harmon, 860-582-9244 71 Elizabeth Road Bristol, CT 06010 Daniel Hincks, 860-677-8586
President
Data Management
PO Box 789
Farmington, CT 06034

Polly M. Hincks, 860-904-6989 The McAuley, Apt A508 275 Steele Road West Hartford, CT 06117

Richard Hoch, 860-675-6393 28 Bliss Road Unionville, CT 06085

Michael Jennings, 860-651-4658 12E Wiggins Farm Drive Simsbury, CT 06070

Thomas P. McNulty, 860-688-0417 51 Hansom Hill Road Windsor, CT 06095

Paul Mikkelson, 860-651-9106 11 Whitcomb Drive Simsbury, CT 06070

Robert Nevers, 860-675-6026 32 Bliss Road Unionville, CT 06085

Davia H. Shepherd 203-695-1489 Chippens Hill Family Health Care Center 665 Terryville Avenue Bristol, CT 06010

Marie Tremsky, 860-404-7493 66 Bliss Road Unionville, CT 06085

Eric Daniels, Chairman Miguel Diaz, Vice Chairman Marie Tremsky, Secretary Thomas McNulty, Treasurer State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	3B	37
If this facility is owned or operated as an individ		ovide the following information	n:	
Owner(s) of Fac	ility			
		, , , , , , , , , , , , , , , , , , ,	·	
		100 100 100 100 100 100 100 100 100 100		
	-			
Not Applicable				
Тос Аррисанс				
-				<del></del>
·				
	· .			
. ,			٠	
			<del> </del>	<u></u>
			_	
		·	<u> </u>	
				<del></del>
			·	
`				

### General Information and Questionnaire Related Parties\*

Name of Facility		Licens	e No.		Report for Year Ended		Page	of 1
New Horizons Inc. d/b/a Cl	nerry Brook HCC	2125C			9/30/2015		4	37
· ·	eiving compensation from the					If "Yes," provide the		
marriage, ability to cont	rol, ownership, family or bus	iness asso	ciation's	,	☐ Yes ☑ No	complete the inform	nation on Pa	age 11 of the report.
Are any individuals or c	ompanies which provide goo	ds or serv	ices,					
1 -	roperty or the loaning of fund							
related through family a	ssociation, common ownersh	ip, contro	l, or bus	siness			•	
association to any of the	owners, operators, or officia	ls of this	facility?		☑ Yes □ No	If "Yes," provide th	ne following	information:
	1	1		<u> </u>			<del></del>	<u> </u>
			lso Prov ds/Serv			Indicate Where Costs are Included		Actual Cost to the
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Related
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Party
New Horizons, Inc. and	37 Bliss Memorial Rd,		<i></i>					
New Horizons Village	Collinsville, CT 06085		<b>V</b>	<u> </u>	Pension and Maintenance Items	P 15, Lla7, P22, L6a	\$111,439	\$111,439
,								
						·		

<sup>\*</sup> 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	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TBI	services with special Medicai	d rates, co	osts
must be allocated to CCNH and RHNS as follo	ws:		·		
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping			square feet serviced		
		Number of	hours of routine care provided	by EACI	I
Nursing			lassification, i.e., Director (or	•	
			Nurses, Licensed Practical Nur	-	
		Attendants	•	,	
Direct Resident Care Consultants		Number of	hours of resident care provided	l by EAC	H
	i		See listing page 13)	•	
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	<u> </u>		
Management services		Appropriate	cost center involved		
All other General Administrative expenses			rect and Allocated Costs		
The preparer of this report must answer the foll		ions applica	able to the cost information pro	vided.	
1. In the preparation of this Report, were all			If "No," explain fully why such		on was
costs allocated as required?	✓ Yes	1 1 100	not made.		
		· ·			
Not Applicable				•	
	<u></u>				
	,				
2. Explain the allocation of related company ex	menses and	attach conv	of appropriate supporting data		
2. Explain the anotation of federal company of	ipomoos una		or appropriate capporting data	•	
Not Applicable					
Trot Applicable					
				<u> </u>	
u					
3. Did the Facility appropriately allocate and se	elf-disallow	direct and in	ndirect costs to non-nursing ho	me cost o	enters?
(e.g., Assisted Living, Home Health, Outpati			0	mo cost c	CHLOIS:
·	☑ Yes	□ No	If "No," explain fully why such	allocatio	on was
	⊥ Yes	140	not made.		
Outpatient Services					
	<del></del>				<del></del>

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

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

Name of Facility			License No.	Report for	Year Ende	d	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC			2125C		9/30/20	15	6	37
	Relate	d * to						
	Owi	ners,						
	Oper	ators,				Annual		
	Offi	cers		Date of	Term of	Amount	Am	ount.
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	imed
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484		Ø.	Postal Equipment	11/22/13	42 months	\$1,024		\$1,024
LEAF		V	Copiers	02/06/13	48 months	\$9,836		\$9,836
Hewlett Packard Financial Service Co.		Ø	Equipment	06/27/13	60 months	\$5,436		\$5,436
,				-				
								<del></del>
A								
					-	. •		
			-					
·						, , , , , , , , , , , , , , , , , , , ,		
Is a Mileage Log Book Maintained for All Le	ased Ve	hicles?	Not Applicable - No Vehicle	s □ Yes	□ No	Total ***		\$16,296

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.



# PitneyBowes

### Portfolio Management

.Phone:300-440-3520.eka 3519 .Fax 205-617-8654

April 10, 2014

To:

Joseph Coluci

From:

Fage Druchrey

Re:

15255344863

Dear Joseph Colaci.

This will confirm our conversation regarding the re-structuring of your Lease Account #4666971-004with PBGES for the Pitney Bowes Mailing Equipment.

As was discussed, PBGFS has agreed to re-structure your 42 —month lease, resulting in a new payment of \$256.50 New Payment per quarter, excluding fax and Valumar. Your correctly pay \$285.00.018 Payment per quarter, excluding fax and Valumax. All other torms and conditions under the loase signed, 03/20/20 remaining that force and effect. This offer expires 04/25/2014.

We value you as a long testo. Planer Boxes essentier and look forward for mutually beneficial relationship. Once treceive you reductive approval I will have the continue adjusted to reflect our agreement to restructive your payments. Please fax it hack to my attention at 1-203-517-2554 at your earliest convenience. If you have any additional questions or concerns, please do not besitate to contast me.

Sincerely, Paye Duckiey Account Specialist 800:840:382&ext3419

Signature

Pinit.

Date:

Salvatore focuetta



Engineering the flow of communications

COMPANY NAME CHANGED

EZ LEASE	
CHERRYBROOK HEALTH CARE CENTER	Pitney Bowes
Account No.: 15253344863	Inside Sales Group
Billing Address:	27 Waterview Drive
102 DYER AVE	Shelton, CT 06484
COLLINSVILLE CT 06019-3236	SARA SCHULBERG
Install Address (If different from billing address):	·
102 DYER AVE	District 0007
COLLINSVILLE CT 06019-3236	
New Address (please indicate billing and/or installation address change):	
102 DYER AVE	
COLLINSVILLE CT 06019-3236	3-4061933690

YES, I want to take advantage of protecting my Existing Pitney Bowes Equipment Payment for 42 months.

We are proud to extend our Loyalty offer to you, effective on the day following the expiration date of your existing lease, if this lease is entered during the initial lease term of your existing lease, or on the first day of the next billing period, if this lease is entered during a monthly renewal term of your existing lease (said day is called the "Effective Date"). This opportunity is only being offered to a select group of our long-term Customers. If your current equipment meets your needs, simply acknowledge your acceptance by agreeing to the new lease terms outlined below.

#### NEW LEASE CONTRACT INFORMATION

This lease is for a fixed term of 42 months.

Same Quarterly Lease Payment:

\$28

(Exclusive of Taxes and Fees for the ValueWAX® program)

Rep ID: 166850 SARA SCHULBERG

RIDE THE CHANNEL JAMES BURDACKI

703012 99

ACKNOWLEDGMENT OF NEW CONTRACT TERMS & CONDITIONS

I understand that Pitney Bowes Global Financial Services LLC will lease to us the equipment currently leased under existing # 4666971 - 003 at the same payment and billing frequency, commencing on the Effective Date for the term set forth above. All terms and conditions of the existing lease are hereby incorporated into this new lease except as modified above. The faxed or E-Signed form, when accepted by Lessor, will be the one and only original lease. The person signing below confirms that he/she is authorized to enter into this agreement on behalf of the undersigned lessee.

Lessee Name:	CHERDYBRODIK HEALTH CARE CENTER	Title:	DIRECTOR OF PURCHASING & C
Signature:	<u>G</u>	Date:	11/22/43
Print Name:	JAPEBA Colaci	E-mail:	
Accepted By:	Salvatore Porretta		

RТб

Page 1 of 1

{C0150661.1}

### General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	_	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015		7	37
The records of this facility for the p	<u> </u>	were maintained on the following basis:			<u> </u>
· -					
☑ Accrual ☐ Cash ☐	Modified Cash				
Is the accounting basis for this					
•	Yes $\square$	No If "No," explain.			
previous period?				<del> </del>	
	100000000000000000000000000000000000000			"	
Independent Accounting Firm		· · · · · · · · · · · · · · · · · · ·			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	Cm 0 4000 4		
1 CohnReznick LLP		76 Batterson Park Road, Farmington,		2571	
2 Marcum LLP 3		555 Long Wharf Drive, New Haven, C'	1 06511		
4					
Services Provided by This Firm (de	scribe fully)			<del></del>	
1 Audit & Year End Financials				\$ 28,575	
2 Medicare Cost report		-		\$ 2,650	
3				s -	
4				s -	
			Charge for	Services Pro	ovided
				\$31,225	
Are These Charges Reflected in the Expens	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
☑ Yes ☐ No	Pg 15, Line1d				
Legal Services Information					
Name of Legal Firm or Independen	t Attorney		Telephone l	Vumber	
1 Siegel, O'Connor, O'Donnell	& Beck		860-727-89	00	
2 Murtha Cullina			860-240-60	00	
3					
4					
Address (No. & Street, City, State, 2	Zin Codo)			·	<del>-</del>
4 460 00 1 11 000 17 10 1					
1 150 Trumbull ST, Hartford, 2 185 Asylum Street, Hartford					
3	, 01				
4					
5					
Services Provided by This Firm (de	escribe fully)				
1 Audit letter				\$ 248	
2 DPH issues (disallowed)				\$ 297	
3			<u> </u>	\$ -	
4				<u>s - </u>	
5				<u>s</u> -	
			Charge for	Services Pro \$545	ovided
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	-		
☑ Yes ☐ No	Pg 15, Line1e				

## **Schedule of Resident Statistics**

Name of Facility	License 1	nse No.				Report for Year Ended				of		
New Horizons Inc. d/b/a Cherry Brook HCC				21250	C			09/30	/15		8	37
					Pe	riod 10	/1 Thru	6/30	P	eriod 7/	1 Thru 9	€/30
·	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity												
A. On last day of PREVIOUS report period	100	100			100	100			100	100		
B. On last day of THIS report period	100	100			100	100			100	100		
Number of Residents     A. As of midnight of PREVIOUS report period	99	99			100	100	:		99	99		
B. As of midnight of THIS report period	99	99			98	98			99	99		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,112	5,112			3,814	3,814			1,298	1,298		
B. Medicaid (Conn.)	27,126	27,126			20,350	20,350			6,776	6,776		
C. Medicaid (other states)												
D. Private Pay	3,175	3,175			2,340	2,340			835	835		
E. State SSI for RCH				•								
F. Other (Specify) Managed Care	203	203			190	190			13	13		
G. Total Care Days During Period (3A thru F)	35,616	35,616			26,694	26,694			8,922	8,922		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds     A. Medicaid Bed Reserve Days		220			100	100			72			
B. Other Bed Reserve Days	238	238 60			166 51	166 51			72	72		
5. Total Resident Days (3G + 4A + 4B)	35,914	35,914			26,911				9,003	9,003		

### **Annual Report of Long-Term Care Facility**

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	me of Facility License No. Repo						Report	for Year	Ended		Page	of		
New Horizon	is Inc.	d/b/a C	herry Brook											
HCC					2125C						9/30.	/2015	99	37
	-	_	in the certified b	_	pacity du	ring tl	he repo	rt year	?		. 🗆	YES 🔽	NO	
	Prom		of Change			hange	in Bed	 le			anacity /	After Change		
[		Traco	(Specify)		Lost	папь		Gaine	d	ΙŤ	apaorty r	THE CHANGE	-	
Date of	CCNH	DINE	(openiy)		Lost	1		Canc	u			,		
		1	(0)		(0)	(0)	/1\	(0)	(2)	00.5	DIDIG	(0.10)		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason I	or Change
													ļ <u> </u>	
		-			<del></del>		<del> </del> -							
													<del>                                     </del>	
	L		100 1000				!			L		· · · · · · · · · · · · · · · · · · ·		
5. If there v	vas any	change	in certified bed	apaci	ty during	the re	eport ye	ar (as	reporte	d in iten	ı 4 above	e) provide the nu	mber of	
RESIDE	ENT DA	AYS for	r 90 days followir	g the	change.		- •	Ţ	_					
													T	
•			Change in R	esider	nt Davs					CC	NH	RHNS	(Spe	cify)
1st chans	ge				-								1	
														***
3rd chan	ge													
										L		<u> </u>		
6. Number	of Resi	dents ar	nd Rates on Septe	mber			ar				(en		1 04 0	. 4 - 3-4 - 4
			Medicare		Medi						elf-Pay	1		te Assisted
	Item		CCNH	С	CNH	R.	HNS	C	CNH	RF	INS	(Specify)	R,C,H.	ICF-MR
No. of R		S	8	agoiseí í téile	76	ceter/redec	10200457.mad	references	11	SANCE AND LONG OF	sande displacement		4	0.674.000.000.000.000.00
Per Dien							Han series						2 1000000000000000000000000000000000000	
a. One b			522.85		237.10				6,00			440.7	8	
b. Two			522,85		237,10			46	4.00			440.7	8	
c. Three		e				Ì								
bed r			1 mt m					L				GOV TV	PIPIO	(C
1		-	cal Therapy Treat	ments						10	TAL	CCNH	RHNS	(Specify)
		are - Pa	rt B clusive of Part B)								12,554	12,55	1	
В.			ce Treatments						:	<b>X</b>	107	10'	1	
			Treatments									20	1	
C.	Other										13,671	13,67		
			l Therapy Treats								26,332	26,33	2	
			h Therapy Treatm	ents								***************************************	0.03	
		are - Pa			· · · -					100 CO	1,169	1,16		100000000000000000000000000000000000000
В.			clusive of Part B)								104	10		
			ce Treatments Treatments								106	10	<del>'</del>	
C	Other	HOLALIVE	Treatments								1,359	1,35	,	
		Speech	Therapy Treatm	ents							2,634	2,63		
			national Therapy		nents				-					
A.	Medic	are - Pa	rt B		_						7,380	7,38		
B.			clusive of Part B)	-										
			ce Treatments							<u> </u>	141	14	<u> </u>	
		storative	Treatments								49.400	40.00		ļ
	Other	Ogguna	tional Therapy T	ractiv	ante						13,498 21,019	13,49 21,01		
į D.	z viui (	оссира	ионистпегиру 1	ı cuill	ieHIS					!	71,017	21,01	' I	1

#### Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Dataire	Report for Year		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	212:	5C	9/30/2	2015	10	37
Are time records maintained by all individuals receiving cor	<del></del>	✓ Yes	□ No			<u> </u>
			Total Cost a	nd Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III		8 4 3 3 6 8				
of Schedule A1)	97,172	2,141			The state of the s	
3. Assistant Administrator (Complete also Sec. IV	7,,1,2	23,111				
of Schedule A1)					2.000.000.000.000.000	
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	219,166	10,029				
5. Dietary Service	219,100	10,029		100000000000000000000000000000000000000	¥.000000000000000000000000000000000000	va vaisti ai
a. Head Dietitian		35.750 EXTENSE		199900000000000000000000000000000000000		**************************************
b. Food Service Supervisor	56,747	2,158	<del></del>			
c. Dietary Workers	299,019				<u> </u>	<del>                                     </del>
6. Housekeeping Service	277,019	20,041				
a. Head Housekeeper	49,033	2,205				\$35.00
b. Other Housekeeping Workers	164,729				-	-
7. Repairs & Maintenance Services	101,725	15,157	97.00	0.000		
a. Engineer or Chief of Maintenance	60,503	2,153		300000000000000000000000000000000000000		/2007/2009/2009
b. Other Maintenance Workers	39,521	2,253				
8. Laundry Service	07,521	2,200				
a. Supervisor		200000000000000000000000000000000000000				
b. Other Laundry Workers	83,938	6,970				
9. Barber and Beautician Services	03,330	0,570			_	
10. Protective Services	_				····	
11. Accounting Services		2 20 22 20 20		Constitution (School)		
a. Head Accountant						
b. Other Accountants					_	
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	185,768	3,919			2	202200000000000000000000000000000000000
b. RN	100,700	10001124			Tarana ana	(A) (A) (A) (A)
I. Direct Care	530,094	14,122				0.000
2. Administrative**	434,258		_		<del>-</del>	
c. LPN	Silver of September 19					
1. Direct Care	885,983	29,546				***************************************
2. Administrative**						
d. Aides and Attendants	1,323,624	83,857				
e. Physical Therapists	475,558	15,432				
f. Speech Therapists	78,455	2,155				
g. Occupational Therapists	294,245					
h. Recreation Workers	97,439					
i. Physicians	10 10 10 10		E Maria			
Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists	<u> </u>				<u>",</u>	
k. Pharmacists	<del> </del>	<del></del>	<del></del>		<u> </u>	
I. Podiatrists	<del> </del>	-				l <u></u>
m. Social Workers/Case Management	137,210	4,735				
n. Marketing	137,210	4,733			- <del></del>	
o. Other (Specify)						
A-13. Total Salary Expenditures	5,512,462	251,401				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

Schedule of C	Other	Salaries	and Wages	(Page 10)
---------------	-------	----------	-----------	-----------

	\$	Hours .	\$	Hours	\$	Hours
Position	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
	griadellen eta	-5126.0003		3.66	6.00 (30.00.4	44000 NG 2 85 1123
	ALGEORIES AND A			55.230.731.52	nikasi viga (ak. yi	Mark Control
	iatoroja fermija			1702 128 285 181	6Asilologo (av. 3)	esta (SS vitori
	W.###SSVE1FEE		955. D. S. S. S. S.	6000000000	Hyan agail a	21 0 2 3
	0.480 000 000 000		LOS DE GENERALS		\$ .24K#	10 to
				33 33 35	经系统流行	
	2537.12.36.263	Carrie (Septembri	14 (6 7 8 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ESSECTION CALLS	
			100			22.2
	Sales and the sales		100	3.3.5.0	<b>爱学等</b>	
	(F4): 103 (E4): 15		100 to 100 to 100 to	34 UN 26 3	35,400,504	
	946, 67 Q 1498	in a service de la company		700 C 1000		
				5.75.75		经数据数据
			1.191.14.15.2119		2000	\$3# <b>\$</b> #\$#
	31/31/2013/01/01/01		100 100 100 100 100 100 100 100 100 100	150000000000000000000000000000000000000		
			12 COS TOP 602 N	Department of	CD0440077(50), 10/03/03	#¥.388845
	E (1102/1988)		212. Vár. (* 2004)	48 PD 88-33	342303	\$\$ 94525
	ST125-39 (Viii 193)	(1150 BZI 260XII)	A CONTRACTOR OF THE	100000000000000000000000000000000000000		100
		(,409,500, Del*)	2000	25,1175,035,031	Dominio Marco Fig.	Y70(222000)
Total	1 <b>5</b> 000000000000000000000000000000000000	1005/06-682010	\$ -	5590 ( AV ( AV ) AV	\$	

Schedule of Physician: Other Fees	(Page 13)
-----------------------------------	-----------

	S	Hours	\$	Hours	\$	Hours
Service	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
	20300000000000	1.82 201519319		<b>美加热热度</b>		
Medical Staff Meetings	\$ 1,900	13		Mark Company		
	70 TO 100		402.47 (3.97.00)			
	9526/6594639		2002	37232233311		No. Market
						1000
	N-Normaccontern		648000000000000000000000000000000000000	0703532765(02)		N. CONTRACTOR
			77.00		<b>****</b> ********************************	
	G186-345		3000	WHO DESCRIPTION		
	11.05 Kings			25		
			222 6 7 6			
					72 77 20 77 22 22 22 22 22 22 22 22 22 22 22 22	
						0.0.00.00.720.00 2.0.00.00.720.00
	732-23460-260-201				7.8 (2.00 Sec. 15.1) 1.50 Sec. 144 (15.1)	
					2442	
Total	\$ 1,900	13	\$ -		\$	

	\$	Hours	S	Hours	\$	Hours
Service	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
					11-12-00-00-00-00-0	
			74.5			358230
					E4E15(0.28≙153/.28 27.0722056	
						等X-X-2
	o za ak izusak			X 8 4 4		
	institute Allega		200 St. 180 St		A-SLECTED	
	2.555.050.2450.059				NASACH C	28.00
		(10) - (3) +	2384 (A 444 AUG)		N. 28-40-41-2	
	MAXENATURE		element sold	rajawa ang iz	54.124-514.35 A	400 54.44
			MINISTER OF			
		9.20	12 A 12 A 1		×4000	
Total	\$ 70.85		\$ 1		\$	40.00k -200

CSP-11 Rev. 10/2005

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

				License No.	cense No. Report for Year Ended				Page	of
New Horizons Inc. d/b/a Cheri	New Horizons Inc. d/b/a Cherry Brook HCC						9/3	80/2015	11	37
		Salary Paid					:			
Name	ССИН	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Not Applicable			-							
										•
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).										
Not Applicable										

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

 $<sup>\</sup>ensuremath{^{**}}$  Include all employment worked during the cost year.

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

Name of Facility (as licensed)	me of Facility (as licensed)  License No.  Report for Year Ended			Report for Year Ended			Report for Year Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC			2125C		9/3	0/2015	. 12	37		
		Salary Paid	I	Fringe Benefits						
Name	CCNH	RHNS	(Specify)	and/or Other Payments	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 III - Administrators***										
Jacob S. Bompastore (10/1/2014 - 9/30/2015)	97,172			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,141	A2			
									-	
Section IV - Assistant Administrators										
		_								
							-			

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

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

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	ear Ended	Page	of	
New Horizons Inc. d/b/a Cherry Brook HCC	212	5C	9/30/	2015	13	37	
			Total Cost a	nd Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours	
*B. Direct care consultants paid on a fee							
for service basis in lieu of salary							
(For all such services complete Schedule B1)							
1. Dietitian	21,441	651					
2. Dentist	3,600	29					
3. Pharmacist	8,196	126					
4. Podiatrist							
<ol><li>Physical Therapy</li></ol>				6-5-6-6			
a. Resident Care	. 85,812	1,586					
b. Other	,						
6. Social Worker				`			
7. Recreation Worker							
8. Physicians							
a. Medical Director (entire facility)	46,800	279					
b. Utilization Review							
(Title 18 and 19 only) monthly meeting							
c. Resident Care**	150	1					
d. Administrative Services facility			0.00				
1. Infection Control Committee							
(Quarterly meetings)		<u> </u>					
2. Pharmaceutical Committee							
(Quarterly meetings) 3. Staff Development Committee	ļ			<del> </del>			
(Once annually)							
e. Other (Specify)							
See Attached Schedule	1,900	13	·				
9. Speech Therapist	1,500	13					
a. Resident Care	3,600	10					
	.)	10					
b. Other							
a. Resident Care							
	<del>}</del>	<u></u>		<b></b>			
b. Other							
a. RN	14.020	210					
1. Direct Care	14,838	218	<del></del>	<b> </b>		-	
2. Administrative***	936	16					
b. LPN							
Direct Care	45,952	1,027					
2. Administrative***	<u> </u>	<u> </u>					
c. Aides	100,755	4,061	· · · · · · · · · · · · · · · · · · ·			<del></del>	
d. Other	1	Avery and a second					
12. Other (Specify) See Attached Schedule							
B-13 Total Fees Paid in Lieu of Salaries	333,980	8,017					

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

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

Name of Facility		License No.		Report for Y	Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC		2125C		9/30/2015		14	37
Name & Address of Individual	Full Expla	nation of Service	1	to Owners, rs, Officers	- 1		elationship
Patricia Messina, RD, 27-Fox Run Road, Unionville, CT 06085		Dietician		<u> </u>			
Ready Nurse, P.O.Box 301076, Dallas, TX 75303-1076	r	urse Pool		V		•	<u> </u>
Gary Miller MD, 61 Bradley St, Bristol, CT 06010	Med	lical Director		V			
Omnicare 525 Knotter Drive Cheshire, CT 06410	Pharm	acy Consultant		Ø			-
Amor Lomibao, 71 Spenser St, Winsted, CT 06098	Sub-acute	Medical Director		Ø			
The Nurse Network, 653 Main Street, Plainville, CT 06479	N	lurse Pool		Ø			
Sheldon Kafer MD, 74 Mack St, Windsor, CT 06095	Me	edical Staff		Ø			
Maxim Healthcare Services, 2319 Whitney Ave, Hamden, CT 06518	N	furse Pool		Ø			
Medical Staffing Network, PO Box 202996, Dallas, TX 75320-2996	N	furse Pool		v			
Canton Valley Dental, P.O.Box 456, Canton, CT 06019	Der	ital Services		V		_	
Matthew P. Keefe, 93 Atwater Road, Collinsville, CT		Dentist		Ø			•
Vista Behavioral Health, LLC 152 Simsbury Rd Bldg 9 Avon, CT 06001	М	edical Staff		Ø			
Access Therapies, Inc. PO Box 823461, Philadelphia, PA 19182-3461	Ther	apy Services		Ø	<del>.</del>		
Swallowing Diagnoatics, LLC, 21 Waterville Rd., Avonm, CT 06001	Speech '	Therapy services		Ø			
Athena Health Care Associates, 135 South Road, Farmington, CT 06032	М	DS Fill-in		Ø			
					· · ·		
	_					•••	
·							

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

## C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Li	of Facility  License No. Report for Year Ended			Page	of
New Horizons Inc. d/b/a Cherry Brook HCC 21	25C	9/30/2015		15	37
Item		Total	CCNH	RHNS	(Specify)
Administrative and General					
<ul> <li>a. Employee Health &amp; Welfare Benefits</li> </ul>					
Workmen's Compensation	\$	228,578	228,578		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	73,095	73,095		
4. Social Security (F.I.C.A.)	\$	406,306	406,306		
5. Health Insurance	\$	846,731	846,731		,
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	76,136	76,136		
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (Specify)	\$				
See Attached Schedule	<u></u>				
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	50,310	50,310	ELECTRIC CONTRACTOR OF THE PROPERTY OF THE PRO	and the second of the second
d. Accounting and Auditing	\$	31,225	31,225		
e. Legal (Services should be fully described on Pa	ge 7) \$	545	545		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	49,106	49,106		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	26,583	26,583		,
2. Cellular Phones	\$	2,834	2,834		
i. Appraisal (Specify purpose and	\$				
attach copy)*			Complete (Complete Complete Co		
j. Corporation Business Taxes (franchise tax).	\$				V-000-00-00-00-00-00-00-00-00-00-00-00-0
k. Other Taxes (Not related to property - See Page	22)				
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule	Ì				
3. Resident Day User Fee	\$	648,512	648,512	No. of the last of	Acoustic and Committee of Street Committee of
Subtotal	\$	2,439,961	2,439,961		,

<sup>\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

### Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
			34404
		14 mm /2	2 (1.23) (1.25) 20 (2.25)
2 (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	= Ninovit		
	The state of the s		
			(C) (C) (C) (C)
		112	
	-4		
		3 11 C 2 C 5	
			a vida de sel com
			4,9,9,004
Total	\$ -	\$ -	\$ -

### **Schedule of Other Taxes**

	Asunausassa anaetoo koo uksaas	
Total \$		\$ \$

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

Name of Facility License			Report for	Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC 2125C			9/30/2015		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtotal	ls Brought Forwa	rd:	2,439,961	2,439,961		
Travel and Entertainment						
Resident Travel and Entertainment	•••••	\$				
2. Holiday Parties for Staff		\$	5,955	5,955		
3. Gifts to Staff and Residents		\$	21,156	21,156		
4. Employee Travel	*******	\$	3,971	3,971		
<ol><li>Education Expenses Related to Seminars an</li></ol>	d Conventions	\$	3,177	3,177		•
6. Automobile Expense (not purchase or depre	eciation)	\$	300	300		
7. Other (Specify)	*******	\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
<ol> <li>Advertising Help Wanted (all such expenses)</li> </ol>	s )	\$	6,046	6,046		
2. Advertising Telephone Directory (all such e	xpenses )***	\$	888	888		
3. Advertising Other (Specify)***		\$	22,610	22,610		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$			<del></del>	
6. Barber and Beauty Supplies (if this service		\$				
directly and not by contract or fee for servic	e)***					
7. Postage.		\$	8,072	8,072		
* 8. Dues and Membership Fees to Professional		\$	9,005	9,005		
Associations (Specify)						
See Attached Schedule		!				
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$				
9. Subscriptions		\$	671	671		
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$				
Schedule C-2, Page 21 for each firm or indi	_					
12. Administrative Management Services**		\$	171,600	171,600	- American Allina	
13. Other (Specify)		\$	105,230	105,230		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	2,798,642	2,798,642	23000-1-1-2000-2300	

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

#### Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
			RCTV##19#1461
		1.031 (35+76) 32-3112	3 a + 6 s
	Transmission of the		for a lado and a righter seem
			100.00
		45.50	30.00 May 15.00 May
		in extendion	s. Liver en en
Total Other Travel and Entertainment	\$	\$ 2.5	\$

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 22,610		
			TOTAL TRANSPORT
		addis digitalism	Service Control
	STATE OF THE	0.000000000000000000000000000000000000	21232
Total Other Advertising	\$ 22,610	\$	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Description Leading Age CT	\$ 9,005	26 MARTE 150	
	100		89-23 CO (#200)
	55 G W. (150 K.)	24. P (0.18.4)	Action (and
	Section Sec	46.6	\$40.1£3.42
		0 6 ans	
		2000年的	6/2/30/245
			FC PURE FROM
			100000000000000000000000000000000000000
Total Dues	\$ 9,005	\$ -	\$

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
		<b>建压制的</b>	\$ 90 EUR F
	李 "明天才长"分		<b>密接级等</b> 定
		ing in Carestal year	学学学世生
		G CONTRACTOR	
			TEACH STATE
Total Contributions	\$ -	\$ -	\$

#### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
			1000
ST of CT-Annual License renewal	\$ 940		
Bank Charges	\$ 9,675		
Payroll Processing Fees	\$ 13,362		
Employee Physicals/background checks	\$ 8,262		AND SERVICE
ST of CT/Citation #2014-141	\$ 1,090		Krihadisti sa
			医多斯特拉
Compliance Consulting	\$ 49,012		<b>请求证券</b> ※
Data Processing Fees	\$ 22,889		Decree of the second
	(2221)		
Total Other Administrative and General	\$ -105,230	\$ -	- \$

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

Name of Facility	License No.	Report for Year Ended	Page of		
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	17   37		
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #		
Athena Health Care Assoc., Inc					
135 South Road	\$223,200	Contract Attached to a			
Farmington, CT 06032		Prior Year	See Below		
	\$147,312	Admin/Gen 66%	Pg 16, Line 12		
Allocation of the above	\$35,712	Indirect 16%	Pg 18, Line 2C		
	\$40,176	Direct 18%	Pg 20, Line 5J		
Athena Health Care Assoc., Inc					
135 South Road	\$24,228	Admin/Gen - Other exp	Pg 16, Line 12		
Farmington, CT 06032					
	-				
,					

<sup>\*</sup> 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.

### Annual Report of Long-Term Care Facility

CSP-18 Rev. 9/2002

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

Nan		License	No.	Report for Y	oor Endad	Page of	
Discourse		, INO.	Keport for T	ear Ended	rage of		
New Horizons Inc. d/b/a Cherry Brook HCC		2125C	9/30	/2015	18 37		
	Item		Total	CCNH	RHNS	(Specify)	
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food	\$	216,187	216,187			
L	2. Non-Food Supplies		29,242	29,242			
1	3. Other (Specify)	\$	1,169	1,169	]		
	Dishes & Utensils = \$1,169						
	b. Purchased Services (by contract other	\$					
	than through Management Services)						
Ĺ	(Complete Schedule C-2 att. Page 21)						
	c. Management Services**	\$	35,712	35,712	-		
	d. Other (Specify)	\$					
		ı					
2E.	Total Dietary Expenditures $(2a + b + c + d)$	\$	282,310	282,310			
2F.	Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per	day:*	293	. 293			
H.	Is cost of employee meals included in 2E?		✓ Yes	□ No			
I.	Did you receive revenue from employees?		☐ Yes	☑ No	If yes, specif	y amount.	
J	Where is the revenue received reported in the	Cost Re	port? (Page/L	ine Item)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	1	Yes	□ No	If yes, specif	y cost. = \$6501	
L.	Is any revenue collected from these people?		✓ Yes	□ No	If yes, specify	y amount. = \$296	65
M.	Where is the revenue received reported in the	Cost Re	port? (Page/L	ine Item)	18,2a		
N.	Is cost of food (other than meals, e.g., snacks monthly staff meetings, board meetings) proviemployees included in 2E?		Yes	. 🗹 No	If yes, specify	y cost.	
O.	Is any revenue collected from employees?		☐ Yes	✓ No	If yes, specify	y amount.	
Р.	Where is the revenue received reported in the	Cost Re	port? (Page/L	ine Item)			

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

<sup>\*\*</sup> 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 New Horizons Inc. d/b/a Cherry Brook HCC		License No.		Report for Y	ear Ended	Page of
		2	125C	9/30/2015		19   37
<u> </u>	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.	_			·
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	<ol><li>Employee items including uniforms, gowns, etc. washed, ironed and/or</li></ol>	Lbs.				·
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.	·			
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	15,698	15,698		
	b. Purchased Services (by contract other	\$				
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)					
	c. Management Services**	\$				
	d. Other (Specify)	\$	8,596	8,596		
	Supplies = \$8,596					
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$	24,294	24,294		
3F.	Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?		☐ Yes	☑ No	If yes, speci	fy cost.
H.	Did you receive revenue from employees?		☐ Yes	☑ No	If yes, speci	fy amount.
Ĩ.	Where is the revenue received reported in the Co	ost Repor	t?	(Page/Line		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	1	☐ Yes	☑ No	If yes, speci	fy cost.
K.	Did you receive revenue from these people?		☐ Yes	☑ No	If yes, speci	fy amount.
L.	Where is the revenue received reported in the Co	ost Repor	t?	(Page/Line		
*	Do not include salaries from page 10 as part of dollar valu	1 -	1: 1 0 0	1.4		

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> Pounds of Laundry only required for multi-level facilities.

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

Name of Facility L		License No.	Rep	ort for Year E	nded	Page	of
New	New Horizons Inc. d/b/a Cherry Brook HCC 2125C			9/30/2	2015	20	37
Item				Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
}	1. Supplies - Cleaning ( <i>Mops</i> ,	Amt.	\$	29,165	29,165		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced	l				
	than through Management Services)	by Personnel					
]	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						<u> </u>
	c. Management Services*		\$				
	d. Other (Specify)		\$				
l .							100000000000000000000000000000000000000
	·		l				
4E.	Total Housekeeping Expenditures (4a +	b + c + d)	\$	29,165	29,165		
5.	Resident Care (Supplies)**						100
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
1	2. Purchased from		\$	263,075	263,075		
	Omnicare of Connecticut						
	b. Medicine Cabinet Drugs		\$	8,094	8,094		-
	c. Medical and Therapeutic Supplies		\$	208,643	208,643		
	d. Ambulance/Limousine***		\$	4,789	4,789		
	e. Oxygen						
	1. For Emergency Use	· · · · · · · · · · · · · · · · · · ·	\$				
	2. Other***		\$	22,439	22,439		
	f. X-rays and Related Radiological		\$	27,179	27,179		
	Procedures***						
	g. Dental (Not dentists who should be incl	luded under	\$				
salaries or fees)							
	h. Laboratory***		\$	16,169	16,169		
	i. Recreation		\$	23,477	23,477		
	j. Other (Specify)****		\$	155,842	155,842		
	See Attached Schedule						0.00
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	729,707	729,707		

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

<sup>\*\*</sup> Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

### Schedule of Other Resident Care

Description	CCNH_	RHNS	(Specify)
		4.7 (E. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	
Management Fee Direct	\$ -40,176		
Occupational Therapy Supplies	\$ 2,440	di (Albania)	
Physical Therapy Supplies	\$ 46,352		
Medical Equip Rentals-Other	\$ 12,515		
Oxygen Concentrator Rentals	\$ 36,180		
Cable TV Services Expense	\$ 9,488		
Speech Therapy Supplies	\$ 112		
Medical Equip Rentals-Medicaid	\$ 8,579		
	4		
	The state of the s		T. W. W.
	19.00		60.2.300.696
	<u> </u>		
			7 25 #K 95 B
		11 (1 (d) 15 (d) (d)	702041 Seguritaria
			24-183-183-183-183-183-183-183-183-183-183
Total Other Resident Care	\$ 155,842	\$ -	\$

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

Name of Facility				License No.	Report for Year Ende	ď	l ·			
New Horizons Inc. d/b/a Cherry Brook HCC			2125C	9/30/2015					37	
		Owners, 0	d ** to Operators, cers				Total Cost	/Page Ref.*	**	
Name of Individual or		_		Explanation of	Full Explanation of	1				
· Company	Address Box 435, Collinsville, CT	Yes	No	Relationship	Service Provided* Groundskeeping, Snow	CCNH	RHNS	(Specify)	Pg	Line
Riverside Nursery	06022		V		Remova!	31,615			22	6f
CWPM	25 Norton Place, P.O.Box 415, Plainville, CT		<b>☑</b>		Rubbish Removal	19,865			22	6f
Athena Health Care Associates	135 South Road, Farmington, CT 06032		Image: section of the content of the		Management Services	223,200			17	
ADP	100 Corporate Drive, Windsor, CT		V		Payroll Processing	13,362			16	m13
Value Health Care / Omnicare	525 Knotter Drive, Cheshire, CT 06410		v		Pharmacy Services	274,532			20	5a2
Harmony Healthcare International, Inc	430 Boston Street, Ste. 104, Topsfield, MA 01983		Ø		Compliance Consulting	29,012			16	m13
						,				
			. 🗆							
					:					

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

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 Yo		Page	of	
New Horizons Inc. d/b/a Cherry Brook HCC 2125C			9/30/2015		22 ]	37
Item		Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant			-			-
a. Repairs & Maintenance	<u></u> \$	84,746	84,746			
b. Heat	\$	36,758	36,758			
c. Light & Power	\$	149,436	149,436			·
d. Water		40,360	40,360			
e. Equipment Lease (Provide detail on	раде б)\$	16,296	16,296			· ·
f. Other (itemize)		68,277	68,277			···
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f)\$	395,873	395,873			
7. Depreciation (complete schedule page 2	3*)					
a. Land Improvements	\$	8,280	8,280			
b. Building & Building Improvements.		237,471	237,471			
c. Non-Movable Equipment	\$	9,912	9,912			
d. Movable Equipment	\$	46,865	46,865			
*7e. Total Depreciation Costs (7a+b+c+	d)\$	302,528	302,528			
8. Amortization (Complete att. Schedule Pa	age 24*)					· · · · · ·
a. Organization Expense	\$	_				
b. Mortgage Expense		308,338	308,338			
c. Leasehold Improvements						
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c +	d)\$	308,338	308,338			
9. Rental payments on leased real property	less					
real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$	141,996	141,996			
b. Real estate taxes paid by lessor	<del></del>			_		
c. Personal property taxes		8,538	8,538			
11. Total Property Expenses (7e + 8e + 9 +	10)\$	761,400	761,400			

<sup>\*</sup> Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 9,520		主意。
Rubbish Removal	\$ 19,865		\$1.50 / 10 ac
Snow Removal	\$ 22,095		
Supplies	\$ 16,797		
			100000
			27.55
		n de System (Const.) En la constantación (Const.)	
			tot the second
			27 (8)
			100000
			A STATE OF THE STA
		egypet (E.S.)	(p. 100 25 1)
Total Other Repairs and Maintenance	\$ 68,277	\$ -	\$ -

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

**Depreciation Schedule** 

Name of Facility					License No.			Report for Year E	inded		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC						2125C		9/	30/2015		23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
Acquired prior to this report period			-		114,004		114,004	44,386	S/L	Various	6,376	
Disposals (attach schedule)											<u> </u>	
3. Acquired during this report period (attach					33,342	323000000000000000000000000000000000000	33,342	and the second s	S/L	Various	1,904	
A-4. Subtotal	•••••					2888				2.021.021.53		8,280
Building and Building Improvements     Acquired prior to this report period     Disposals (attach schedule)			······································		6,495,537		6,495,537	4,436,870	S/L	Various	230,807	
3. Acquired during this report period (attach		le)			136,859		136,859		S/L	Various	6,664	
B-4. Subtotal			<b>-</b>									237,471
Acquired prior to this report period					205,234		205,234	137,742	SL	Various	9,047	
Disposals (attach schedule)												
3. Acquired during this report period (attach	schedu	le)			24,328		24,328		S/L	Various	865	
C-4. Subtotal										Park Sala		9,912
	logt	nileage book ained?		te of isition	Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes	No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment  1. Motor Vehicles (Specify name, model and year of each vehicle)		110				, and		real s Operations		Bite		Totals
a. Ford Van	X		7	2005	6,000		6,000	6,000	S/L	5 yrs		
<u>b.</u>					<u> </u>	<u> </u>		,		<u> </u>		
c. d.										-		
2. Movable Equipment	30 30 72%	1993 (1994)	1 (2002/20)	200		0.500 0.6500						
a. Acquired prior to this report period			9	2014	636,990	000000000000000000000000000000000000000	636,990	417,924	S/L	Various	39,074	
b. Disposals (attach schedule)			<del>                                     </del>	2014	030,390		030,390	417,924	3/L	various	39,074	
c. Acquired during this report period			1000011000	22 020 00		2000				100731302-900		
(attach schedule)			9	2015	148,786	<u> </u>	148,786		S/L	Various	7,791	
			1242112022	2013	170,700	0.000.000.000	170,700	74075303553355355555	3/L	various	7,791	46,865
D-3. Subtotal		16823.356.00	510 52 6 22 0	242.35.35.35		5520 SS	SHANDAN FRANCISCHE		A CONTRACTOR OF THE PARTY OF			ויי אח א

#### Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
May-15	landscaping -	\$ 1,742		\$ 87
May-15	paying	\$ 3,140		\$ 196
May-15	paving	\$ 4,870		\$ 304
May-15	paving	\$ 10,550	8	\$ 659
May=15	paving ——	\$ 7,620		\$ 476
May-15	sidwalk slabs	\$ 5,420	l5	\$ 181
Total additions for Lan	d Improvements	\$ 33,342		\$ 1,904
Deletions:				
		0 70 F19 W 80 B	SAX AME	500,000 primmates.
			20-11-07120-00	500106-000000000
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en en vogos en en kongelier e <del>d'an</del> te		Trinspersor	7233 7777	18/20/02/03
Total deletions for Land	1 Improvements	\$ -	2 Al-Al-As-Ib	\$ -

<sup>\*</sup>Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Oct-14	fire walls	\$ 4,219	10	\$ 211
Nov-14	elevator motor starter	\$ 1,798	20	\$ 45
Apr-15	heat/ac unit	\$ 5,300	15	\$ 177
May-15	flooring-carpet & tile	\$ 92,500	10	\$ 4,625
May-15	wandergard	\$ 20,601	10	\$ 1,030
May-15	wheelchair railing	\$ 2,760	15	
Jul-15	cove base	\$ 500	10	\$ 25
Aug-15	roofing-snow guards	\$ 6,650		
Sep-15	power/supply panel	\$ 2,531	10	\$ 127
Total additions for Buil	ding Improvements	\$ 136,859		\$ 6,664
Deletions:				
			S1028.00.42	A STATE OF
				155 NO 155 (NEZO)
		aren a warman		
		60.00 (C.C.) (A.C.)		60.000 ARL 0
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			3-3000	
Total deletions for Build	ding Improvements	\$	100 He 100 C	\$ -

<sup>\*</sup>Ties to Page 23, Line B3

#### Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Oct-14	a/c compressor	\$ 2,433	3.3	\$ 243
Dec-14	walk-in freezer condensor	\$ 8,900	15	\$ 297
May-15	door protector	\$ 12,995		\$ 325
			S. 13. S. 12	0.5.0
			4 W. A.	\$ 18 G 48 A
		164 G. N. 161 G. G.		2 500 554 0
Total additions for Non-N	Ioyable Equipment	\$ 24,328		\$ 865
Deletions:				
6, 274 <del>14 (2 5 1</del> 7 7 1 1		10 8 M 18 18 18 18 18 18 18 18 18 18 18 18 18		Q-40-872-4
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			<b>(2014)</b>	
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Stational Court of Transport		erio los de descripcións	DUDING MANAGER	100.280.42-40.55
Total deletions for Non-M		\$===	(S) 20 (S) (S) (S)	\$

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

#### Schedule of Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Oct-14	Computer conversion	\$ 904	3.	\$ 151
Oct-14	de over bed tables	\$ 776		\$ 26
Oct-14	hoyer lift.	\$ 3,210	· · · · · · · · · · · · · · · · · · ·	\$ 161
Dec-14	scale	\$ 1,942	::	\$ 97
Jan-15 🐩 💮 💮	scale scale	\$ 1,942	10	\$ 97
Apr-15	computers	\$ 6,209	· - 5	\$ 621
Apr-15	computers	\$609	5	\$ 61
May-15	hot food table	\$ 2,189	10	\$ 109
May-15	nurse call station	\$ 71,266	10	\$ 3,563
May-15	floor scrubber	\$ 5,011	10	\$ 251
May-15	food processor.	\$ 3,436	10	\$ 172
May-15	patient furniture	\$ 23,995	15	\$ 800
May-15	label printer.	\$ 827	10	\$ 41
Jun-15	patient scale	\$ 3,941	10	\$ 197
Jun-15	patient scale	\$ 1,850	10	\$ 93
Aug-15	patient furniture	\$ 5,401	15	\$ 180
Jul-15	dryer motor	\$ 1,062	10	\$ 53
Jun-15	Computer conversion	\$ 1,050	::::3°	\$ 175
Sep-15	dryer burner	\$ 919	10	\$ 46
Sep-15	Computer conversion	\$ 1.245	3	\$ 208
Sep-15	heated dietary cart	\$ \$3,330	10	\$ -167
Sep-15	heated dietary cart shelves	\$ 518	10	\$ 26
Sep-15	food pan covers	\$ 615	10	\$ 31
Sep-15	bladder scanner	\$ (6,540)	7	\$ 467
		Tie 100+ 2-04+60 - (5-08)	- N. S.	
		200-52 (S. a) Straid 18 (	1.05.26.2014.000	ar discounting to
		Sinc Title (0.027/30/842/30)		500 04 40a
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		APARTON PARTON DE LA CONTRA	2.502(15)(25)	53838 SV - 544 13
Total additions for Mov		\$ 148,787		\$ 7,791
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			1500 00 00 00	
				# 32 32 FF A
		2 000 Bridge 17 12 6		经要接受
till som til film fra til state og stat				F050/3/3/10
Total deletions for Mov	able Equipment	\$	4000 (A100)	\$ -

Total deletions for Moyable Equipment
\*Ties to Page 23, Line D2c

<sup>\*\*</sup>Ties to Page 23, Line D2b

#### Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
		4036500	to with	50-98-98-98-58
		4.35×4 +5×3	11.2000	
			CHOPPEN CO	N. 19. 20.
programme de la companya de la comp			**************************************	50 % (a) 30 MeVin
			2000	<b>美洲</b>
			22 23 VEXA	
		artio		
The state of the s			en seitsi	45.46
			120000000000000000000000000000000000000	
98 (1985) S. Service 97				60, 60, 60,000
		ings (2000) (2000) (3000)	(1) (3) (3) (3) (3)	
	Partition (6.0250) 10 (4.400)	Karana Kar	Se diction	
		181. 1288 H.		
Fotal additions for Leaschold	Improvements	\$ (100 - 10	Thuế Tra	-\$
Deletions:				
			100 G 42 C 6	
		21-12-17-18-20	1. A. S.	P 22 8 3 1100
			554 (155)	110250000000000000000000000000000000000
			300000000000000000000000000000000000000	
Potal deletions for Leasehold *Ties to Page 24, Line C3	Improvements	\$		\$

### **Amortization Schedule\***

Name	Name of Facility			License No.		Report for Yea	ır Ended	Page	of	
New Ho	orizons Inc. d/b/a Cherry Brook HCC		:	212	5C		9/30/2015	<u>.</u>	24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
	Item .	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**		Amortization for This Year	Totals
	Organization Expense  1. 2.							_		
A-4. S	3. Subtotal									
1	Mortgage Expense  I. Finance Fees-CHEFA	9		30 yrs	922,570	630,424		0	292,142	
	2. Finance Fees-Farmington Bank 3. Subtotal	12	2014	10 yrs	194,356		SL	0	16,196	308,338
C. ]	Leasehold Improvements and Other (Specify)  L. Acquired prior to this report period		2014	Various	390,000	325,000		Var		308,338
	2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule)		2014	Various	370,000	323,000	1925	Var		
D	Subtotal									308,338

<sup>\*</sup> Straight-line method must be 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.

<sup>\*\*</sup> Specify which of the following bases were used:

## Amortization Schedule - Detail of Leasehold Improvements & Other

Nam	e of Facility			License No.	<u></u>	Report for Yea	ar Ended		Page	of
New 1	Horizons Inc. d/b/a Cherry Brook HCC			212	25C		9/30/2015		24A	37
C.	Leasehold Improvements									
	(Specify)									
	1. Acquired prior to this report period		2014							
	2. Disposals (attach schedule)									
	3. Acquired during this report period		2015				·			
C-4.	Subtotal									
C.	Other (Specify)									
	1. Intangible-Bed Purchase	9	1997	15 yrs	390,000	325,000	SL	7		
	2.					-			·	
C-4.	Subtotal							Augst des salage		X
									- 6.000000000000000000000000000000000000	
Tota	l Acquired prior to this report period		2014	Various	390,000	325,000		Var		
Tota	l Disposals									
Tota	l Acquired during this report period		2015	Various				Var		

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

Name of Facility	License No.		Report for Year End	ied		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	21250			9/30/2015		. 25	37
11. Property Questionnaire							
Part A							
Is the property either owned by the *If any owner or operator of this faction to any person of the state of t	cility is related by	y family, n	narriage, ownership, abili	ty to control or	□ No	If "Yes," complet If "No," complet	
a related party transaction.							
Description	<u> </u>		Total				
Date Land Purchased			·				
Date Structure Completed			01/14/1993				
3. If NOT Original Owner, Date	e of Purchase						
4. Date of Initial Licensure			01/14/93				
5. Total Licensed Bed Capacity	·		100				
6. Square Footage							
7. Acquisition Cost			1,000,000				
a. Land b. Building			1,000,000 6,039,220				
Part B - Owner and Related Pa				On d Martagas	2-d Moston	dela Manta	
1. Financing	rues	:	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
a. Type of Financing (e.g., fi	ved variable)		Fixed				
b. Date Mortgage Obtained	ixea, variable)		01/15/93	* <u></u>			
c. Interest Rate for the Cost	Vear		6.75%			· (	
d. Term of Mortgage (number			30		ļ		
e. Amount of Principal Borr			9,380,000				
f. Principal balance outstand		/2015	7,500,000			***************************************	
Complete if Mortgage was I							
During Current Cost Ye							
g. Type of Financing (e.g., fi			Fixed	·	200		provenció rescassiva.
h. Date of Refinancing			12/10/14				
i. New Interest Rate			2.99%				
j. Term of Mortgage (number	er of years)		10				
k. Amount of Principal Borr			4,200,000				· · · · · · · · · · · · · · · · · · ·
l. Principal Outstanding on	Note Paid-Off		4,780,000				
Part C - Arms-Length Lease	es for Real Pr	operty l	Improvements Only	,			
Name and Address of L	essor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount	of Lease
	<u> </u>						

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

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

Item  Total CCNH RHNS (Specify)  12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage \$ 77,402 77,402  Name of Lender  Address of Lender  2. Second Mortgage \$ Name of Lender  Address of Lender  3. Third Mortgage \$ Name of Lender  4. Fourth Mortgage \$ Name of Lender  4. Fourth Mortgage \$ Name of Lender  4. Fourth Mortgage \$ Name of Lender  Rate  Address of Lender  Address of Lender  Rate  Address of Lender  Rate	Name of Facility	License No.		Report for Ye	ar Ended		Page	of
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	HCC	2125C			9/30/2015		26	37
A. Building, Land Improvement & Non-Movable Equipment  1. First Mortgage	Item			Total	CCNH	RHNS	(Spe	cify)
Equipment   1. First Mortgage   \$ 77,402   77,402	12. Interest							
1. First Mortgage	· · · · · · · · · · · · · · · · · · ·	ment & Non-Movable						
Name of Lender       Rate         2. Second Mortgage			d)		55 400			
Address of Lender  2. Second Mortgage	Name of Lander			77,402	77,402			Eroko erandara
2. Second Mortgage	rvaine of Londor		Raic					
Name of Lender       Rate         Address of Lender       \$         Name of Lender       Rate         Address of Lender       \$         4. Fourth Mortgage       \$         Name of Lender       Rate         Address of Lender       Rate         B. CHEFA Loan Information       \$         1. Original Loan Amount       \$         2. Loan Origination Date       1/15/1993         3. Interest Rate %       6.75%         4. Term       30 Years         5. CHEFA Interest Expense       97,383       97,383	Address of Lender							
Name of Lender       Rate         Address of Lender       \$         Name of Lender       Rate         Address of Lender       \$         4. Fourth Mortgage       \$         Name of Lender       Rate         Address of Lender       Rate         B. CHEFA Loan Information       \$         1. Original Loan Amount       \$         2. Loan Origination Date       1/15/1993         3. Interest Rate %       6.75%         4. Term       30 Years         5. CHEFA Interest Expense       97,383       97,383								
Address of Lender  3. Third Mortgage								
3. Third Mortgage \$ Name of Lender  Address of Lender  4. Fourth Mortgage \$ Name of Lender  Rate  Address of Lender  B. CHEFA Loan Information  1. Original Loan Amount \$ 9,380,000  2. Loan Origination Date 1/15/1993  3. Interest Rate % 6.75%  4. Term 30 Years  5. CHEFA Interest Expense 97,383 97,383	Name of Lender		Rate					
3. Third Mortgage \$ Name of Lender  Address of Lender  4. Fourth Mortgage \$ Name of Lender  Rate  Address of Lender  B. CHEFA Loan Information  1. Original Loan Amount \$ 9,380,000  2. Loan Origination Date 1/15/1993  3. Interest Rate % 6.75%  4. Term 30 Years  5. CHEFA Interest Expense 97,383 97,383	Address of Lander		-	34			100	
Name of Lender       Rate         Address of Lender       \$         4. Fourth Mortgage	Address of Lender							
Name of Lender       Rate         Address of Lender       \$         4. Fourth Mortgage	3. Third Mortgage		\$					
A. Fourth Mortgage	Name of Lender		Rate					
A. Fourth Mortgage								
Name of Lender       Rate         Address of Lender       9,380,000         1. Original Loan Amount	Address of Lender							
Name of Lender       Rate         Address of Lender       9,380,000         1. Original Loan Amount	4. Fourth Mortgage		\$					
B. CHEFA Loan Information       \$ 9,380,000         1. Original Loan Amount.       \$ 9,380,000         2. Loan Origination Date.       1/15/1993         3. Interest Rate %.       6.75%         4. Term.       30 Years         5. CHEFA Interest Expense.       97,383       97,383	Name of Lender							
B. CHEFA Loan Information       \$ 9,380,000         1. Original Loan Amount.       \$ 9,380,000         2. Loan Origination Date.       1/15/1993         3. Interest Rate %.       6.75%         4. Term.       30 Years         5. CHEFA Interest Expense.       97,383       97,383								
1. Original Loan Amount.       \$ 9,380,000         2. Loan Origination Date.       1/15/1993         3. Interest Rate %.       6.75%         4. Term.       30 Years         5. CHEFA Interest Expense.       97,383       97,383	Address of Lender	<del></del>						
1. Original Loan Amount.       \$ 9,380,000         2. Loan Origination Date.       1/15/1993         3. Interest Rate %.       6.75%         4. Term.       30 Years         5. CHEFA Interest Expense.       97,383       97,383	D CHIEFAI I-C							
2. Loan Origination Date								
3. Interest Rate %		<del></del>						
4. Term								
5. CHEFA Interest Expense	3. Interest Rate %			6.75%				
	4. Term			30 Years				
12 B7. Total Building Interest Expense (A1 - A4 + B5) \$ 174,785 174,785	5. CHEFA Interest Expe	ense		97,383	97,383			
	12 B7. Total Building Interest Expe	ense (A1 - A4 + B5)	\$	174,785	174,785			

(Carry Subtotals forward to next page)

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

Name of Facility	License 1	Vo.		Report for Y	ear Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook		-			,	•	:	
нсс		2125C			9/30/2015		27	37
Item				Total	CCNH	RHNS	(Spec	ify)
	Subtotals	Brought	Forward:	174,785	174,785	•		_
12. C. Movable Equipment								
1. Automotive Equipme	nt		7					
A. Item		Rate	Amount					
Lender	•		•					
Address of Lender						, D. (1)		
2. Other (Specify)			. \$					
A. Item		Rate	Amount					
			_					
Lender			<u> </u>					
				484.6				
Address of Lender								
D. Itam		Data	A a					
B. Item	,	Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equip	ment Inter	est						
Expense (C1 + 2)			\$			-		
12. D. Other Interest Expense (A			. \$	2,985	2,985			
Vender Interest = (\$3,089); CHEFA Bo	nd Fees = \$	6,074						
	ADE : 10	GO + 10D						
13. Total All Interest Expense (1	.287 + 120	C3 + 12D	))\$	177,770	177,770			
14. Insurance on Property (b)	uildinas s	nlv)	. \$	107 647	107 647			
a. Insurance on Property (b b. Insurance on Automobile	anumgs 0	шу)		127,647	127,647			
c. Insurance other than Pro								
1. Umbrella (Blanket Co		-	-		,			
2. Fire and Extended Co							,	
3. Other (Specify)						<u> </u>		
. =								
14d. Total Insurance Expenditure	es (14a +	b + c)	- \$	127,647	127,647			
15. Total All Expenditures (A-1).				11,173,250	11,173,250			
				<u></u>	1 1			

### D. Adjustments to Statement of Expenditures

Name	of Fa	cility		Li	cense No.	Report for Ye	ar Ended	Page of
New F	Iorizon	s Inc.	d/b/a Cherry Brook HCC		2125C	9/30	/2015	28   37
					Total			
Item	Page	Line			Amount of	,		•
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Specify)
Page	10 - S	alarie	es and Wages					
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.	10	A12g	Occupational Therapy	\$	294,245	294,245		
4.	Var		Other - See attached Schedule	\$	3,531	3,531		
Page	13 - I	rofes	sional Fees	_				
5.	13		Resident Care Physicians **	\$	150	150		
6.			Occupational Therapy	\$				-
7.			Other - See attached Schedule	\$				
Page	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$	50,310	50,310		
10.	15		Accounting & Legal	\$	2,947	2,947		<u></u>
11.	30		Telephone	\$				
12.	15	1h2	Cellular Telephone	\$	2,114	2,114		
13.			Life insurance premiums on the life					
			of Owners, Partners, Operators	\$				
14.	16	13	Gifts, flowers and coffee shops	\$	21,156	21,156		
15.			Education expenditures to colleges or					
			universities for tuition and related costs					SAS INC.
	16	L5	for owners and employees	\$				
16.			Travel for purposes of attending					
ļ			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.	16	m2&3	Unallowable Advertising *	\$	23,498	23,498		
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions					****
21.	16	m12	Unallowable Management Fees	\$	13,739	13,739		
	18	2c	_	\$	3,331	3,331		
	20	5j		\$	3,747	3,747		
22.		m6	Barber and Beauty	\$		-		
23.	Var	Var	Other - See attached Schedule	\$	59,831	59,831		
Page			y Expenditures					
24.		2a1	Meals to employees, guests and others					
1			who are not residents	\$	3,536	3,536		A5034,000.00.00.00.00.00.00.00.00.00.00.00.00
Page	19 - 1		ry Expenditures	<u> </u>	,	,		
25.	19		Laundry services to employees, guests					
		-	and others who are not residents	\$				
,	20 - 1	Touse	keeping Expenditures					
Page		~ ~ PED C					Notice that the second second second	
		4d	Housekeeping services to employees					
<i>Page</i> 26.	20	4d	Housekeeping services to employees and others who are not residents	\$				

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

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

#### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
\$130 mm			有2000年	25 No. 10	300 AND 300
10	A12M	Marketing Salaries & Benefits	3,531	+ ( oz	4 X/2000 - 4 H/Y
5,500				2 3 6 6 8	
1200 100 ED. 1000			100.05		300000000000000000000000000000000000000
a Pagranta and					N. 2. 1943.
			A.A. 278 A	\$160 (354 EST)	100 H 100 H
	\$0 (X (\$4.79)		65 8 S 14 14 1	8 88 10 <b>1</b> 8 16 18	50X.1831200
				(2)	A 70 W
678 (1.50 (2.50 (1.5)	N/ANCOME. 148		Name of the state	12 30 30 30 3	1.39 / 60 133.0
			Section in a	Z. 3.134	
	0-100 GO				141
5	50.56.56			3	
in or pict			\$. 4 m. 6 a	- 10 To 10 T	152 355 60.00
197. 377. 194.19	Topics, Immora			44.00 UV	
104 STATE FOR			\$60.ke21.22445144	H25 22 0 5 10 00 10	432.851.666
distance inc. 20	T. 1889		stetem dis	*10.000.0019.41	NC1-400 NO. 1
0.77.00000 nn 44	35-79-7-25-7-25	31.	(3) LV2=3533		u. 35 T. 12 O O O O
Fotal Other	r Salaries z	Adjustment	\$3,531	<u>s</u>	\$ -

#### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
CB 25-15-15				E 3. E 6	
121230	44 6.20			viertine 100 s	<b>连接额额</b>
20 SEC 53	數學等等		81.68 E. 10.00		国家等语
1, 100 <del>(1)</del>	學學學學		(2) (3) (5) (5)		Mit in the second
	70760 0000 C				Cyk sta
145 S 3 3	(5) (2) (2/2.5) (3) (7) (6) (2/2.5)				101 Sec. (5.001)
302022 3024	Sel (88) NSS (89)		(K. 14) (A. 17)	-5.00115.001	
			<u>(1</u> 40) (63)		# 100 (7 15 A
Total Other	r Fees Adj	ustments	\$	\$	\$

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	9,675	31000 87.50	
16	M13	Citation	1,090		A. 2. 3. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
16	M13	Compliance Consulting	49,012	146.5145.366	r#Free
various 😑	various	Outpattent therapy: A & G costs	54		
25.00					
1. 第三条章					1400-1411-112
35. 4 4 2 24					STANK OF STANK
			new juliana		25.10
100255					(學者 5)2
的多数是特	多巴勒斯				
28 AG-MO-12					
Total Othe	r A&G Ad	justments	\$ 59,831	\$	\$

### Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Name	of Fa	cility	D. Adjustments to Statem		ense No.	Report for		Page		of
New E	Iorizon	s Inc.	d/b/a Cherry Brook HCC		2125C	9/30/	9/30/2015			7
					Total					
Item	Page	Line	4		Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S	pecify)	)
	Subtotals Brought Forward			\$	482,135	482,135				
Page	20 - K	eside.	nt Care Supplies***					1900 E	12-05-5	
27.	20		Prescription Drugs	\$	263,075	263,075		***************************************		
28.	20		Ambulance/Limousine	\$	4,789	4,789				
29.	20	5f	X-rays, etc	\$	27,179	27,179				
30.	20	5h	Laboratory	\$	16,169	16,169				
31.	20	5c	Medical Supplies	\$	12,381	12,381				
32.	20	5e2	Oxygen (non emergency)	\$	22,439	22,439				
33.	20	5j	Occupational Therapy	\$	2,440	2,440				
34.	Var	Var	Other - See Attached Schedule	\$	14,059	14,059		-	-	
Page	22 - N	<i>Lainte</i>	enance and Property							
35.			Excess Movable Equipment Depreciatio	n						e v
			See Attached Schedule				2.000			
36.			Depreciation on Unallowable					12	(2.4 %) 	
			Motor Vehicles	\$				is case to get a series		
37.	_		Unallowable Property and Real	$\dashv$						
			Estate Taxes	\$		12000 1000 1000 1000 1000 1000 1000 100		***************************************		T877-00-27-00-00
38.			Rental of Building Space or Rooms							
39.	Var		Other - See Attached Schedule	\$	140	140		***************************************		
Page	27 - I			$\exists$						
40.			Mortgage Insurance	\$			·			
41.			Property Insurance	\$						
Other	r - Mis					0.0				
42.			Research or Experimental Activities	\$				,,,,,		
43.	30		Radio and Television Revenue	\$	5,880	5,880				
44.			Vending Machine Revenue	\$				-		
45.			Purchase Discounts and Allowances	\$	<del></del>					
46.			Duplications of functions or services	\$						
47.			Expenditures made for the protection,							
			enhancement or promotion of the							
			providers interest	\$						
48.	30	IV5	Interest Income on Accounts Rec	\$	564	564				
49.	Var	Var	Other (include personnel and other					4.0		
			costs unrelated to resident care) - See							
			Attached Schedule	\$	26,014	26,014				ment to control of the
Not I	or Pr	ofit P	roviders Only	$\dashv$						
50.	Var		Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$	304,880	304,880	A CALL STREET,			
			unt of Decrease (Items 1 - 50)	\$	1,182,144	1,182,144				

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

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
2002 phis	11 Km		7. <b>6</b>	\$ \$300 Mg	- ALPHONE
20	₹ 5b	Pharmacy - Ebox	1,508		35 B. B. B.
various	various	Outpatient Therapy - Indirect Costs	36		
20	5j	Medical Equipment Rental	12,515		
					£ 200
	80,881 794 81,881 794		75.00.000		6819,532
		20, 19, 20, 19, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	20 10 miles		124 (213
W. W. 1955					
ishabiyan Tara	Policy Company	4.77			WEST STORY
i ng zón ni sái sá inn saide sí ki sái	1004-07-7600 121-24-034-6				1558 1753 Sec. 1
Total Othe	r Ancillary	/ Costs	\$ 14,059	\$ -	\$

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	(ES)		<b>动物(X)(X)</b>		7000
470015(14)			1077/10/2015/11/2015	00 00 A 00 00 00 00 00 00 00 00 00 00 00	No constant
	(2) (1)			4 198244 900	
					# W. W. W.
(A) (A) (A)				60 W W 1888	
100,441, 2073	and the second		15.00 mg/ 19.00 14.00 mg/ 19.00 19.00 mg/ 19.00 mg/		
	1669, 441, 110, 11 1670, 137, 150, 6				7 h
A. & 689			(A) (A) (A) (A)	7. A. S. S. S. S.	18a,4454
			<b>第33条</b> 数		100
Total Exce	ss Movable	Equipment Depreciation	の多様が		80 M

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
various	various	Outpatient Therapy - Capital costs	46		
various		Outpatient Therapy - Fair rent	-94		
100 E 120 E	45.48.00		10-10-10 S	1,482,702,002	1287 (CS)
	V. (12) No. X		<b>医生物</b>		
143.46			Name (A)	PANAMA YALI	
	435252 P.O. MEDIO 2513			A TANDO DE LA COMO LA	
	11.02.00			(de 100 (en 2011)	202
			<b>的</b> 和100%		
	#\$27ft.2		(1) 安全(1)		15/5/1921
NAME OF THE PARTY	(4)(4)(4)(4)		661 (5) (6156/j		HSEE BUTTERS
Total Othe	r Property	Adjustments	140		

#### Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	212D	Vendor Interest	(3,089)		100 A 200
27	12D	CHEFA Bond Fees	6,074		
30	IV8	Cell Tower Income	23,029		
			775 0170 . W. LLD-0 277 - W. LLD-0		
(668) (08E	£0,4395		(2 ST18 / 2)	95 NR 748 S.E.	ALX HIS COL
<b>建筑</b>	2000 to 200				10.7027
72.77.2					700 P
-03 Hz (25.10)			<b>6</b> 000000000000000000000000000000000000	2.00 ard 2	
Total Othe	. Adjustm	ents	\$ 26,014	\$-%	\$ 200

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22		Deferred Finance Fees-write off on refinance	292,142		. <u>(</u>
22	⊘7a ∵	Building Improvements Depree Carryforward	12,738	arganita (	
MINE TO THE				8 - 524 (S) (G)	0.5000000000000000000000000000000000000
			108E (0: 7)86V.co.		(V (00 L) ( L) ( A) (A)
3 K (4.4			100 mg		
#x #8 524			<b>在</b> 海域会员	8-a-000	
			常感激躁		
(\$10246)26	1200			A146 E 1002	
					2000 NO. 2019
20 H-20	7 ENGTON 10 YOU			10 00 T 2 15 20 7 7 6 15 15 15 15 15 15 15 15 15 15 15 15 15	
Total Unal	lowable Bi	illding Interest	\$ 304,880	\$	\$

#### F. Statement of Revenue

		License No.		Report for Y	ear Ended		Page		of
HCC	orizons Inc. d/b/a Cherry Brook	2125C			9/30/2015		30	I	37
	It	em		Total	CCNH	RHNS	(Sp	ecify	)
I. Re	sident Room, Board & Routine	Care Revenue							
1.	a. Medicaid Residents (CT only	<u>)</u>	\$	12,089,751	12,089,751			Constituent St. St.	
	b. Medicaid Room and Board Co	ontractual Allowance **	\$	(5,604,606)	(5,604,606)				
. 2.	a. Medicaid (All other states)		\$			· · ·		•	
	b. Other States Room and Board	Contractual Allowance **	\$	_	·				
3.	a. Medicare Residents (all inclus	sive)	\$	1,754,592	1,754,592				
'	b. Medicare Room and Board Co	ontractual Allowance **	\$	383,215	383,215				
4.		ner	\$	2,186,369	2,186,369				
'		Contractual Allowance **	\$	(58,775)	(58,775)				
II. Ot	I. Other Resident Revenue								
1.	a. Prescription Drugs - Medicare	······································	\$	227,821	227,821				
,		Contractual Allowance **	\$	(227,821)	(227,821)				
		licare	\$	85,908	85,908				
		licare Contractual Allowance **	\$	(85,908)	(85,908)			-	
2.			\$	2,381	2,381				
	b. Medical Supplies - Medicare	Contractual Allowance **	\$	(854)	(854)				
		care	\$	78	78			_	
		care Contractual Allowance **	\$	(78)	(78)				
3.			\$	1,122,018	1,122,018				
		Contractual Allowance **	\$	(732,060)	(732,060)			·	
		care	-\$	160,705	160,705				
	d. Physical Therapy - Non-Medi	care Contractual Allowance **	\$	(160,705)					
4.	a. Speech Therapy - Medicare		ŝ	189,967	189,967				
		ontractual Allowance **	\$		(130,735)				
		are	\$		44,147				
,	d. Speech Therapy - Non-Medic	are Contractual Allowance **	\$		(44,147)				
5.	a. Occupational Therapy - Medic	care	\$	842,361	842,361				
		care Contractual Allowance **	\$	(642,181)	(642,181)				
		Medicare	\$	149,744	149,744				
		Medicare Contractual Allowance **	\$	(149,744)					
6.			\$	((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1.1231.11)		·		
٠,	b. Other (Specify) - Non-Medicar		\$	(8,627)	(8,627)				_
III To		hru Section II.)		11,392,816	11 392 816				
	her Revenue*		. *	11,572,010	11,552,610		y va	(#U4.4K)	<b>413</b> 0
		& others	\$						949
2	Rental of rooms to non-residents		\$					<u> </u>	
			\$						
		ervices	\$	****					
			\$	764	764				
	Private Duty Nurses! Fees		\$	70-1	704			<del></del>	
7	Barber Coffee Results and Cife	shops	ψ Ç	<u></u>				<u> </u>	
			ψ Ç	25,267	25,267		•		_
υ. 1/ Το	tal Other Royanue (1 thru 8)		\$		26,031				
			Ф						
Y1. 10	ш ли кечепие (Ш т У)	D 20 B 20 G G G G G G	<b></b>	11,418,847	11,418,847				

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts..

#### Schedule of Other Resident Revenue - Medicare

Đ	aŀ	a ta	h.	Exp
	CI.	att	·u	EDAIL

Page Ref	Description	<u> </u>	 CCNH	RHNS	(Specify)
				13 27 77 75 7	NA STATE OF THE
**************************************					类的变体验
-312300000					Care of Care of the
43855550 (2453) 352353473		ar i lecono le foso d'un proceso. Al composito de la composito d		200 PM 200 PM 200 PM	
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			A COLUMN
(0.53) 7200073		450			
Total Othe	er Resident Revenue	- Medicare	\$	\$	\$

# Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Retroactives	\$ (8,627)	Silver Carrier	
d, Francisco				
2426			ing skirking princip	E Contract
06.95,4000				
*XESE		are exist situa		4.74
190000000000000000000000000000000000000				
Total Otho	r Resident Revenue	\$ (8,627)	\$ -	\$

#### **Interest Income**

#### Account

pg 31, L A2       Interest on A/R       N/A       \$ 564         pg 31, L A8       CHEFA Funds Interest       N/A       \$ 200	(Specify)
pg 31, L A8 CHEFA Funds Interest N/A \$ 200	234 39 7 W 199
	100 grab 196
	9527577036 952 947277 144 154
	ANTENNAMENTAL SECTION OF THE SECTION
	002 (A) (50 (50 (50 (50 )
	00 2000 22 410
Total Interest Income \$ 764 \$	\$ No. 5

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		24.5	W. 120 (A) (A) (A)	vie viški laši
(18.55) (57.54)	Cell Tower Income	\$ 23,029		<b>学为成为</b>
200000		12.00	2000年100日	<b>建筑铁线</b> 研
7 100	donations	\$ 715	# (E0) 17 (F	TO VICE
	Bank Fees;not offset, expense disallowed 100%	\$ 1,523		(A)
31.8			30.52 (51.52)	
TA-124-03-08			ALCOHOL:	CZ-5, 2000, 2000, 036
5.5 E.5 E.5 KA		30-20-50-50	1440.63	
<b>经保护</b>		andayka	排除感情。	
280 St. 1977 VA			304 E 160	
				NEW THE
diden Assi		Service Co.	V2.40V.(b) +15-11	X(2)15/51X742
		20715015182.52		34 34 5 12
A 150		STATE OF STATE OF		
		100		
655,000			10 10 00 00 00 00 00 00	3.0
		663.38.27		
Total Othe	r Revenue	\$ 25,267	\$.533555	\$

### G. Balance Sheet

	f Facility rizons Inc. d/b/a Cherry Brook	License No.	Report for Year Ended	Page	of
HCC	izona inc. u/b/a cherry brook	2125C	9/30/2015	31	37
<del></del>		Account		T P	Amount
Assets					
A. Cı	urrent Assets				
1.	Cash (on hand and in banks).			. \$	677,863
2.	Resident Accounts Receivable	e (Less Allowance for	Bad Debts)	\$	. 655,917
3.	Other Accounts Receivable (I	Excluding Owners or l	Related Parties)	. \$	
4	Inventories				24,141
5.	Prepaid Expenses			. \$	243,686
	a. Prepaid Insurance		114,245		
	b. Prepaid Expenses-dues & s	subscriptions	3,413		
	c. Prepaid Expenses-Health I	nsurance	126,028		25.0
	d.				
6.				\$	
7.	Medicare Final Settlement Re	ceivable	• • • • • • • • • • • • • • • • • • • •	\$	
. 8.	Other Current Assets (itemize	)	***************************************	. \$	7,000
	A/R Facilities: Non-Related		7,000	-	
	A/R Facilities: Non-Related		7,000		
					100000
A-9. To	otal Current Assets (Lines A1 t	thru 8)		\$	1,608,607
B. Fi	xed Assets				
1.	Land	· · · · · · · · · · · · · · · · · · ·		. \$	1,000,000
	Land Improvements	*Historical Cost	147,346_	\$	94,680
		Accum. Depreciation	1 (52,666) Net		
3.	Buildings	*Historical Cost	. 6,632,397	\$	1,958,055
		Accum. Depreciation	1 · (4,674,342) Net		
4.	Leasehold Improvements	*Historical Cost	•	\$	
		Accum. Depreciation	n Net		
5.	Non-Movable Equipment	*Historical Cost	. 229,562	\$	81,908
		Accum. Depreciation	n (147,654) Net		
6.	Movable Equipment	*Historical Cost		\$	320,987
		Accum. Depreciation	1 (469,289) Net		
7.	Motor Vehicles	*Historical Cost	. 66,807	\$	<del>.</del>
		Accum. Depreciation	1 (66,807) Net		
8.	Minor Equipment-Not Deprec	ciable		. \$	
9.	Other Fixed Assets (itemize).			. \$	(13,519)
	Min Diff Cond and to 1	oolra	(12.510)	4	
B-10.	Misc Diff fixed assets to b  Total Fixed Assets (Lines B1		(13,519)	\$	3,442,111
IJ-1U•	Total X acca Tableto (Dillos Di			14	J, TTL, III

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

# G. Balance Sheet (cont'd)

	ne of Facility Horizons Inc. d/b/a Cherry Brook	License No.	Report for Year Ended	F	Page		of
HCC		2125C	9/30/2015		32	1	37
		Account				nount	
			Total Brought Forward:	\$			50,718
C.	Leasehold or like property recor	ded for Equity Purpose	s.				<u></u>
	1. Land	************************		\$			
	2. Land Improvements	*Historical Cost	•		1,247, 1,486,		
Ĺ <u>.</u>		Accum. Depreciation	n Net	\$			
	3. Buildings	*Historical Cost	•				
L		Accum. Depreciation	Net	\$			
	4. Non-Movable Equipment	*Historical Cost	•				
		Accum. Depreciation	n Net	\$			
	5. Movable Equipment	*Historical Cost	•				
	·	Accum. Depreciation	n Net	\$			
]	6. Motor Vehicles	*Historical Cost	•				
	·	Accum. Depreciation		\$			
	7. Minor Equipment-Not Depre	eciable		\$			
C-8	Total Leasehold or Like Proper	tal Leasehold or Like Properties (C1 thru 7)					
D.	Investment and Other Assets						
	1. Deferred Deposits		· · · · · · · · · · · · · · · · · · ·	\$			
	2. Escrow Deposits	********************		\$			
	3. Organization Expense	*Historical Cost					
		Accum. Depreciation		\$			
<u> </u>	4. Goodwill (Purchased Only).		***************************************	\$			50,800
	5. Investments Related to Resident	dent Care (itemize)		\$			
	443410	,					
	6. Loans to Owners or Related	Parties (itemize)	<del> </del>	\$	Y 000000000000000000000000000000000000	17	<sup>78</sup> ,160
	Name and Address	Amount	Loan Date				
	Deferred Finance Fees	178,160					
			-				
	7. Other Assets (itemize)			\$		1,24	7,260
	Renewal & Replacement		1,247,260	100			
	Total Investments and Other As			\$		1,48	6,220
D-9.	Total All Assets (Lines A9 + B)	10 + C8 + D8)	,	\$		6,53	6,938

<sup>\*</sup> 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	ility		License No.	Report for Year I	Ended	Page		of
New Horizons	Inc. d	/b/a Cherry Brook HCC	2125C	9/30/20	15	33		37
			Account			An	ount	
Liabilities				<u> </u>				
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable	*********	· · · · · · · · · · · · · · · · · · ·	\$		499,56	8
	2.	Notes Payable (itemize)		***********	\$			
	3.	Loans Payable for Equipm	ent (Current portio	n ) (itemize )				
		Name of Lender	Purpose	Amount	Date Due			
	•							
		15 11/5 1		G. 11 17 1 1			010.50	
	4.	Accrued Payroll (Exclusive					210,53	1
	5.	Accrued Payroll (Owners					6.00	
	6.	Accrued Payroll Taxes Pa	yable		\$		6,89	3
	7.	Medicare Final Settlemen						
	8.	Medicare Current Financi						
	9.	Mortgage Payable (Curren						
		Interest Payable (Exclusive	<del></del>				9,79	5
		Accrued Income Taxes*						
	12.	Other Current Liabilities (	itemize )		\$		196,91	1
		Acc'd Operating Expenses		34,952	2			
		Provider Taxes Due	· · · · · · · · · · · · · · · · · · ·	161,959	)			
				·····				
A-13	. To	<i>tal Current Liabilities</i> (Lir	es A1 thru 12)	*****	\$		923,70	4

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

<sup>(</sup>Carry Total forward to next page)

<sup>\*\*</sup> Interest Bearing - Do Not Include in Return on Equity Calculation.

Cherry Brook Health Care Accd expense 9/30/2015

9/30/2015 2170-010-108 9/30/2015 2170-010-108 9/30/2015 2170-010-108 (\$22,825.45) Health Insurance \$2,044.75 food rebate (\$14,171.22) sewer/water bill

\$ (34,951.92)

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	r Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/20	015	34	]37
	Account			An	10unt
		Total Broug	ht Forward:		923,704
Liabilities (cont'd)					<u>-</u>
B. Long-Term Liabilities		•			
<ol> <li>Loans Payable-Equipmen</li> </ol>	t (itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
		·			
					4.6 (4.6)
	· ·				
2. Mortgages Payable		,	\$	**************************************	3,924,114
3. Loans from Owners or Re					(3,280,458)
Name and Address of Lender	Amount	Loan I	antidos.		
New Horizons Inc.	(3,320,538)				
New Horizons Village	40,080				
- · · · · · · · · · · · · · · · · · · ·	<b>'</b>				
•					
4. Other Long-Term Liabilit	ies (itemize)			ng (1996-1903) (1976-1976)	
	(······ )········				
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		· · · · · · · · · · · · · · · · · · ·		643,656
C. Total All Liabilities (Lines A					1,567,360
C. Tout The Dimontines (Dines A			Ψ		1,501,500

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

	ne of Facility Horizons Inc. d/b/a Cherry Brook	License No.	Report for Y	ear Ended	Page	of
HCC		2125C	9/:	30/2015	35	<u> </u> 37
		Account			A	mount
A.	Reserves					
	1. Reserve for value of leased	land	********		\$	
	2. Reserve for depreciation val				¢	
	3. Reserve for depreciation val				\$	
	3. Teserve for depreciation var	de of leased perso	nai property (Eq		Ψ	
	4. Reserve for leasehold real p	roperties on which	fair rental value	e is based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves	*****			\$	
В.	Net Worth					
	1. Owner's Capital				\$	· · · · · · · · · · · · · · · · · · ·
-	2. Capital Stock		·····		\$	
	3. Paid-in Surplus	•••••			\$	
	4. Treasury Stock			•••••	\$	
	5. Cumulated Earnings				\$	4,723,981
	6. Gain or Loss for Period	10/1/20	14 thru	9/30/2015	\$	245,597
	7. Total Net Worth		·····		\$	4,969,578
C.	Total Reserves and Net Worth .	•••••			\$	4,969,578
D.	Total Liabilities, Reserves, and	Net Worth	••••		\$	6,536,938

# H. Changes in Total Net Worth

Name o	of Facility	License No.	Report for Year	Ended	Page		of
New Ho	orizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/201	15	36		37
		Account			Ar	nount	
A. B	Salance at End of Prior Period as s	hown on Report of 09	/30/2014	\$	3	4,709	,638
B. T	Total Revenue (From Statement of	Revenue Page 30 )	*****	\$	3	11,418	,847
C. T	Total Expenditures (From Statemen	nt of Expenditures Pag	ge 27 )	\$	}	11,173	,250
D. N	Vet Income or Deficit			\$	3	245	,597
E. B	Balance	* * * * * * * * * * * * * * * * * * * *		\$	5	4,955	,235
F. A	Additions						
1.	. Additional Capital Contributed	(itemize )			la di Statistica		
	Audit adjmt-cost settleme	ent	8,628				
	Acc Depr Conversion adj	mt	5,715				
		•					
				2			
2	. Other (itemize)						
F-3. T	Total Additions			\$	3	14	,343
G. D	Deductions						
1	. Drawings of Owners/Operators	/Partners (Specify)		\$	3	_	
	Name and Address (No., City,	State, Zip)	Title	Amount			
				\$			
			<u>.</u>				
2	. Other Withdrawings (Specify).			\$	)	and a large separation of the second separation of the second sec	
<u>-</u>	Purpose		Amour	nt is			
	X WAPOOU		2 2222				
	Total Daductions		<u> </u>		1		
	3. Total Deductions	09/30/15		\$		4 060	578
H. $B$	oaiance ai Ena of Ferioa	09/30/13		13	)	4,969	,2/0

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

Name of Facility New Horizons Inc. d/b/a Cherry Brook	License No.	Report for Year Ended	Page	of			
HCC	2125C	9/30/2015	37	37			
	Check appropriate cate	gory					
CCNH	RHNS	Other (Specify)					
<b>V</b>			,				
Pı	reparer/Reviewer Cei	rtification					
have inquired of appropriate per not reimbursable under the appropriate per (except those expenses known to result of reading reports, inquiry report on Pages 28 and 29 (adju- report is in agreement with the landscape of Preparer	plicable regulations. All non-reports be automatically removed in yor other services performed lastments to statement of expensions.	eimbursable expenses of which the State rate computation systems by me are properly reported as aditures). Further, the data cont	h I am aw stem) as a such in tl	are his			
14/14/14	CFO	2/12/16					
Printed Name of Preparer		<b>,</b>					
Athena Health Care Associates, Inc		•					
Address		Phone Number					
135 South Road							
Farmington, CT 06032		(860) 751-3900					

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/2013.