

February 4, 2016

Connie Reinhardt Myers and Stauffer, LLC 7 Waterside Crossing Ct., Suite 202 Windsor, CT 06095

Subject: Disallowance Of Portion Of Licensed Practical Nurse Costs That Exceeds Certified

Nurses Aids Pay Rate in Residential Care Home (License #1500H)

Provider: Elim Park Baptist Home

Period: October 1, 2014 Through September 30, 2015

Dear Ms. Reinhardt:

One of the costs of our Residential Care Home (License #1500H) that we are required to disallow is the portion of Licensed Practical Nurse ("LPN") personnel costs that are in excess of our Certified Nurses' Aide ("CNA") pay rate. We calculate and show this disallowance on Page 29 for purposes of BOTH our <u>employee</u> LPNs (shown on Line 12(c) of Page 10) and our <u>independent contractor</u>, i.e. Nursing Agency LPNs (shown on Line 11(b) of Page 13).

Elim Park disagrees that any other disallowance of these costs, other than the aforementioned self-disallowance, is reasonable. The cost of providing these services has already been reduced to the cost of a Certified Nurses Aide, and even though an LPN has been used to provide these services, that does not justify the removal of the entire amount of this cost when calculating our Old Age Assistance reimbursement rate.

Respectfully,

Zell Gaston

**Chief Financial Officer** 







February 4, 2016

Connie Reinhardt Myers and Stauffer, LLC 7 Waterside Crossing Ct., Suite 202 Windsor, CT 06095

Subject: Request For Allocation Of \$579,456 Cost Of "East Wing Renovations" To Skilled

Nursing Facility (License #666c) As Opposed To Residential Care Home (License

#1500H) For "Fair Rent" Purposes Re Rate Computation Calculation For Fiscal 2015

Provider: Elim Park Baptist Home

Period: October 1, 2014 Through September 30, 2015

Dear Ms. Reinhardt

With regard to our accompanying fiscal 2015 Medicaid Cost Report, we respectfully request that the \$579,456 capitalized cost of our fixed asset addition entitled "East Wing Renovations" (as reflected on the Attachment to Page 23) be allocated to our Skilled Nursing Facility (License #666c), rather than our Residential Care Home (License #1500H) for "Fair Rent" purposes. Whereas, the 2<sup>nd</sup> floor of our East Wing houses our Residential Care Home, all of the \$579,456 cost of East Wing Renovations were strictly used to renovate the outdated 1<sup>st</sup> floor of this building, which is where the post-acute area of our Skilled Nursing Facility resides.

If you have any questions, please contact me at (203) 272-3547 Ext. 122.

Respectfully,

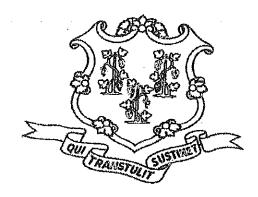
**Zell Gaston** 

**Chief Financial Officer** 





#### **State of Connecticut**



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

6								
Name of Facility (as	•							
Elim Park Baptist Ho								
Address (No. & Stre	et, City, State, .	Zip Code)						
140 Cook Hill Road,	Cheshire, CT	06410						
Type of Facility		• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Chronic and C	Convalescent		Rest Home wit	h Nursing				
✓ Nursing Hom	e only		Supervision on	ly	abla	Resident	ial Ca	are Home
(CCNH)			(RHNS)					
Report for Year Begi	inning		Report for Yea	r Ending				
10/1/2014			9/30/2015					
License Numbers: CCNH 666c		RHNS	Reside	ential Care l 1500H	Home	Me	edicare Provider 07-5265	
1 2 1		1		-	- 70	<u> </u>		
Medicaid Provider N	umbers:	6668 6668	CNH	RF	INS		iC	F-IID
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	umber	0:1-	J XI	1	Date Received
Assigned	Notarized	Received	Assigne	d	Signed a	nd Notari:	zea	Date Received

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**General Information** 

Name of Facility (as licensed)		Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2015	1	37

#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Elim Park Baptist Home, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

	Signed (Administrator	2	Date/ /	Signed (Owner)	Date	
	/ Rus Hend	on	2/10/16			-
A	Frinted Name (Administrator)		177	Printed Name (Owner)		
٦	Chris Newton		// /		}	
		Ta		a tor bir		T
- 1	Subscribed and Sworn	State of	Date	Signed (Notary Ruplic)	Comm.	Expires
	tabefore me: Colleen Themas	1 CT	2/10/16	College Show	de ) 02,	29/2000
ľ	4.11 (037) 23.1.11		<u> </u>	all all the		
	408 Blackstene Vi	illage, M	ericten,	CT,06480	COLLEEN TH	OMAG
Į		7			NOTARY PU	

MY COMMISSION EXPIRES FEB. 29, 2020

(Notary Seal)

## State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adju	stm	ient		Page 1A	of 37
Name of Facility		Period Cov	/ered:	From	To
Elim Park Baptist Home, Inc.				10/1/2014	1
Address of Facility 140 Cook Hill Road, Cheshire, CT 06410	·				
Report Prepared By Elim Park Baptist Home, Inc.		Phone Nun 203-272-35		Date	
Item		Total	CCNH	RHNS	Residentia 1 Care Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.** 

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

	İ	Pho	ne No. of Fa	cility	Report for Y	ear Ended	Page	] (	of
	ļ		-272-3547		9/30/2015		2	3	37
Name of Facility (as shown on license)			Address (N	0. &	Street, City, St	ate, Zip)			
Elim Park Baptist Home, Inc.			140 Cook I	Hill R	load, Cheshire,	CT 06410	)		
	CCNH		RHNS	Res	idential Care H	lome	Medicare P	rovide	er No.
License Numbers:	566c			150	0H		07-5265		
Type of Facility (Check appropriate box(es))	)								
Chronic and Convalescent	-	Res	Home with	Nurs	ing _	200 1.1 43	10 77		
Nursing Home only (CCNH)			ervision only			Residenti	al Care Hon	ne	
Type of Ownership (Check appropriate box)							·····		
		_	D	•	Non Duckt Co		O	^ ′	Tt
O Proprietorship O LLC O P	artnership	0	Profit Corp.		Non-Profit Co		Government		ı rusı
				Date	e Opened	Date Clos	sed		
If this facility opened or closed during report	: year provide	:		ĺ		<u> </u>			
				<u> </u>		<u></u>			
Has there been any change in ownership		_		_					
or operation during this report year?		0	Yes	<u> </u>	No	If "Yes,"	explain fully	r.	
							•		
Administrator							<del></del>		
Name of Administrator					Nursing Ho	me			
Chris Newton					Administrat		002003		
Chill I (Witch					License N		702000		
Other Operators/Owners who are assistant ad	ministrators (	full	or part time)	of th		10			
Name	minibuaro b	15731	oz part timo,	01 01	License N	lo:J			
Ronald Dischinger					2,001100 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	850		
www.					-		000		
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									1

## General Information and Questionnaire Partners/Members

Name of Facility Elim Park Baptist Home, Inc.		License No.	Report for Y 9/30/2015	ear Ended	Page 3	of 37
Legal Name of Part	nership/LLC	Business Address		State(s) and/ Which R	or Town( legistered	(s) in I
					I	, , , , , , , , , , , , , , , , ,
Name of Partners/Members	Business Ad	ldress	7	itle	% Ov	ned
N/A						
	<del>.</del>					
	•					

#### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2015		3A	37
If this facility is owned or operated as a corp			rmation:	<del></del>	
Legal Name of Corporation		iess Address	State(s) in W	hich Incom	orated
Logas Ivanio of Corporation		NSS / RRAI USS	State(S) III **	mon moorp	,01,110
Name of Directors, Officers	Busin	ess Address	Title	No. Sł Held by	
See attached					
Names of Stockholders Owning at Least 10% of Shares					
N/A					
				+	
	1				



#### Elim Park Baptist Home, Inc. Board of Directors September 2015

BOARD MEMBER	ADDRESS	BUSINESS
Director		
Adams, Ray	140 Cook Hill Road	203-272-3547
•	Cheshire, CT 06410	
Director		
Allen, Brent	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
Secretary		
Annon, Paulette	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
Immediate Past Chair		
Brennan, Terry	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
Vice Chair		
Caligiuri, Sam	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
<u>Director</u>		
Christgau, Christine	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
<u>Director</u>		
DeLacy, Paul	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
Director		
MacNeill, Dave	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
Treasurer		000 000 0017
Ecker, Rob	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
<u>Director</u>		000 070 0F47
Mason, Glenn	140 Cook Hill Road	203-272-3547
	Cheshire, CT 06410	
<u>Chair</u>	4.40 O1: 149 Danii	202 272 2517
Nelson, Chris	140 Cook Hill Road	203-272-3547
N	Cheshire, CT 06410	
<u>Director</u>	140 Cook Hill Road	203-272-3547
Tuell, Jr., Dave		ZUJ-Z1Z-JJ41
	Cheshire, CT 06410	<del></del>

Revised: 1/26/2016

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
Elim Park Baptist Home, Inc.	666c	9/30/2015	3B	37
If this facility is owned or operated as an individua		rovide the following informat	ion:	
Owi	ner(s) of Facility			
nt/A				
N/A				
		· · · · · · · · · · · · · · · · · · ·		
		_		
		······	-	
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		•		
	<u> </u>			
				j

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

# General Information and Questionnaire Related Parties\*

Name of Facility Elim Park Baptist Home, Inc.	, Inc.	License No. 666	No. 666c	H 6	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals recemarriage, ability to contr	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel	ated throu	igh • Yes	les O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	Name/Add ation on Pa	ress and ge 11 of the report.
Are any individuals or coincluding the rental of privelated through family as association to any of the	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	or service to this factorial, of this factorials	ces, cility, or busine	SS	© Yes O No	If "Yes," provide the following information:	following	information:
		Als	Also Provides			Indicate Where		
		Good	Goods/Services to	<u></u>		Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	ties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	**%	Provided	Page # / Line #	Reported	Related Party
Elim Park Place - see attached note	150 Cook Hill Road, Cheshire, CT 06410	0	•		N/A	A/X		
CALTC	217 Avery Heights, Hartford, CT 06106	0	•	02	See attached	Page 16 Line 1m13	1 000	000
Eva Gaston	N/A	0	0	<u> </u>	Housekeeper	Page 10 Line A6h	1 384	1,000
Emily Langlais	N/A	0	•	111	Housekeeper	Page 10 Line A6b	2.040	2 040
Michael Miner	N/A	0	•		Maintenance & Housekeeper	Page 10 Line 7b & A6l	23.104	23 104
		0	0					
		0	0					
		0	0		The state of the s			
		0	0					
F. Translation of the			_	1	TO THE PARTY OF TH			

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

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

Elim Park Baptist Home, Inc.

FYE: 09/30/2015

License#: 666C/1500H

Page 4

CALTC (Note: Group of Nonprofit Entities affiliated for the purpose of providing a seamless continuum of care across provider types. The Organization provides opportunities for managed care, group purchasing, and other cost saving measures.)

Elim Park Baptist Home, Inc. received a \$9,000 Member Distribution in November 2014, a \$14,000 Member Distribution in February 2015, and an \$18,000 Member Distribution in August 2015. One rebate was received from CALTC in May 2015 in the amount of \$24.48. All of these amounts are reported on Page 30 IV 8 and included in the "Miscellaneous Income" line on the Page 30 Attachment. They are not disallowed in the 2015 Medicaid Cost report.

Elim Park Place is the Independent Living Component of this CCRC Community.

There is one corporation with two operating divisions. Financial Statements are prepared Individually and Consolidated.

Allocable costs for goods and services that benefit both operating divisions are allocated to each individual division based on various designated criteria, such as square footage, relative payroll costs, etc.

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

Name of Facility	License N	o.	Report for Year Ended	Page	of	
Elim Park Baptist Home, Inc.	666c		9/30/2015	5	37	
If the facility is licensed as CDH and/or RCH of	or provides	AIDS or TB	I services with special Medica	id rates, c	osts	
must be allocated to CCNH and RHNS as follo			•	•		
Item			Method of Allocation			
Dietary		Number of	meals served to residents		•	
Laundry			pounds processed			
Housekeeping			square feet serviced			
			hours of routine care provided	by EAC	H	
Nursing		1	lassification, i.e., Director (or			
1			Nurses, Licensed Practical Nu			
		Attendants		,		
Direct Resident Care Consultants		Number of	hours of resident care provide	d 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	ies			
Management services		Appropriate cost center involved				
All other General Administrative expenses Total of Direct and Allocated Costs						
The preparer of this report must answer the following questions applicable to the cost information provided.					<u> </u>	
1. In the preparation of this Report, were all costs allocated as required?  O Yes O No If "No," explain fully why such allocation was not made.					on was	
Note: General & Administrative Expenses are a	llocated bas	sed on patier	nt days which is consistent wit	h prior ye	ars	
which have been audited by DSS.		•	•	-		
•						
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data			
N/A						
3. Did the Facility appropriately allocate and se	lf-disallow	direct and ir	direct costs to non-nursing ho	me cost c	enters?	
(e.g., Assisted Living, Home Health, Outpatie	ent Service:	s, Adult Day	Care Services, etc.)			
	⊙ Yes	O NO	If "No," explain fully why such not made.	n allocatio	n was	

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

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

OFFICE ACCOUNTAGED AND ALLICONES.							
Name of Facility			License No.	Report for Year Ended	ar Ended		Page of
Elim Park Baptist Home, Inc.			9999	9/30/2015			
	Related * to	d * to					╣
	Owners,	ers,					
	Operators,	itors,				Annual	
	Officers	sers		Date of	Term of	Amount	4 mount
Name and Address of Lessor	Yes	Š	Description of Items Leased	Lease**	I Page	of I page	Claiment
Canon Financial Services	0	e	Copiers & Printers	,	2	Of Loase	Ciaimed
Ditter		,	THE PROPERTY OF THE PROPERTY O	12/27/11	48 months	15,645	15,475
riusy Bowes	0	•	Postage Machine	04/30/10	69 months	292	303
Pitney Bowes	(	9	Postage Machine				7.27
	)	9		11/30/14	36 months	1,016	706
	0	0					
-	C	C	The state of the s				
	)						
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
				_			

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total \*\*\*

o No

Yes

<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.



Engineering the flew of communication-

#### CUSTOMER PRIORITY LEASE RESTRUCTURING

Dear ZELL GASTON,

Here is the special offer we discussed on the phone recently. All you need to do to accept this offer is to sign and fax it back to me at 1-203-460-9973.

The second secon	MAN SUITE CONTROL OF THE CONTROL OF
_Date Sent:	10-30-2014
Dease Maintes,	2058544-005
Company Name:	ELIM PARK BAPTIST HOME
Old Payment Amount:	\$ 855.00
New Payment Amount:	<b>5 470.60 \$ 0</b>
Includes Past Due Payment Of:	\$0

\*Past due payments include a maximum of 2 past due payments. Remainder of past due balence, if any will be billed separately.

You have taken advantage of reducing your existing Pitney Bowes Equipment Payment by 45%, from \$ 855.00/quarter to \$ 470.60/quarter for the remaining months left on your existing Lease term and have extended the term by an additional 12 quarters. This offer will be effective immediately upon your next Billing cycle. You acknowledge that you are authorized to enter into this agreement on behalf of the leases, and that you understand that Pitney Bowes Global Financial Services LLC will Lease to you the equipment currently leased under existing Lease #2058544-006 at the new discounted payment, which payment will incorporate all amounts due and owing under your existing Lease. All terms and conditions of the existing Lease are incorporated into this new Lease except as modified above. Please sign and fax this document to 1-203-460-9973 to acknowledge your understanding and acceptance of the terms of this offer. Your offer will be binding on PBGFS only when accepted below by an authorized PBGFS employee.

Offer Accepted Wy Co	FO 10/3/14
Customer Signature	NO Date

PBGFS Acceptance

Thank you for allowing us to continue serving you!

Salvatore Porcetta

Sincerely,

Tamra Ellis Phone: 800-203-3240 ext 5008 Pitney Bowes Leasing Specialist

MSDRET22

### General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2015		7	37
	eriod covered by this report	were maintained on the following basis:			
İ		_			
	Modified Cash				
Is the accounting basis for this					
Person and additional and a second	Yes	If "No," explain.			
previous period?	No				
				1	
Independent Accounting Firm		Address (No. & Street, City, State, Zip Code)			
Name of Accounting Firm		29 South Main Street, W. Hartford, CT 0			
<ol> <li>Blum Shapiro &amp; Company, P.C</li> <li>Blum Shapiro &amp; Company, P.C</li> </ol>		29 South Main Street, W. Hartford, CT 0			
Blum Shapiro & Company, P.C		29 South Main Street, W. Hartford, CT 0			
4 Cornerstone Accounting	•	P.O. Box 7, Indian Valley, VA 24105			
Services Provided by This Firm (des	cribe fully)		***************************************		
•			s	21,965	
1 Annual Audit	000 = 1				
2 Medicaid Cost Report Review, Tax For			<u> </u>	6,976	
3 ERISA Audit of Benefit Plan & Relate	d Consulting, Form 5500 Preparat	ion	<u> </u>	9,102	
4 Medicare Cost Report Preparation			<u> </u>	3,000	
			1	Services Pro	ovided
			\$	41,043	
		es, Specify Expense Classification and Line No.			
	Page 15 Line 1d			······································	
Legal Services Information	1		Telephone	Number	
Name of Legal Firm or Independent	=		203-899-89		
1 Goldman Gruder & Woods LLC	4		914-514-60		
2 Jackson Lewis PC			203-498-44		
3 Wiggin and Dana LLP			2.05 .70		
4 5					
Address (No. & Street, City, State, Z.	in Code )				
1 200 Connecticut Avenue, Norw					
2 P.O. Box 416019, Boston, MA					
3 P.O. Box 1832, New Haven, CT					
4					
5	····				
Services Provided by This Firm (des	cribe fully)		·	<u> </u>	
1 Collections \$1,024 - disallowed			\$	1,024	
2 Personnel & Labor Relations - \$188 dis	sallowed		\$	865	
3 Vendor Contract Review, Audit Review		14 disallowed	\$	20,680	
4			\$		
5			\$		
			Charge for	Services Pro	vided
			s	22,569	
Are These Charges Reflected in the Expendi	ture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.			
Ī	Page 15 Line 1e				
Yes O No					

ELIM PARK BAPTIST HOME, INC. LEGAL FEES PYE 2015

LEGAL FEES - ADMINISTRATION		Г				
EAN Cionneial	I KA Uate	umber	Account Description Debit Amount Description	Debit Amount	Description	
	11/30/2014 1.83,6420		Legal Fees	\$607.50	\$607.50 WIGGIN AND DANA LLP11/30/2014	Disallow
						American Red Cross(CNA training
						program), Sacred Heart, & Speech
541 Financial	12/31/2014 1.83.6420		Legal Fees	\$1,215.45	\$1,215.45 WIGGIN AND DANA LI P12/31/2014	Therapy: all to have students learn and
678 Financial	2/28/2015 1.83.6420		Legal Fees	641	יייייייייייייייייייייייייייייייייייייי	Medical records request for deceased
678 Financial	2/28/2015 1.83.6420		Legal Feet	61 425 50	425 FO 02/02/ZUISWIGGIN AND DANA LIP	resident
				455.5U	71,435.5U UZ/Z8/ZUISWIGGIN AND DANA LIP	Admissions agreement review
688 Financial	3/31/2015 1.83.6420		Legal Fees	¢ 700 70	7,000,000,000,000,000	Residency and Admission agreement
712 Financial	4/30/2015 1.83.6420		Legal Fees	\$3,430.1U	51 DOE 20 ON 120 COLD WIGGIN AND DANA LLP	review; CON requirements review
752 Financial	5/31/2015 1.83.5420		Legal Fees	42,033,20	CO 826 CO MACCINE AND DANA LIP	Admissions agreement review
1551 Financial	6/30/2015 1.83.6420		Jegal Foot	\$2,020.30	22,020.50 WIGGIN AND DANA LLP	Disallow
2676 Purchasing	7/31/2015 1.83.6420		I ogal Food	\$6,003.00	SSUUSTUD WIEGIN AND DANA LEP	Disallow
3393 Purchasing	8/31/2015 1.83.6420		Legal I ees	\$500.40	SSUU-40 WIGGIN AND DANA LLP	Disallow
4851 Purchasing	9/30/2015 1.83.6420		Legal Fees	25/25	53/3:34 WIGGIN AND DANA ILP	Disallow
				\$20,680	\$20,680	Disallow
LEGALS FEES - FINANCE		GI 187 6420	•			
541 Financíai	12/31/2014 1.87.6420	3	Control Food			
			ייבפתו ובכים נווימורה	\$1,023.75	IGOLDMAN GRUDER & WOODS LLC12/0	Collections-Disallow
LEGAL FEES - HR		GL 1.89.6420				
688 Financial	3/31/2015 1.89.6420	1	egal Fees- HR	\$140.70	02/21/2011	
1450 Financial	7/1/2015 1.89.6420		Legal Fees- HR	245.00	CAE BO 14 CVC 21, CVLS Jackson Lewis #6540	Disallow
1449 Financial	7/31/2015 1.89.6420		Legal Fees- HR	346.50	SABLED JACKSON LEWIS	Disallow
				- Accept	JACKSON LEWIS	Employee FMLA time off question
4004 Financial	9/1/2015 1.89.6420		egal Fees- HR	\$245.00	\$245.00   JACKSON LEWIS #6618282 AUG 15	Review of incident with employee.
i						cupioyee terminated.

\\EP-FP\users\Budget\Cost Report FYE 2015\2015 Legal Fees.xisx

Review of incident with employee. Employee terminated.

\$46.90 JACKSON LEWIS #6644812 SEP 15

\$865

Legal Fees- HR

9/30/2015 1.89.6420

5284 Financial

GRAND TOTAL LEGAL FEES FYE 2015

\$22,569

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

## Schedule of Resident Statistics

Name of Facility			License No.	No.			Report fo	Report for Year Fuded			Deno	4
Elim Park Baptist Home, Inc.				9999			9/30/2015	2	J		- 28 %	
						Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1 Thm 9/30	Thm 9/3	
	Total All	CCNH	Total RHNS	Total Residential	Ē	- 1180	1	Residential				Residential
1. Certified Bed Capacity		10.60	2	Care nome	1 0121	HACO.	KHNS	Care Home	Total	CCNH	RHNS	Care Home
A. On last day of PREVIOUS report period	132	8		4	132	8		Ę	ţ			
B. On last day of THIS report period	132	06		42	130	8		7 5	761	₹		47
2. Number of Residents						2		74	132	8		42
A. As of midnight of PREVIOUS report period	115	75			115	7.		Ş	Ċ			
B. As of midnight of THIS report period	128	87		14	136	; ;		₹ :	3	87		38
<ol> <li>Total Number of Days Care Provided During Period</li> </ol>					23	è		55	128	87		41
A. Medicare	7,347	7.347			972.5	072.5				-,		
B. Medicaid (Conn.)	17.103	17.103			253 61	07/5			1,599	665,1		
C. Medicaid (other states)					0/("7)	14,2/0			4.527	4,527		
1										į		
	5,701	2,903		2,798	4,313	2,230		2,083	1 388	529		916
E. State SSI for RCH	10,980			10,980	8,244			8 244	207.6	3		CI/
F. Other (Specify) Managed Care	4,218	4,218			3.094	3,004		175	00/47			2,736
G. Total Care Days During Period (3A thru F)	45,349	31.571		13.778	32 075	22.640			1,124	1,124		
Tog.	L			O. A. C.	01600	22,040		10,327	11,374	7,923		3,451
for Which Revenue Was Received for Reserved     Beds					-			·				
A. Medicaid Bed Reserve Days	989			523	Ç	ř						
B. Other Bed Reserve Days	5	92		200	746	ŧ ;		448	164	37		127
6 Total Bosidom Dans (2C + 14 + 1D)		À		132	3	8		\$5	26	6		47
	46,226 [	31,741		14,485	34,632	23,772		10,860	11,594	696'L		3.625

Schedule of Resident Statistics (Cont'd)

Name of Fac	ility			Lice	nse No.				Repor	rt for Year	r Ended		Page	of
Elim Park Ba	aptist Ho	me, Inc	).	Í	666c					9/30/20	15		9	37
		_	in the certified		pacity d	uring t	he rep	ort yea	r?	0	Yes	(	D No	·
If "YES	", provid		ollowing inform	ation:	·····								<del></del>	
		Place o	of Change		c	hange	in Be	ds		Ca	pacity A	fter Change		
n . c			Residential	ŀ				<b>.</b>		1				
Date of	CCNH	KHNS	Care Home	<u> </u>	Lost		ļ	Gaine	d .	-				
Change	1 (1)	(7)	(2)	(1)	(2)	(3)		1,00	(2)	CONTI	BIBLO	Residential		c
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason	for Change
······································	<del> </del>				<del> </del>			+					<del></del>	-
						<del>  </del>		<del>   </del>					<del></del>	
					<del></del>	<del>                                     </del>		┾╌┤		<u> </u>				
	f		<u> </u>				<del></del> -	1 1		I				
5. If there v	was any o	change	in certified bed	capaci	ty during	the re	port y	ear (as	report	ed in item	4 above	e) provide the m	umber of	
RESIDE	ENT DA	YS for	90 days followi	ng the	change.									
											-			-
			Change in R	esiden	t Days					CC	NH	RHNS	Residentia	l Care Home
1st chang	ge													
2nd chan														
3rd chan														
4th chang												1		··
6. Number	of Resid	ents and	d Rates on Septe	mber :			ır						<u></u>	
		-	Medicare	ļ	Medi	caid				Se	f-Pay		Other Sta	te Assisted
														1
	_	ļ										Residential	1	
NI 679	Item		CCNH		CNH	RH	INS	CC	NH	RH	NS	Care Home	R.C.H.	ICF-MR
No. of Re			20	NO. COLORES	48	Miteriol March	inithe PRO	(Schramene)	7	B 1 - 77 - 77 - 77 - 77	STEEN TOWN IN THE OWN	a deservation of the second	7 30	nassocitarinos anomo
Per Diem a. One be			Various PPS		043.03		j					200		
b. Two b			Various PPS		243,93 243,93				540.00 510.00			252.00		<u></u>
c. Three			VALIOUS 113		443.73	****	·····-		310.00			232,00	135,88	
bed rr		1										ſ	l	
06411	115.				_,l								<u> </u>	ļ
														Residential
7. Total Nur	nber of l	Physica	l Therapy Treati	nents						TOT	AL.	CCNH	RHNS	Care Home
	Medicar										7,531	7,292		239
В, і	Medicai	d (Excl	usive of Part B)											
	1. Main	tenance	Treatments											
		rative 7	reatments				····							
	Other		<u> </u>								30,157	30,157		
			Therapy Treatm								37,688	37,449		239
			Therapy Treatm	ents					1005					L
	Medicare								, a	energia variation	170	170		
			sive of Part B) Treatments						1			L.,		Editor agreement
			reatments											
	Other	iative i	Teatments						<del>-  </del>		3,134	3,134		
		eech Ti	serapy Treutme	215					-		3,304	3,304		
			ional Therapy T		ents				27	region bases	3,304	3,304		
	Medicare								J.S.		1,169	1,169		
			sive of Part B)								-11.07	.,		
			Treatments						J <sup>®</sup>	erenentalisme <u>rer</u> randisme	no endologica designades	-vertile, transferring for the state of the		errananavene i lendaletti il.
			reatments							····		_		
	Other										26,515	26,515		
D. 7	otal Oce	cupatio	nal Therapy Tr	eatmer	its				T		27,684	27,684		

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

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	o outui	Report for Ye		Page	of
Elim Park Baptist Home, Inc.	666c		9/30/2015		10	37
Are time records maintained by all individuals receiving c	ompensation?	•	Yes	0	No	
	- //		Total Cost			
_					Residential	
Item A. Salaries and Wages*	CCNH	Hours	RHNS	Hours	Care Home	Hours
Operators/Owners (Complete also Sec. I     of Schedule A1)	lj.		1			
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	86,13	6 1,339	9		39,308	61
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)	74,52	8 669			34,011	30
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)  5. Dietary Service	412,289	16,309		w Variotic (1000000000000000000000000000000000000	180,104	7,00
a. Head Dietitian			· <b> </b>	4		Viii
b. Food Service Supervisor	1	+	<del> </del>	<del>                                     </del>	-	<u></u>
c. Dietary Workers	309,945	23,054			141,444	10,520
6. Housekeeping Service			and the second			eganicania di pr
a. Head Housekeeper						
b. Other Housekeeping Workers	189,797	15,595		270000000000000000000000000000000000000	83,103	6,828
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance				22.200		
b. Other Maintenance Workers	92,994	5,258	ļ		40,718	2 200
8. Laundry Service	22,774	0,2,0		elle satisferen	40,710	2,302
a. Supervisor	Million Committee No.				U	
b. Other Laundry Workers	193,985	14,179		· · · · · · · · · · · · · · · · · · ·	22,173	1,621
9. Burber and Beautician Services						
10. Protective Services	Township Company of the Company Company	I refusional de la companion d	Alas Cartanovillo minimi			
Accounting Services     Accountant	90,690	1 220			41 207	
b. Other Accountants	135,142	1,339 5,801			41,387 61,672	611 2,647
12. Professional Care of Residents	155,172	5,001			01,072	2,077
a. Directors and Assistant Director of Nurses	218,387	3,498			25,079	402
b. RN					20,077	102
1. Direct Care	1,384,873	37,013	- Control of the Cont	en game control and a	reservation (section is	
2. Administrative**	336,837	8,183			20,176	499
c, LPN			7			
1. Direct Care	666,084	22,239			222,682	7,605
Administrative**     Aides and Attendants	1,361,723	89,104			170 940	0.420
e. Physical Therapists	574,733	15,884	<del></del>		179,840 3,668	9,432 101
f. Speech Therapists	89,139	15,884			3,000	
g. Occupational Therapists	473,169	12,162				
h. Recreation Workers	83,343	5,049			38,033	2,304
f. Physicians						
1. Medical Director						
2. Utilization Review 3. Resident Care***	<u> </u>		-			
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
I. Podiatrists						
m. Social Workers/Case Management	66,445	2,574			30,322	1,175
n. Marketing o. Other (Specify)	27,616	262			12,602	120
See Attached Schedule	23,746	922			10,836	420
A-13. Total Salary Expenditures	6,891,601	282,019			1,187,158	54,508
				t		~ ,,~,,,,,,,,,

<sup>&</sup>lt;sup>n</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.

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

#### Schedule of Other Salaries and Wages (Page 10)

			CCN	łH		RI	INS	F	kesidential C	are Home
Position			\$	Hours		S	Hours	T	\$	Hours
				1.5						
Wages - Director- Volunteer		\$	23,746	922				\$	10,836	420
		I.			1	:				1.
:										
<u> </u>							245.6	1		
l'otal	· · · · · · · · · · · · · · · · · · ·	 \$	23,746	922	8			S	10,836	420

#### Schedule of Other Fees (Page 13)

		0	CNH	RH	NS	Residential	Carc Home
Service		S	Hours	\$	Hours	\$	Hours
Purchased Services - Man	agement-Therapy				1 %	4.4	1.0
Healthpro Mangaement	- disallowed p. 28	43,688	84	0	0	19,937	38
			1 1 1	11 THE RESERVE OF THE			
Total		8 43,688	84	\$	_	\$ 19,937	38

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Darties\*

		•	TOSISIALI	Administra	Assistant Administrators and Other Related Parties*	Ke pre	d Parties	*		
Name of Facility	-			License No.		Renort for	Renort for Vear Ended			
Elim Park Baptist Home, Inc.	-			9999		9/30/2015	ז כשו בוותפת		Page	to !
		Salary Paid	-						ī	37
		T Commo	,	Fringe Benefits						
			Residential	and/or Other	First Decomination of	Total	Line Where		Total	
Name	CCNH	RHNS	Care Home	(describe fully)	Services Rendered	Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation
Section I - Operators/Owners								TOTAL COLOR	W OIL NO.	Received
			ļ							
N/A										
Section II - Other related										
parties of Operators/Owners										
employed in and paid by	-									
may be the Administrator or										
Assistant Administrators who										
are identified on Page 12).										
Fva Gaston	2					·		Elim Park Place, 150 Cook		
***************************************	706		477		Housekeeper	138	38 A6b	Hill Road, Cheshire, CT	138	1.384
cinity Langiais	1,418		622		Housekeeper	200 A6b	A6b			
	-				Housekeener &					
Michael Miner	16,064		7,041		Maintenance	2,004	2,004 A6b&A7b			
						-			····	
* No allowance for salaries will be considered in lace for 11 in formal and 11 in formal an	Pe considere	d unless for	Il information		* * * * * * * * * * * * * * * * * * *					

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

State of Connecticut

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

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

Assistant Administrators and Other Related Parties\*

		7	xoorotall		Assistant Aunthumsuations and Other Related Parties*	Kelated	Parties*			
Name of Facility (as licensed)				License No.		Renort for Year Ended	ear Ended		-	
Elim Park Baptist Home, Inc.				9999		9/30/2015			rage	of
		Salary Paid	-5						21	37
				Fringe Benefits		*****				
			Residential	and/or Other Payments	Full Description of	Total			Total	
Name	CCNH	RHNS	Care Home	<u>ē</u>	Services Rendered	Worked	Claumed on Page 10	Name and Address of All	Hours	Compensation
Section III - Administrators***							þ	The state of the s	WOIKE	Received
				-пол	Administrator -					
Chris Newton	86,136		39,308	discriminatory 39,308 except for life	Management of facility	1 050 47				
						1,200	3.6			
			ā							
Section IV - Assistant										
Administrators										
				Non-	Asst. Administrator -			Elim Park Place, 150		
Ronald Dischinger	74,528		34,011	discriminatory 34.011 except for life	Management of facility	- 200		Cook Hill Road,		
						127		Cheshire, C.1 06410	975	108,539
									-	
							-			

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

\*\* Include all other employment worked during the cost year.

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

**B.** Report of Expenditures - Professional Fees

B. Report of						
Name of Facility	License No			Year Ended	Page	of
Elim Park Baptist Home, Inc.		66c	9/30/2015		13	37
			Total Cos	t and Hours		
						1
74	000			1	Residential	1
Item	CCNH	Hours	RHNS	Hours	Care Home	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	<b>-</b>  -		4			ļ
2. Dentist	4 907	+	<del>.  </del>	<u> </u>		
3. Pharmacist	4,800			-	2 21 4	
4. Podiatrist	7,152	128		<del>  -</del>	2,214	25
5. Physical Therapy			,			
a. Resident Care	8,820	152	<b></b>			
b. Other	0,020	132	<u> </u>	-	56	
6. Social Worker	·		<del></del>			ļ
7. Recreation Worker	3,033	27		<del> </del>	1,384	13
8. Physicians	3,033				1,364	13
a. Medical Director (entire facility)	16,480	67	† · · · · ·		7,520	30
b. Utilization Review	10,100	0,	,		7,320	30
(Title 18 and 19 only) monthly meeting	2,801	15			1,278	⊪
c. Resident Care**	2,001	1	<del> </del>		1,2/10	
d. Administrative Services facility	-					
1. Infection Control Committee	1.2 2 22 70 00 02					10 m 10 m 12 m
(Quarterly meetings)	<u> </u>		<u> </u>			
Phannaceutical Committee     (Quarterly meetings)	ļ					
3. Staff Development Committee		<b>ļ</b>	<del> </del>			
(Once annually)	ľ					
e. Other (Specify)						
Psychiatrists	309	3		19402-1921-1921-1924-198	141	1
9. Speech Therapist						
a. Resident Carc	IN NAMES OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, ST	AL CONCESSION AND AND AND AND AND AND AND AND AND AN		ontonentha Total Casal Tales		
b. Other	· ·			· ·		
10. Occupational Therapist						
a. Resident Care				Information of section of section of	2.	A ANTHONY SHOW THE SALES
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	46,018	900			1,504	30
2. Administrative***		<u> </u>				
c. Aides	52,731	1,964	<u> </u>		202	7
d. Other						
12. Other (Specify)						
See Attached Schedule	43,688	84		1	19,937	38
-13 Total Fees Paid in Lieu of Salaries	185,832	3,369			34,236	152

<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 Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	_	Report for 9/30/2015	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		* to Owners ors, Officers No			elationship
United Dental Resources	Dentist	0	0			
Albert a. Natelli	Dentist	0	0			
Omnicare	Pharmacist	0	0			
Healthpro Management Services	Rehab Consulting & Physical Therapist	0	0			
Donna Gollenberg	Recreation - Music Program	0	0			
Fran Block	Recreation - Music Program	0	0			
Douglas Codianni	Recreation - Music Program	0	•	-		<u> </u>
lames M. Sheehan	Recreation - Music Program	0	•			
lane S. Marin	Recreation - Music Program	0	•		<del>-</del> •	
ohn Desorbo	Recreation - Music Program	0	•			
onathon W. Condie	Recreation - Music Program	0	•			
oseph Silva	Recreation - Music Program	0	•			
Aarsha King Ministries	Recreation - Music Program	0	•		<del></del>	V
Robert Lupi	Recreation - Music Program	0	0	<del></del>		
alvatore T. Anastasio	Recreation - Music Program	0	•			
homas L. Alvord	Recreation - Music Program	0	•			
ruce Hazard	Recreation - Music Program	0	•			
usanna Joy Bennett	Recreation - Music Program	0	•			
ary Megan Hastings	Recreation - Music Program	0	•			
esley E. Thouin	Recreation - Music Program	0	•			-
. Jay Kaplan	Medical Director	0	•	· · ·	i	
ohealth Physicians	Utilization Review	0	•	·····		

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

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

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

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c		Report for 9/30/2015	Year Ended	Page	of
Name & Address of Individual	Full Expla	nation of Service		** to Owners, ors, Officers No		14 nation of R	37 elationship
Dr. Joel Zaretsky	Utiliz	ation Review	0	•			
)r. Вепјатіп Yeboah	Utiliza	ation Review	0	<b>®</b>			
ista Behavioral Health	Pyschi	atric Services	0	0	_		
avorite Healthcare	Agency 1	Vurses & Aides	0	•			
ey Personnel	Agency N	lurses & Aides	0	0	, , , , , , , , , , , , , , , , , , , ,		<del></del>
		· · · · · · · · · · · · · · · · · · ·	0	0			
			0	0			<u> </u>
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			0	0			
			0	0			

<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		License No.		Report for Y	Zear Ended	Page	
Elim Park Baptist Hom	e. Inc.	666c		9/30/2015	Cat Engeu	15	37
Zinii i delli Daptiot IIoli	To the total and	1 0000		)/30/2013	T	1	21
				ĺ			Residential
	Item			Total	CCNH	RHNS	Care Home
1. Administrative and							
	th & Welfare Benefits						
1. Workmen's			\$	553,133	471,851		81,282
2. Disability Is		<del></del>	\$	***************************************			
3. Unemployn			\$		49,291		8,491
	rity (F.I.C.A.)	·············	\$		502,862		86,624
5. Health Insu			\$		708,186		121,993
6. Life Insurar	ice (employees only)	-					
(not-owners	and not-operators)		\$	6,336	5,405		931
	on-Discriminatory)		\$	210,552	179,612		30,940
(not-owners	and not-operators)						101.01
8. Uniform Al	lowance		\$	8,869	7,566		1,303
9. Other (Spec	ify)		\$	2,500	2,133		367
See Attache	d Schedule		ĺ				
b. Personal Retirer	nent Plans, Pensions, and		\$				
Profit Sharing P	lans for Owners and						
Operators (Disci	riminatory)*		l				
c. Bad Debts*			\$	48,004	32,962		15,042
d. Accounting and			\$	41,043	28,182		12,861
	should be fully described o	on Page 7)	\$	22,569	15,497		7,072
	es of Owners and		\$				
Operators (Speci	fy)*						
g. Office Supplies	<u> </u>		\$	34,049	23,380		10,669
h. Telephone and C			900		1		
1. Telephone &			\$	11,599	7,964		3,635
2. Cellular Pho		<u> </u>	\$	6,880	4,724		2,156
i. Appraisal (Speci	fy purpose and		\$[	ooolaanaanaanaa.Coolaanaa			La Francisco Augustino La Transport
attach copy)*			Service Servic				
			200				
	ness Taxes (franchise tax	<u> </u>	\$		and the second s	Acres acres a constant a constant a constant a constant a constant a constant a constant a constant a constant	and the second s
	t related to property - See		Section				
1. Income*			\$	•			
2. Other (Specif			\$	i wineney i no oranjeno nama kana kana kana	annankansa Salahan		
See Attached	· · · · · · · · · · · · · · · · · · ·		2000				
3. Resident Day	User Fee		\$				
<u>Subtotal</u>			\$	2,422,981	2,039,615		383,366

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

#### \*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff

Elim Park Baptist Home, Inc. 9/30/2015

Attachment Page 15

#### Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Employee Physicals & Other - Flu Vaccincs for Staff	2,133	0	367
		-	
Potal	\$ 2,133	\$ -	\$ 367

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
	0	O O	0
		THE PERSON OF LOOKING	er grege veren e
		This was granded.	
Total	\$ -	\$ -	\$ -

2,500

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c		9/30/2015	I car Endec	16	37
Dim I dix Dapitst Home, me.	0000		7/30/2013	<u> </u>	10-	31
					1	Danidantial
Item			Total	CCNH	RHNS	Residential Care Home
——————————————————————————————————————	ls Brought Forward	1.	2,422,981	2,039,615	<del> </del>	
1. Travel and Entertainment	S Diought Forward	2.	2,422,901	2,039,013		383,366
Resident Travel and Entertainment		\$	1,618	1,111		507
2. Holiday Parties for Staff		\$	8,213	5,639		2,574
3. Gifts to Staff and Residents		\$	7,970	5,473		2,374
4. Employee Travel		\$	13,673	9,389		4,284
5. Education Expenses Related to Seminars an		\$	30,590	21,005	<del> </del>	9,585
6. Automobile Expense (not purchase or depre		\$	6,678	4,585		2,093
7. Other (Specify)		\$	0,076	4,565		2,093
See Attached Schedule		φ				
m. Other Administrative and General Expenses			-1			
1. Advertising Help Wanted (all such expenses	. )	\$	1,225	841		384
2. Advertising Telephone Directory (all such e.		\$	1,223	0+1		TOC.
3. Advertising Other (Specify)***	<u> </u>	\$	50,327	34,556		15,771
See Attached Schedule	•	<b>*</b>	50,521	31,000		15,771
4. Fund-Raising***		\$				
5. Medical Records		\$			-	
6. Barber and Beauty Supplies (if this service is		\$				
directly and not by contract or fee for service		Ī				
7. Postage	<del></del>	\$	7,737	5,313	II	2,424
* 8. Dues and Membership Fees to Professional		\$ [	11,350	7,793	***************************************	3,557
Associations (Specify)			//			
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-All	lowable Org.***	s l	1,418	974		444
9. Subscriptions		5	4,022	2,762		1,260
10. Contributions***	\$	5	168,855	115,944	<del></del>	52,911
See Attached Schedule		İ				
11. Services Provided by Contract (Specify and C	Complete \$	3	144,937	99,521		45,416
Schedule C-2, Page 21 for each firm or indiv	idual)					
12. Administrative Management Services**	\$	<u>; [</u>				and the state of t
13. Other (Specify)	\$		252,248	172,660		79,588
See Attached Schedule						
C-14 Total Administrative & General Expenditures	\$		3,133,842	2,527,182		606,660

<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	ÇCNH	RHNS	Residential Care Home
Sub Total	0	0	0
	A Charles & Co		
Total Other Travel and Entertainment	\$	\$ -	\$ -

#### Schedule of Other Advertising

Description	,	CCNH	RHNS	Residential Care Home
Marketing - Therapy - disallowed on p. 28		1,822	0	830
Marketing - Admissions - disallowed on p. 28	S	32,734		\$ 14.941
	1		e de la constitución de la const	ing to be
Total Other Advertising	\$	34.556	\$ ~	\$ 15,771

#### Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
4. Fund Raising	VI 5 (VI 5 A)	. Sitchifferina	
AANAC	\$ 76	mistro policy of Outgood	\$ 34
ACHCA	\$ 196	(apparent)	\$ 90
AICPA Dues - disallowed p 28 (Attachment)	\$ 212	a postede po kieli kin n	<b>\$</b> 96
ALTCFM	\$ 256		\$ 117
Leading Age	\$ 6,785		\$ 3,091
Occupational Therapy Association Dues - disallowed p. 28 (Attachment)	S 52		\$ 23
SHRM	\$ 89	saa jira is saa jira	\$ 40
CTCPA Dues - disallowed p. 28 (Attachment)	\$ 21		\$ 10
NEADHVS	\$ 107	The way the copyri	§ 55
Total Dues	\$ 7,793	8	\$ 3,557

#### Schedule of Contributions

Description		CCNH	RHNS	Residential Care Home
			0	4 7
Cheshire CT Police & Fire Department Donations	8	114,441		\$ 52,226
Employee Emergency Fund - Settani, Rivera, Lorenzo	S	1,503		\$ 685
Total Contributions	\$	115,944	\$ -	\$ 52,911

#### Schedule of Other Administrative and General

				_	Residential
Description	-	CCNH	RHNS	-т	are Home
Purchased Services - Nursing Admin	\$	179	)	\$	81
Purchased Services - Nursing Admin - Kim Thompson-marketing consultant disallowed on p 28		0.2	. ]		4*
	\$	93		3	42
Supplies - Christian Ministries Employee Physicals & Other - pre placement physicals - disallowed p. 28	\$	6	1	<u>  \$</u>	3
(Attachment)	8	99	.	\$	45
Supplies - Volunteer - disallowed p. 28 (Attachment)	\$	184	1	\$	84
Volunteer Recognition - disaflowed p. 28 (Attachment)	S	9,408		- 5	4 286
Professional Fees					
	3	8,874	<del> </del>	\$	4,043
Professional Fees - Accountancy Board disallowed p. 28 (Attachment)	\$	18		. 5	8
Cable TV - disaflowed p. 28 (Attachment)	\$	10,062		- 8	4,585
Tuition Reinbursement - disallowed p. 28	S	8,824		- 5	4,020
Licenses	\$	1,644	ļ	\$	749
Licenses - DEA 3 year renewal for Medical Director - FYE 2014 portion		100			***
expensed in FYE 2015     Licenses - DEA 3 year renewal for Medical Director - FYE 2016 portion	\$	126	<u> </u>	\$	57
lexpensed in FYE 2015	8	168		s	
Licenses - DEA 3 year renewal for Medical Director - FYE 2017 portion	1,9	100	<del> </del>	3	
expensed in FYE 2015	\$	42	-	\$	19
Licenses - State of CT CPA License Renewal	\$	14		1	6
returned item fees, gift annuity fees, Mary Melby fees disallowed p. 28	1			1	
(Attachment)	8	11,151	1 2	\$	5,080
Miscellaneous - Administration	S	3,561	.5	8	1,622
Miscellaneous - Admnistration - disallowed p. 28 (Attachment)	8	11,134	5 1 47	S	5,073
Miscellaneous - IT	s	52	A - Baran	*	23
Alliance - disallowed p. 28 (Attachment)	\$	687		8	313
Insurance Directors & Officers	5	14,406	Tanaha	8	6,563
Other - Nuising	\$	326		s	148
Other - Nursing - disallowed p. 28 (Attachment)	-		100	\$	
	\$	188	7,515	1	85
Purchased Services - Admissions - disallowed p. 28 (Attachment)	\$	927		\$	423
Purchased Services - Volunteer - disallowed p. 28 (Attachment)	\$	309		\$	141
Telephone (Internet Services)	\$	8,363		5	3,810
Other - Social Services	\$	69	<u> </u>	\$	31
Other - Social Services - Filing fee for conservator - disallowed p. 28		100	light of the		44
(Attachment) Other - Social Services - Citation - disallowed p. 28 (Attachment)	\$	103	<del></del>	\ <u>\$</u>	47
Other - Social Services - reimbursement for lost resident clothing - disallowed	\$	48		13	22
p. 28 (Attachment)	\$	40		s	18
Other - Admissions - Reptray & Vendormate - disallowed p. 28 (Attachment)	\$	381	41	5	174
Discounts Taken - disallowed p. 28 (Attachment)	<u>\$</u>	(2,687)		8	(1,224)
Purchased Services - Administration	\$				
Purchased Services - Administration - Mock RAC Audit - disallowed p. 28		14.235	******	\$	6,486
(Attachment)	\$	5.093	- 1	s	2,320
Purchased Services - Finance	\$	60,632		3	27,760
Purchased Services - I mance Purchased Services - HR	\$	54		S	27,700
A positional per (1000 - 1110	-0	34	134		
Resident Duckglound Cheek - Hungssons		3.550		\$	792
Employee Stonground Check	\$	3,558		\$	1,621
Employee Background Check - Therapy - disallowed p. 28 (Attachment)	\$	289	11.	S	131
	14			47.50	V 144 -
	193	: :		<u> </u>	1 %
					1, 2
	<u> </u>				:
	- (3)				: ""
Potal Other Administrative and General	5	172,660	\$ -	8	79,588

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

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended	Page of		
Elint Falk Baptist Home, Inc.	0000	9/30/2015	17   37		
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Report Page #/Line #		
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	30,653	Dietary Staff Management, Support, Training, Food Purchase, Quality Assurance, Quantity Discount	Page 18, Line 2c		
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	10,594	Laundry Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 19, Line 3c		
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	10,600	Housekeeping Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 20, Line 4c		
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170		Maintenance Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 22, Line 6f		

<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.

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

Note on Page 5)									
Name of Facility			e No.	Report for Y		Page of			
Elim Park Baptist Home, Inc.			666c_	9/30/2015	<u> </u>	18   37			
1						Residential Care			
	Item		Total	CCNH	RHNS	Home			
2.	Dietary								
1	a. In-House Preparation & Service			10.00					
	1. Raw Food	\$	220,640	151,502	100000	69,138			
L	2. Non-Food Supplies	\$	2,783	1,911		872			
	3. Other (Specify)	_ \$	22,469	15,428		7,041			
ĺ	In-house food for Dept. meetings within	EPBH -	disallowed						
	except for Rec. Dept. amount of \$692 fo	r pizza, i	ce cream, etc.	for SNF reside	ents.				
	b. Purchased Services (by contract other	\$	184,776	126,876		57,900			
1	than through Management Services)								
	(Complete Schedule C-2 att, Page 21)								
	c. Management Services**	\$	30,653	21,048		9,605			
	d. Other (Specify)	_ \$	12,701	8,721		3,980			
1	Sodexo - Misc. Support Fees								
2E.	Total Dietary Expenditures (2a + b + c + d)	\$	474,022	325,486		148,536			
						Residential Care			
2F.	Dietary Questionnaire		Total	CCNH	RHNS	Home			
G.	Resident Meals: Total no. of meals served per day	*	404	_	Killyb				
				285		119			
H.	Is cost of employee meals included in 2E? O	Yes	<u> </u>	No					
I.	Did you receive revenue from employees?	Yes	Ò	No	If yes, specify				
1.	——————————————————————————————————————	1 68	•	NO .	aınt.				
J.	Where is the revenue received reported in the Cos	st Report	Page/Line	ltem)					
7.7	Is cost of meals provided to persons other								
K.	- · · · · · · · · · · · · · · · · · · ·	Yes	0	No	If yes, specify	}			
	Members, Guests) included in 2E?		_		cost.	Guests \$0			
		<del></del>			If yes, specify				
L.	Is any revenue collected from these people? •	Yes	0	NO	amt.	\$1,020			
M.	Where is the revenue received reported in the Cos	t Report	(Page/Line I		•••	Page 30 IV1			
	Is cost of food (other than meals, e.g.,	t report.	(1 ngo/1/mc 1	ichi)		rage 50 IVI			
	snacks at monthly staff meetings, board		0	,	· · · · · · · · · · · · · · · · · · ·				
	meetings) provided to employees included	Yes		NO	f yes, specify	1			
	in 2E?				cost.	401 477			
	III ZL);					\$21,777			
O.	Is any revenue collected from employees? O	Yes	<b>③</b> 1	NO	f yes, specify				
				8	ımt.				
Р.	Where is the revenue received reported in the Cos	t Report?	(Page/Line I	tem)					

<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		License No.		Report for	Year Ended	Page	of
Elim Park Baptist Home, Inc.		666c		9/30/2015		19	37
	Item		Total	CCNH	RHNS	1	ntial Care
3.	Laundry	T	1000	001112	T. C. T. C.	<del>                                     </del>	
	<ul><li>a. In-House Processing*</li><li>1. Bed linens, cubicle curtains, draperies,</li></ul>	Lbs.	578,836	519,461	l		59,37
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.			ľ	İ	
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.		· .			
		Amt. \$	7,834	7,030			804
	b. Purchased Services (by contract other	\$	76,010	68,213			7,797
	than through Management Services)						75
	(Complete Schedule C-2 att. Page 21)	i i					
	c. Management Services**	\$	10,594	9,507		-	1,087
	d. Other (Specify)	\$	-10,124	-9,086		· · · · · · · · · · · · · · · · · · ·	-1,038
	Reduction of Linen Expense, Supplies, R&M	Charles					
Ε,	Total Laundry Expenditures $(3a+b+c+d)$	\$	84,314	75,664			8,650
F.	Laundry Questionnaire						·
}.	Is cost of employee laundry included in 3E?	Yes	<b>o</b>	NO	If yes, specify cost.		
[.	Did you receive revenue from employees?	Yes	<b>©</b> ]	NA	If yes, specify amt.		
	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		
	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	<b>•</b> 1	Ni.O	If yes, specify cost.		
	Did you receive revenue from these people? O	Yes	⊙ . 1	NO.	If yes, specify amt.	-	
	Where is the revenue received reported in the Cost	Report?		(Page/Line			

<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)

Nan	ne of Facility	License No.	Rep	ort for Year E	inded	Page	of
	Park Baptist Home, Inc.	666c	1	9/30/2015		20	37
			-				
					<b>!</b>		Residential
	Item			Total	CCNH	RHNS	Care Home
4.	Housekeeping	Sq. Ft. Serviced		49,191	34,706		14,485
]	a. In-House Care	by Personnel			-	i	
	1. Supplies - Cleaning (Mops,	Amt.	\$	35,724	24,845		10,879
	pails, brooms, etc.)			·			
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	49,406	34,361		15,045
	Page 21)		ł	·		<u> </u>	
	c. Management Services*		\$	10,600	7,372		3,228
	d. Other (Specify)		\$	6,167	4,289		1,878
ĺ	Sodexo - Misc. Support Fees						
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	101,897	70,867		31,030
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$		·		
	2. Purchased from		\$	319,110	319,110	inging war in the contract of	Carron Jacob School and a
	Omnicare of Connecticut						
	b. Medicine Cabinet Drugs		\$	72,451	59,256		13,195
	c. Medical and Therapeutic Supplies		\$	1,369	1,369		
<u> </u>	d. Ambulance/Limousine***		\$	2,634	2,634		minus made dande il vacure and over the
	e. Oxygen		apara de				
	For Emergency Use		\$				
	2. Other***		\$	19,035	19,035		
	f. X-rays and Related Radiological		\$	50,061	50,061	a terren en in in in in in in in in in in in in in	
	Procedures***						
	g. Dental (Not dentists who should be incl	luded under	\$		in and in the interior		
	salaries or fees)						
	h. Laboratory***		\$	39,004	39,004	<u> </u>	
	i. Recreation		\$	15,326	10,524		4,802
	j. Other (Specify)****		\$	200,099	186,622	and the second s	13,477
	See Attached Schedule	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `					21.454
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	719,089	687,615		31,474

<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	Residential Care Home
			0	
Supplies - Short Term	8	41,969		
Supplies - Short Term - disallowed p. 29	\$	2,242	1 1 1	
Equipment Rental - Short Term	\$	4,832		
Equipment Rental - Short Term - disallowed p. 29	\$	3,355		
Supplies - Long Term	\$	103.304		
Supplies - Long Term - disallowed p. 29	\$	3,269		
Equipment Rental - Long Term	\$	5.141		
Equipment Rental - Long Term - disallowed p. 29		X.A. STATE		Territoria
Supplies - RCH				\$ 4,179
Supplies (Non-Medical)- Nsg	\$	304		\$ 138
Small Equipment Purchased- Nsg	\$	1,962		\$ 894
Purchased Services - Therapy - disallowed p. 29	\$	3,957		\$ 1,803
Supplies- Therapy - disallowed p. 29	\$	13,565		\$ 6,336
Therapy Equipment Rental - disallowed p. 29	8	821		\$ 5
Equipment Repair Therapy - disallowed p. 29	\$	1,662	4 B <sub>2</sub> S	\$ 11
Other-Therapy - disallowed p. 29	\$	239		\$ 111
	<u> </u>			
	145		11.00	
	1			
otal Other Resident Care	\$	186,622	\$ -	\$ 13,477

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility Elim Park Baptist Home, Inc.				License No. 666c	Report for Year Ended 9/30/2015				Page	क	
									7	7	
		Related ** to Owners, Operators Officers	Owners,								
	-	6	CITACALS				Fotal Cost/	Total Cost/Page Ref. **			
Name of Individual or Company	Address	X Pec	Ž	Explanation of	Full Explanation of			Residential			
	14904 Collections Center	6	ONT.	diusuongay	Service Provided* Leased Copier	ENSO!	RHINS	Care Home	Pg	Line	
The Brickman Group, LLC (on	Dr., Chicago, 1L 60693	0	•	None	Equipment	10,918		4.557	22 6.5	<del></del>	
	CT 06460	0	•	None	Landscape/Snow					T	
pport Services	444 East St., Plainville,				went sonesto myorce)	34,101		14,945	22 6f	ef.	
	CT 06062	0	0	None	Oxveen Rental	2000				Γ	
Sympnony Diagnostic Services No 1 Inc.	P.O. Box 17462, Baltimore, MD 21297	C	(	N		CCOde			20 562	<u> </u>	÷
	130 Division St. Derby	>	T	None	X Ray Services	47,820			2015	<u>ي</u>	
Griffin Hospital	CT 06418	0	0	None	Laboratory Services	36 016	-		3	Ţ	
Kimberty Thomnson	22 Willow Ct., Southington, CT 04480	(			Admissions Marketing	פואלינינ			20 Sh	됩	
	Comment of the control		9	None	Consultant	9,217		3,848	191	16 1m3&	Ž,
		0	0	None							-
		0	0	None						7	
		0	0	None					T		٠
		0	0	None					1	T	-
-		0	0	None	i i i i i i i i i i i i i i i i i i i					T	
		0	0	None						1	
		0	•	None			T		+	1	
		0	0	None						T	
									_	_	

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

\*\* Refer to Page 4 for definition of related,

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

Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001 State of Connecticut

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

Name of Facility Elim Park Baptist Home, Inc.				License No.	Report for Year Ended				Page	₽ Ju
				2000	5102/05/8				21	37
		Related ** to Owners,	o Owners,							
		Operators, Officers	Officers			I	otal Cost/	Total Cost/Page Ref.***		
Name of Individual or			·	Explanation of	Full Explanation of			Residential		
Company	Address	Yes	No	Relationship	Service Provided*	CCNH	RENG	Care Home	مُ	
Sodexo	Fittsburgh, PA 15251- 6170	0	•	None	Dietary Purchased Services (A)	70 701	2000	COMP TITOTHE		
,	Pittsburgh, PA 15251-				Laundry Purchased	140,070		006,75	18 26	٦
Sodexo	6170	0	0	None	Services (A)	68.213		707.	9	7,
Sodexo	Finsourgh, PA 15251- 6170	0	•	None	Housekeeping Purchased			1774	2	8
	Pittsburgh, PA 15251-		Τ		Selvice (A)	34,361		15,045	20 4b	<b>₽</b>
Sodexo	6170	٥	•	None	Maintenance Purchased Services (A)	20.074		00%	8	T :
LinesteinAndry	5100 N. Towne Centre	(	,			+ / / / ·		6,769	77	<u></u>
nearthmeav	Dr., Ozark, MO 65721	0	<b>©</b>	None	Vision Software Support	18,551		7 743	4	16 1m11/13
Connecticut Computer	Plantsville, CT 06479	0	0	None	Commiter Services	73.50		2	7	
	225 Second Ave.,					45,300		18,075	16	16 Im11
ADP Inc.	Waltham, MA 02454	0	0	None	Payroll Services	26 700		9	•	:
Onshift Inc.	1500, Cleveland, OH 44115	C	6		Nursing Scheduling	20,102		11,148	9	io Imil
	P.O. Box 187656	,		anour	Software Services	8,449		3,526	[9]	[6 m 1/13
Cox Communications	Columbus, OH 43218	0	0	None	Cable TV	10.658		7 770	1	[ ]
AR Solutions	P.O. Box 592, Wallingford CT 06402	C	(		Accounts Receivable			ok.	1	101101
	2002 W 14th Street	,	T	None	Support Consultant	34,479		14,390	16	16 1т13
Intellitec Solutions LLC	Wilmington, DE 19806	0	•	None	Microsoft Dynamics					
	811 Blue Hills Avenue,			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM	Post Reduction	15/,57		9,913	161	16 Im11/13
Expense Consulting LTD	Bloomfield, CT 06002	0	•	None	Consultants	14 126		4 00 %	2	:
	15004 Collections Center				Repair & Maintenance of			2,007	2	cimi o
(A) Sodays archeine of	Dr., Chicago, IL 60693	0	0	None	Copiers	10,416		4.565	22,68	<u>-</u>
management feet on man 17	, accompany	(	(							
יוומומקטיינייוני וספים מון מקצם ו	l contained on next page)	<b>)</b>	<b>3</b>							

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

\*\* Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Y	ear Ended		Page of
Elim Park Baptist Home, Inc.	666c	9/30/2015			22   37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	156,193	107,162		49,031
b. Heat	\$	81,168	60,119		21,049
c. Light & Power	\$	127,512	110,185		17,327
d. Water	\$	41,830	35,282		6,548
e. Equipment Lease (Provide detail on p	age 6) \$	16,671	11,447		5,224
f. Other (itemize)	\$	127,050	88,325		38,725
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	6f) \$	550,424	412,520	**	137,904
7. Depreciation (complete schedule page 23	*)				
a. Land Improvements	\$	19,175	13,336		5,839
b. Building & Building Improvements	\$	425,374	295,839		129,535
c. Non-Movable Equipment	\$	82,600	57,447		25,153
d. Movable Equipment	\$	125,552	87,319		38,233
*7e. Total Depreciation Costs (7a+b+c+d)	\$	652,701	453,941		198,760
8. Amortization (Complete att. Schedule Pag	ge 24*)				
a. Organization Expense	-\$	12,998	9,040		3,958
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8c. Total Amortization Costs (8a+b+c+d)	\$	12,998	9,040		3,958
9. Rental payments on leased real property le	ess				
real estate taxes included in item 10b	\$				
10. Property Taxes					
<ul> <li>a. Real estate taxes paid by owner</li> </ul>	\$		<u> </u>		
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ .		<u> </u>		
11. Total Property Expenses $(7e + 8e + 9 + 1)$	0) \$	665,699	462,981	j	202,718

<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	Residential Care Home
		1	
Maint, Purchased Services	\$ 20,074	7.00	\$ 8,789
Maint Purchased Serv-Mngmt Fee	\$ 7,372	1.3	\$ 3,228
Bio-Medical Purchased Services - Maint	\$ 13,047		\$ 5,712
Purchased Services - Grounds- Maint	\$ 7,386		\$ 3,234
Purchased Services-Grounds-Snowplowing	\$ 28,691		\$ 12,563
Equipment Repair & Maintenance-Nsg	\$ 313		\$ 137
Equipment Repair & Maintenance- Dietary	\$ 8,012		\$ 3,508
Equipment Repair & Maintenance- Housekeeping	\$ 554		\$ 243
Purchased Services-HCC Recreation	\$ 2.876		\$ 1,311
<u> ( 발표함 : 기계를 보고하는 이번 후 자기는 기류를 만나는 그것 하는 .</u>			
		i i	
	W.		s Militariya (
			Ağrasi İbeli İği
Total Other Repairs and Maintenance	\$ 88,325	\$	\$ 38,725

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

Depreciation Schedule

				חבים ביות	Depreciation Schedule	inedule					
Name of Facility				License No.			Report for Vear Ended	holed		1	,
Elim Park Baptist Home, Inc.				99	666c		9/30/2015		**	73	
				Historical			Accumulated				ò
				Š	Less		Depreciation to	Method of			-
71.7				Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Т				Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land improvements				-							
				540,810		540,810	449.560	S/L	4-20 500	19 500	
2. Disposals (attach schedule)									exc 22-	60,01	
3. Acquired during this report period (attach schedule)	sh schedule	٦		10,189		10 189		2/1	. 20	707	
A-4. Subtotal								New York Control of the Party o	4-20 yrs	080	
B. Building and Building Improvements								10000			19,175
1. Acquired prior to this report period				12 422 732		4	1				
2. Disposals (attach schedule)				12,433,134		12,435,/32	9,356,738	3/F	5-30 yrs	401,569	
3. Acquired during this report period (attach schedule)	th schedule	يرا		971 799		071 200	Q.				
B-4. Subtotal						(4)	€	אר	4-40 yrs	23,805	
C Non-Moyable Fournment											425,374
7 Princed Prior to this report period				603,476		603,476	251,625			46,484	
3. Acquired during this report period (attach schedule)	h schedule			445,388		445,388	(996)			36.116	
C-4. Subtotal											007 68
	Is a mileage	9,						- Control of the Cont			000,20
	logbook		Date of	Historical	•		Accumulated				
	mannaneo (		Acquisition	ま 5	Less		Depreciation to	Method of			
	Yes	Month	Year	Exclusive of Land	Salvage	Cost to Be	Beginning of		Useful	Depreciation	,
D. Movable Equipment			W156				i da a Opcidiona	Depreciation	LITE	for This Year	Totals
1. Motor Vehicles (Specify name, model											
and year of each vehicle)	,										
a. See attached schedule	Yes	Vario	farious Various	77.811		77 811	57.069	100			
b. Disposals 1997 Toyota Avalon		_				Tioti	(1008)	5/L	4 yes	2,406	
°C,			ļ				(17050)	1/2	4 yrs	(181)	
ť											T.
2. Movable Equipment											
a. Acquired prior to this report period			) i	3.614 500		3 614 500	3 000 503	100			
b. Disposals (attach schedule)			L			2,00	L4777,072		2-20 yrs	115,739	
c. Acquired during this report period									1245014000000000000000000000000000000000		
(attach schedule)				133.555		133,555	(975)			7.000	
D-3. Subtotal										886,1	
E. Total Depreciation										1	125,552
The state of the s		Constant of	TO THE PARTY OF TH	A light to the state of the sta							652,701

#### Medicaid Provider #6668 & 1500H FYE 9/30/15

#### Rollforward of Motor Vehicles Cost & Accumulated Depreciation From October 1, 2014 Through September 30, 2015

vehicles (specify name, model, and year of each	ls a mileage logbook maintained? Yes No	Date of Acquisition Month Year	Historical Cost	Less Salvage Value		Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation For This Year
--	--	--------------------------------------	--------------------	-----------------------	--	---	--	----------------	----------------------------------

#### Existing Motor Vehicles As Of Beginning Of Report Period, October 1, 2014:

Total Existing Motor Vehicles As Of Oc	tober 1, 2014		59,361	59	,361	57,952		200
Rounding			ORGANISM DE LE UNION					Zoren Na Harrina
Body Work For 1997 Toyota Avalon	Yes	2 2014	1,444	1	444	101 S/L	4 yrs	181
Sander For 2008 Ford Pick-Up	Yes	10 2011	195		195	49 S/L	10	19
Side Step Rail for Wheelchair Van	Yes	07 2010	970		970	970 S/L	4 yrs	
2010 Dodge Wheelchair Van	Yes	0B 2010	33.290	33	290	33,290 S/L	4 yrs	
2008 Ford F350 Truck	Yes	10 2008	15,622	18	622	15,622 S/L	4 yrs	
1997 Toyota Avalon	Yes	09 2006	7.640		1.640	7,840 S/L	4 yrs	1 (4/6) (266 (4/4) (8/5)

#### Acquisitions Of Motor Vehicles During Report Period Ended September 30, 2015:

2011 Buick Regal (In Kind Donation) Yes 6	2015 18,45	0 18.450	- S/L	4 yrs 2,207
	10 m (a) (a) (a)			
Motor Vehicles Acquired During Report Period	18,45	0 18,450	] -	2,207

#### Disposals Of Motor Vehicles During Report Period Ended September 30, 2015:

1997 Toyota Ayalon Yes	88	2015	7,840		7,840	7.840	S/L 4 vrs	
Body Work For 1997 Toyota Avalon Yes	8	2015	1,444	Constitution of	1,444	181	S/L 4 vrs	181
Motor Vehicles Disoposed Of During Report Period			9,284		9,284	8,021		181

Total Cost & Accumulated Depreciation For Vehicles For Cost Report Year Ended September 30, 2015

68 527	68 527	40.034	2 407
00,021	00,027	40,001	Z,4U!

Elim Park Baptist Home, Inc. 9/30/2015

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

Acquisition Dat	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of Item	Cost	LAGE	Depreciation
12/5/2014	Outside Lighting, Lamps, Ballasis, Photocells	5 279	15	\$ 9
	RCH Patio Pond	\$ 1,040	15	\$ 35
5/19/2015	Receptacle For Sprinkler System	\$ 99	15	\$ 3
	Repair To Asphalt Roadway	\$ 820	5	5 82
6/9/2015	Replace Curb And Brick On Driveways	\$ 2.257	15	\$ 75
6/30/2015	Asphalt Crack Repair And Line Painting	\$ 1.765	4	\$ 221
6/30/2015	5 Weathermatic Sprinkler Timers	\$ 830	5	\$ 83
9/24/2015	Concrete Curb And Walkway	\$ 3 100	20	\$ 78
				14 (1.3)
l'otal additions i	or Land Improvements	\$ 10.189		\$ 586
Deletions:				
				447.44.47
3 11 13			11.1	
Fotal deletions fo	n Land Improvements	8 -		8 - 10 10

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

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

#### Useful

Adjustment(s)

Acquisition Da	t Description of Item	Cost	Life	Depreciation	To Accum. Depreciation
Additions:	Distribute of Hem	Cuse	1	Depreciation	Depreciation
	elementaria de la company de la company de la company de la company de la company de la company de la company	e e e e (e )	ii kuuganagamii kaga.	- Persensava	14000000
5/30/2014	Finance Office Building	\$ 324,509	40	\$ 12.169	
10/30/2014	Room #215 RCH Carpeting	S 702	5	\$ 70	
	East Wing Renovations	\$ 579,456	40	\$ 7,243	15.00 \$4.40
11/30/2014	Medical Office In East Wing	\$ 6.235	40	\$ 78	
2/9/2015	Painting Services East Wing Stanwell	\$ 3.111	. 5	\$ 311	Little States
2/11/2015	Painting For Healthcare Entry And Corridor	\$ 9,600	5	\$ 960	
4/9/2015	Door Hold In HC Basement	\$ 1,350	15	S 45	
5/1/2015	HC Entryway Architect	5 382	15	\$ 13	4. A COMPACTOR OF THE
5/29/2015	Install Two Flectrical Plugs For Copier in Healthcare Office	\$ 1,150	15	\$ 38	Paragregita 436.
5/31/2015	Healthcare Basement Renovations Lighting, Paint	\$ 16,884	15	\$ 563	
6/3/2015	Ceiling Tile Installation	5 1.890	10	\$ 95	
7/1/2015	Carpet For RCH #214	\$ 1,083	5	\$ 108	Hydrick C.
7/27/2015	Carpet For RCH #204	\$ 1,083	5	5 108	
7/31/2015	Paint For Country Kitchen	\$ 275	5	S 27	
8/15/2015	Paint For Recreation Office	\$ 101	5	\$ 10	34 N 1911
8/15/2015	Additional Paint For Recusation Office	\$ 29	5	\$ 3	
	Recreation Office Carpeling	\$ 690	5	\$ 69	
8/31/2015	HC Lobby Painting And Flooring	\$ 15,447	5	\$ 1.545	12 17 12 14
8/31/2015	Volunteer Office Renovations	\$ 1.585	5	\$ 159	13 (4.45)
8/31/2015	Laundry Chute Block Off	\$ 5,737	15	S 191	
9/30/2015	Misc. Adjustment To Reconcile Accumulated Depreciation To Suppo	iting Detail			\$ 48
Total additions t	or Building Improvements	\$ 971,299		\$ 23,805 *	\$ 48
Deletions:					
l'otal deletions f	or Building Improvements	\$ -		\$	•

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

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

<sup>\*\*&#</sup>x27;Ties to Page 23, Line B2

Useful

Adjustment(s) To Accum.

Acquisition Da	t Description of Item	1	Cost	Life	Depreciation	To Accum.  Depreciation
Additions:					1	
- 1 1						<b> </b>
	4 Cisco 16 Port IP Base Switch	\$		S		
	Nurses Office Relocate Voice And Data Cable			. 5		
	Cisco 10G Base Transceiver, Cisco Catalyst Switch	S		5		
	Nuise Call Bell System Add Speakers in Hallways	3	2,486	15	\$ 83	
	Switch Gear Room Electrical	\$	2,428	13	\$ 81	
10/16/2014	Walk In Cooler Evaporator Coil Replacement	\$	1.611	15	\$ 54	
10/20/2014	HC Boiler Room Replace Burner Assembly	8	1.375	15	\$ 46	
	HVAC Unit HC Rooms 1 & 19	<u> </u>	2.262	15	\$ 75	100
11/6/2014	HC Boiler Beating Assembly	\$	361	15	s 12	
11/11/2014	Fireeye Control On Boiler #1	3	2,100	15	\$ 70	
11/18/2014	Fan Motor On Diyer #1	e 5	1.048	15	\$ 35	1.
12/23/2014	Healthcare 200kW Generator	\$	106,082	20	S 2,652	
2/25/2015	OPL Computer For Laundry Dryer #2	8	1,103	15	8 37	
	Data Center	S	189,352	.5		
	Kitchen Hot Water Heater Booster Pump Additional	18	264	15	\$ 9	
	Electric Receptacle New Blast Chiller	15	85	15		
	Booster Pump Kitchen Hot Water	13	264	15		<u> </u>
	Blower Motor and Sprayer Head For Dish Machine	s	318	10		
	Volunteer Office Return Duct	្ត រ៉	722	15		<b> </b>
	Blower Assembly	- S	111	15		
····	Kitchen Hot Water Heater					-
	Michael Hot Water Heater	<u> </u>	2.384	15		
<del></del>	A to the property of the contract of the contr	<u> </u>	1 100	15		
	Blast Chiller/Move Plugs	-   \$	289	15		ļ
	Ignition Module For Rational Oven	<u> </u>	2.022	15		
	CLP Energy Efficient Lighting Project	<u>                                      </u>	7.841	18		E 415 15 15 1
	CPBrade 11 Mar Ovivario	<u> </u>	1,380	15	\$ 46	
	Electrical Witing For New Dish Machine in Pot Room	<u> </u>	1 232	15		100.00
	Plumbing For New Three Bay Sink, Dishwasher	8	891	15		1 1 1 1 1
	HVAC RTU Transformer for RCH	\$	1,561	15		1.1
	HVAC Unit For South Dining Room	\$	2,092	15	\$ 70	
	HC Air Conditioners	\$	3,029	15	\$ 101	
7/31/2015	PTAC Heating/Cooling Unit Wall Sleeves	\$	5.984	15	\$ 190	
7/31/2015	ADA Directional Signs	\$	1,346	15	\$ 45	
8/19/2015	Glass Panels For Sneeze Guard in RCH Dining Room	\$	1.007	15	\$ 34	Ayan Hara
	MS Dynamics Software	\$	23.523	5	\$ 2,352	1880 BARNES
8/31/2015	Nev Data Cable For Elevator	\$	200	15	3 1000007	New Section 1
	Glass Break Safety Switch For RCH Generator	5	1.015	15	\$ 34	Best Sibjean
	Rational Oven Control Board	5	1 023		\$ 34	\$ 18 To 18
	Camera System	\$			S 550	133947.15548.
	CL&P Electrical Retrofit Work	<u> </u>	20.001		\$ 1.000	Janes Glady (1977)
	Exchange Servei	s	8,987		\$ 899	Walasan Ki
	Whalley Computer Dell NSA 2600 Router	3	5.842		\$ 901	
	Misc. Adjustment To Reconcile To General Ledget	\$	730		s 147	
	Mist. Adjustituit 10 Recollene 10 General Lengo			<del></del>	3 147	\$ (966)
9/30/2013	Misc. Adjustment To Reconcile Accumulated Depieciation To Suppo	ming Detai			1 4 1 1 1 1 1 1	\$ (966)
tal additions t		3	445.388		\$ 36,116 *	\$ (966)
	or Non-Movable Equipment		445.500		30,110	3 (200)
letions:				·	144555	
tal dalotinus fi		-   -	<del></del>		\$	•
as ucicuous IC	n non-inovable equipment	١ ١	- 1	E.	p =   ""	

<sup>\*</sup>Ties to Page 23, Line C3
\*\*Ties to Page 23, Line C2

Useful

Adjustment(s)
To Accum.
Depreciation

Acquisition Da	t Description of Item	Cost	Life	Depreciation	Depreciation
Additions:		2			<u> </u>
£/20/2014		\$ 18.795	15	\$ 1,880	
	Finance Office Equipment  East Wing Renovations	3 18.775 3 25.549	15		
	Medical Office In East Wing	\$ 23.349	15		
	HR Office Renovations	\$ 5.196	15		
	East Wing Furniture	\$ 6,159	15	3 173	
		\$ 3,527	15	\$ 118	
	Seasonal Decor For East Wing Reupholster East Wing Dining Room Chairs		15	\$ 85	<del></del>
		\$ 2.550 \$ 2.200	10	3 110	
	Pride Lexis Lift Chair		4	S 279	
	174biobs Lot Rendo - disation of bage 538				
	MINOR IN AC ECIDOY	5,278	15	\$ 176	-
	Telagenda Pro TV Digital Calendar Message Player	\$ 1.138	5		<u> </u>
	Lateral Fire Counter Office	\$ 750	15	\$ 25	<del>                                     </del>
	Blast Chillet/Freezer	\$ 5,183	15		ļ
	Evaporator Coil Milk Conler	S 788	15	\$ 26	<u></u>
	Volunteer And Admissions Office Badge Holder Notebooks	\$ 2.311		\$ 231	<u> </u>
	Reupholster Two HC Post Acute Chaus	\$ 1,500	15	3 50	
	Sofa Table HR Office	\$ 281	15	\$ 9	<u> </u>
	Platform Mat Powermatic	\$ 4,517	15	\$ 151	-
	HC Basement Renovations, Desk, Chairs, Wire Shelving	3 1710	15	\$ 66	1 1 1 1 1 1 1 1 1 1 1
***************************************	Power Mixes 18"	S 852	15	<u>\$ 28</u>	
	ePrescribing (Omnicare Software)	\$ 7.500	. 4	) 938	
	Freezer Motor	\$ 690	15	N 23	
	Floor Scrubber	\$ 1,341	15	x 45	
· <del></del>	Vacuum Cleaner	\$ 589	15	\$ 20	200 P. C. C. C. C. S. S. S. S. S. S. S. S. S. S. S. S. S.
	Patient Lifter Power	\$ 5,491	15	\$ 183	** /
7/13/2015	Traulsen Cooler Gasket	S 810	15	\$ 27	
7/20/2015	Direct Supply Laundry Carts	\$ 1,766	15	\$ 59	
	ID Card System For Volunteer Department	\$ 1,100	15	\$ 37	
7/29/2015	Sandwich Cooler And Glass Filler Station For North/South HC Dining Room		15	3 99	
7/29/2015	HC Admin Office Chairs	\$ 1,364		S 45	19,600
7/31/2015	Vera II B350 Lift	\$ 2.958	15	\$ 99	15/3
8/31/2015	HC Lobby Furniture	8 268	15	\$ 276	
	MS Office 2010 (30 Licenses) LCD Monitors, Two ThinkPad Laptops	\$ 5,616	5	\$ 562	"
9/30/2015	Reclass of 2014 Lateral File Addition to Independent Living	\$ (1,048)		Netheral	
4/7/2015	Waimer Repair	\$ 74	15	\$ 2	5,74.
	Paint For Light Posts	\$ 3	5	<u>s                                      </u>	1980
8/3/2015	Blinds For 40 Forest Lane	\$ 16	15	\$ 1	
	Misc Adjustment To Reconcile To General Ledger			346	
9/30/2015 1	Misc. Adjustment To Reconcile Accumulated Deprectation To Supporting I	Detail			\$ (340
gataset FEG			4 35	u Bacartei	
otal additions fo	or Movable Equipment	8 133,555		\$ 7.588 *	<b>\$</b> (34)
eletions:					
1004555		1-21-64 (35%)		Tracks the con-	
		14 A A A			
ital deletions fo	n Movable Equipment	\$	:	\$	

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Dat	Description of Item	Cost	Useful Life	Depreclation
Additions:				
e da el Men		# V K-H   Darier   1		
1.00		Topic Ha	100	2.74
		A 1 (1875) (1875)		
Fotal additions fe	or Leasehold Improvement	5		s -
Deletions:				
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		1007.000
Total deletions fo	or Leasehold Improvement	\$ -		S -

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*</sup>Ties to Page 23, Line D2c
\*Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

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

# Amortization Schedule\*

Z	Name of Facility	- -		License No.		Report for Year Ended	r Ended		Page	Jo
T T	Eum Fark Baptist Home, Inc.			9999	śc	9/30/2015			24	37
		Date	J.			Accumulated				
		Acquisition	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Vec-	T. 4-1
Ą	Organization Expense					¥ _	TOTAL VALUE OF		TOT TITES I CAL	Lotais
	1,									
	2.									
	3.									
A-4.	4. Subtotal								Use and the second seco	
ъi	Mortgage Expense									
	1. First Niagara Bank-C.O.ITax Exem	12	2012	2012 10 Years	955 99	10 981   CT	- CI	<	C C	
	2. First Niagara Bank-C.O.ITaxable	12	2012	2012 7 Years	34 985	8 412 ST	0.T	> <	410,7	
	3,				200	214.0	010	2	5,479	
B-4.	4. Subtotal									
<u>ပ</u>	Leasehold Improvements and Other			The state of the s						12,998
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	<ol> <li>Acquired during this report period</li> </ol>									
9	4. Subtotal									
Ö	Total Amortization									
	* Straight line method must be used	and the second s	THE PERSON WHEN THE							12,998

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year E	nded		Page of
Elim Park Baptist Home, Inc.	666c	9/30/2015			25   37
11. Property Questionnaire					
Part A					
Is the property either owned by th	e Facility	⊙ Yes	0	No	If "Yes," complete Part B.
or leased from a Related Party?*		O TES	O	NO	If "No," complete Part C.
*If any owner or operator of this fac				_	
business association to any person of a related party transaction.	or organization from wh	iom buildings are leased, th	ten it is considered	l	
Description	*****	Total			
Date Land Purchased		Various (1957-1986)			
2. Date Structure Completed		Various (1957-2002)	TO REPORT SHEET END CONTROL SECTION AND SECTION ASSESSMENT OF THE PROPERTY OF		
3. If NOT Original Owner, Date	of Purchase	N/A			
4. Date of Initial Licensure	· · · · · · · · · · · · · · · · · · ·	07/01/76			
5. Total Licensed Bed Capacity		132	<b>-</b>	100	
6. Square Footage		42,220			
7. Acquisition Cost		27.500			
a. Land b. Building		37,500 633,575			
Part B - Owner and Related Par	ties	1st Mortgage	STATE OF THE STATE	3rd Mortgage	4th Mortgage
1. Financing	· · · ·	100 101010 5050		530 250 B-B	
a. Type of Financing (e.g., fix	ked, variable)	See attached schedul			
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Y					
d. Term of Mortgage (numbe					
e. Amount of Principal Borro					
f. Principal balance outstand					
Complete if Mortgage was R				7.7	
B. Type of Financing (e.g., fix					
h. Date of Refinancing	cci, variable)				
i. New Interest Rate					
j. Term of Mortgage (number	r of years)				
k. Amount of Principal Borro					
<ol> <li>Principal Outstanding on N</li> </ol>		1000			
Part C - Arms-Length Lease					
Name and Address of Lessor	P	roperty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
	-				
,					

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

#### Elim Park Baptist Home, Inc. Medicald Provider #6668 & 1500H FYE 9/30/15

#### Part B -- Lines 1(g) through 1(l)

On December 21, 2012, Elim Park Baptist Home refinanced its Connecticut Development Authority (CDA) 1998A and 2003 Series bonds through Connecticut Innovations, Inc. (CII) 2012A Series bonds. The new bonds have a variable Interest rate that is fixed at 3.070% through the use of an interest rate swap instrument with First Niagara Bank, N.A. (FNB). The bonds are due in 10 years with a balloon maturity and will be amortized over a 20-year schedule.

Additionally, the Corporation refinanced it's CDA 1998B Series bonds through First Niagara with a variable rate term note that is fixed at 3.580% through the use of an interest rate swap instrument with First Niagara. The note will be amortized over a 7 year schedule.

The new CII 2012A Series bond debt is "tax-exempt" debt, which totals \$17,714,000. It was allocated in the ratio of approx. 82% to Elim Park Place (the Independent Living) service line of Elim Park, and 18% to Elim Park Baptist Home (the Skilled Nursing Facility) service line of Elim Park. The new First Niagara Bank loan is "taxable" debt, which totals \$2,620,828. It was allocated in the ratio of 12% to Elim Park Place (the Independent Living) service line of Elim Park, and 82% to Elim Park Baptist Home (the Skilled Nursing Facility) service line of Elim Park. Hence, the information shown below, as required pursuant to Pg 25, Part B, Lines 1(a) through 1(f), reflects only the portion of the total "tax-exempt" and "taxable" debt that has been separately allocated to Elim Park Baptist Home; i.e. the Skilled Nursing facility.

	GI) Boné Debt Tax-Exempt	FNB Lean Taxable	TOTAL COLL PAB Debt
Line 1(a) Type of Financing (e.g., fixed, variable)	Fixed	Fixed	w <i>e</i> r
Line 1(b) Date of Mortgage	Dec. 21, 2012	Dec. 21, 2012	<b>3-10-1</b>
Line 1(c) Interest Rate	3.070%	3.580%	<del>111</del>
Line 1(d) Term of Mortgage (number of years)	10 Years	7 Years	, <del>=</del>
Line 1(e) Amount of Principal Borrowed	\$3,182,080	\$2,306,328	\$5,488,408
Line 1(f) Principal Outstanding	\$2,867,501	\$1,495,112	\$4,362,613

NOTE: "Principal Outstanding" amounts obtained from Long-Term Debt spreadsheet located at: "Users/FinShare/Audit 2015/ Long-Term Debt Account Analysis FYE 2015" (which were then agreed to "Trial Balance" in CROSSREFERENCE file).

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

	License No.		Report for Ye	ar Ended		Page of
Elim Park Baptist Home, Inc.	666c		9/30/2015			26   37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest			1			
A. Building, Land Improvement	ent & Non-Movab	le				
Equipment		Δħ	151 620	102.704		47.126
1. First Mortgage Name of Lender	<u> </u>	Rate	151,030	103,704		47,326
First Niagara Bank		Various				5 5 50 5 7
Address of Lender						
6950 South Transit Road, Lockport, NY 14094						
2. Second Mortgage \$			nasaa aasaa baasaa maanaa maa aa aa aa aa aa aa aa aa aa aa aa	- Carlotte Comment of the Carlotte of the Carl	AND THE PROPERTY OF THE PROPER	and the state of t
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage \$						
Name of Lender		Rate				
Name of Lender		Taio				
Address of Lender		1				
				400 100		
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %			NA LLOUIS AND A			
4. Term						
5. CHEFA Interest Expens	Δ					
				102.70.1		47.000
12 B7. Total Building Interest Expens	e (A1 - A4 + B5)	\$	151,030	103,704	privard to ne	47,326

(Carry Subtotals forward to next page)

Elim Park Baptist Home, Inc. LIC#- 666C - 113RH - 1500HA Cost Report Page 29, line 39 FYE 9/30/2015 Refinanced 1990 Bonds with 1998 Series - Allocation of Interest Expense

01/21/16

Allocation of COI and related Amortization Expense

interest Expense Disallowance Calculation for the 1990 Series Bo	onds	1990 Series Bonds	
Bond Percentage Allocated to Nursing Home Allocated to Nursing Home	14,435,000 <u>70%</u>	Total 1990 Series COI 70%	476,425 333,492
Attital Buttern on manager Highlish	10,104,500	30%	142,933
Total Fair Rentel Additions Allowed	<u>7.142,877</u>	1990 Bonds FYE 1998 Excense	14,565,31
Difference (10,104,500-7,142,877)	2,961,623	70%	10,190,71
Divided By Amount Allocated to Nursing Home	10,104,500	30%	4,374,60
Percentage of Bond Interest Disallowed	29.31%		.,

#### Original 1990 Series Bonds

Bonds	% of Interest		Maturity	]
1,600,000 1,500,000 2,915,000 <u>8,520,000</u> 14,435,000	8.00 8.10 8.75 9.00	FYE 9/30/95 FYE 9/30/97 FYE 9/30/09 FYE9/30/21	12/96 12/08	Repaid Total Allocation to independent Living Repaid Total Allocation to independent Living (requirement of original Bonds, \$3,000,000 in Life Use Fees Collected to be repaid 12/94 - 12/96)

(3,000,000) Repayment of Principal

11,435,000 Bond Principal Remaining at Refinance Date

\$10,104,500 Allocated to NH

\$ 4,330,500 Allocated to Independent Living

#### Allocation of the remaining 1990 Series Bonds

Ellm Park Baptist Home	10,104,500	88%
Elim Park Place	1,330,500	12%
	11,435,000	100%

1998 Series Bonds	
1,890,000 Senai Bonds - 1998-2003	Allocation New Bonds
1,770,000 Term Bonds - 20007	
1,025,000 Serial Bonds - 2008-2009	11.164.876 88%
5,950,000 Term Bonds - 2018	-104003 Discount
2,000,000 3 yr. Adjustable Rate Bonds 2020	11,060,873
12,635,000	1,470,124 12%
(104,003) Discount	12,530,997 Total Debt
12,530,997 Total Debt	,,

#### Refinancing Of 1998 Series Bonds With First Niagara Bank on Dec. 21, 2012

#### 2012A Series Bonds (Tax-Exempt)

17,714,000		Allocation New E	abnoe
	Elim Park Baptist Home Elim Park Place	3,182,080 14,531,920	18% 82%
17,714,000	_	17,714,000	100%

#### First Niagara Bank Loan (Taxable)

2,620,828	•	Allocation New Bonds			
	Ellm Park Baptist Home Elim Park Place	2,306,329 314,499	88% 12%		
2,620,828	_	2,620,828	100%		

#### 1998 Series Bonds Total 1998 Series COI

Total 1998 Series COI	409,813
EPBH - 88%	360,635.80
EPP - 12%	49,177.61
1998 Bonds	
FYE 2013 COI Expense	3,104.66
EPBH - 88%	2,732.10
EPP - 12%	372.56
EPBH - Write-Of NBV of COI	128,408.22
EPP - Write-Of NBV of COI	5,978,82
Total EPBH-1998 Bonds COI	131,140.32
Total EPP-1998 Bonds COI	6,351.38

#### 2012A Series Bonds (Tax-Exempt)

Total 2012A Series COI	370,506
EPBH - 18%	66,556.46
EPP - 82%	303,950.02
2012A Series Bonds	
FYE 2015 COI Expense	37,914
EPBH - 18% (see NOTE below)	7,519.00
EPP - 82% (see NOTE below)	30,395.00

370,506

#### First Niacara Bank Loan (Taxable)

Total FNB Bank Loan COI	10,167
EPBH - 88% (see NOTE below)	5,479.00
EPP - 12% (see NOTE below)	4,688,00

FNB Bank Loan

FYE 2013 COI Expense N/A - Loan Paid EPBH - 88% N/A - Loan Paid EPP - 12% N/A - Loan Paid

Elim Park Baptist Home, Inc. LIC #- 666C - 113RH - 1500HA Cost Report Page 29, line 39 FYE 9/30/2015

01/21/16

#### Calculation of Interest Expense Allowed

Consolidated Interest Expense on 2012A Series Bonds (Tax-Exempt) Percentage Allocated to Home	527,748.38 18%
Interest Expense on FNB Bond Debt for FYE 2015 Per General Ledger	\$ 94,994.71
Consolidated Interest Expense on First Niagara Bank Loan (Taxable) Percentage Allocated to Home	80,586,23 88%
Interest Expense on FNB Loan Debt for FYE 2015 Per General Ledger	\$ 70,915.88
Grand Total Interest Expense for FYE 2015 Allocated To Home	151,029.52
Percentage Disallowed	29.31%
Amount Disallowed	44,266.75
TOTAL ALLOWABLE	106,762.77
Total Interest Expense Allowed	106,762.77
Interest Expense Reported in General Ledger	151,029.52
Interest Expense Disallowance	(44,266.75)

#### Calculation of COI Expense Allowed

2012A Series Bonds (Tax-Exemp	7,519.00
First Niagara Bank Loan (Taxable	5,479.60
Total FNB Bank Loan COI Amort. E	N/A - Loan Paid
Total COI Expense-FYE 2015	12,998.00

NOTE: Adjustments were made to Accum. Amort.-COI and Amort. Expense-COI for both the FNB Tax-Exempt loan and the FNB Taxable loan during fiscal 2015 to properly state these amounts in the General Ledger in accordance with the supporting detail. Hence, the amortization expense shown above is not reflective of the percentage splits (between EPBH and EPP) for either the FNB Tax Exempt loan or the FNB Taxable loan.

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

Name of Facility	License No.			Donout for	Voor Endad	- <del></del> .	Page of		
Elim Park Baptist Home, Inc.	666c				Report for Year Ended 9/30/2015				
							27   37		
	Item			Total	CCNH	RHNS	Residential Care Home		
		s Bro	ught Forward				47,326		
12. C. Movable Equipment					105,70	<u> </u>	47,320		
- "	1. Automotive Equipment \$					1			
A. Item	R	late	Amount						
	<u></u>					1			
Lender									
A 1 1 Cr 1									
Address of Lender									
2. Other (Specify)									
A. Item	l p.	ate	\$		AE A				
11. 160111		aic	Amount						
Lender		<b>.</b>					+		
Address of Lender	-	<del></del>		7-7					
B. Item	Ra	ite	Amount				0.0		
Lender									
Address of Lender	-								
Address of Lenger									
12. C. 3. Total Movable Equip	ment Interest		i						
Expense (C1 + 2)			\$			]			
12. D. Other Interest Expense (	(Specify)		\$	3,611	2,479		1,132		
Interest Expense - Gift A			·	,					
3. Total All Interest Expense (	12B7 + 12C3 +	12D)	\$	154,641	106,183		48,458		
4. Insurance									
a. Insurance on Property (b			\$	65,586	44,718		20,868		
b. Insurance on Automobil			\$	5,445	3,712		1,733		
c. Insurance other than Pro		ed ab	, I		. <b>أ</b>				
Umbrella (Blanket Co     Fire and Extended Co			- ' ' ' \$						
3. Other (Specify)	overage		<u>\$</u>						
z. Said (operay)			ه ا	i					
							725		
4d. Total Insurance Expenditure	es(14a+b+c)		\$	71,031	48,430		22,601		
5. Total All Expenditures (A-13				14,253,786	11,794,361	· · · · · · · · · · · · · · · · · · ·	2,459,425		

# D. Adjustments to Statement of Expenditures

	Name of Facility			Li	cense No.		Report for Year Ended			of
Elim	Park	Bapti	st Home, Inc.	666c 9/30/2015			28		37	
T.					Total					
		Line	1		Amount of			1	lential	Car
***********	No.		Item Description		Decrease	CCNH	RHNS	<u> </u>	Home	
-	10-	<u>Salari</u>	es and Wages							
1.		-	Outpatient Service Costs	\$		1		<u> </u>		
2.	<u> </u>	ļ	Salaries not related to Resident Care	\$				<u> </u>		
3.	10	al2g	Occupational Therapy	\$	473,169	473,169	*·*	<u> </u>		
4.		<u></u>	Other - See attached Schedule	\$	157,501	36,199	)	<u> </u>	121,	,302
	13 - 1	Profes	sional Fees							
5.			Resident Care Physicians **	\$				<u></u>		
6.	13	610a	Occupational Therapy	\$						
7.		<u></u>	Other - See attached Schedule	\$	81,754	57,238		<u></u>	24,	516
			Administrative and General	[						
8.			Discriminatory Benefits	\$	2,582	2,214				368
9.	15		Bad Debts	\$[	48,004	32,962			15,	042
10.	15		Accounting & Legal	\$	11,626	8,202			3,	424
11.	30	IV3	Telephone	\$	6,295	4,322				973
12.	15	1h2	Cellular Telephone	\$	5,440	3,838				602
13.			Life insurance premiums on the life	1					90	
l			of Owners, Partners, Operators	\$				Maria de Caracteria de Caracteria de Caracteria de Caracteria de Caracteria de Caracteria de Caracteria de Cara		William .
14.			Gifts, flowers and coffee shops	\$						
15.	16		Education expenditures to colleges or							
- 1	j		universities for tuition and related costs	STEWARY S			1			
1			for owners and employees	\$	12,844	9,062			3 7	782
16.	16		Travel for purposes of attending			7,002			٥,	02
J	l		conferences or seminars outside the							
	-		continental U.S. Other out-of-state	000000			Ì			
			_	\$	1,881	1,327	22	20.00	5	554
17.				\$	1,001	1,327				
18.	16			\$	50,327	34,557	<del>                                     </del>	······	15,7	70
19.				\$	30,327	74,037	<del> </del>	<del></del>	13,7	~
20.	16			\$	168,855	115,944			52.0	111
21.				\$	100,055	115,944			52,9	
22.		<del></del>		\$		· · · ·				$\dashv$
23.	-+			\$	200,473	142 002			56.5	70
	18 D		Expenditures	Ψ [ .	200,473	143,903			56,5	70
24.			Meals to employees, guests and others	靈						
27.	``°			r li	01 777	15 265				
Paga 1	10 . Y		y Expenditures	\$	21,777	15,365			6,4	12
25.	7-16		aundry services to employees, guests			· · · · · · · · · · · · · · · · · · ·				
23.				r 🏻	·		<u> </u>		سر برحرجات	
2000	0 77			\$	A P		PARTITUDE ENGINEERISTA EN	in Conference	one of the same	e in the second
	<i>v - xx</i>		eeping Expenditures							
26.			Housekeeping services to employees, guests	,   <u> </u>			<u>-</u>		56.2 - Vas	
		a		8	1040 -00	080.505			****	
			Subtotal (Items 1 - 26)	ŝ	1,242,528	938,302			304,22	26

<sup>4</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	C	CNH	RHNS		lential Home	
10	Al2abi b	To adjust Wages - RN RCH, rate above Aides		, Mility		3	27,626	\$ 27,626
10	Al2c1	To adjust Wages - LPN RCH, rate above Aides		- 1. T.		8	77,184	\$ 77,184
10	A12n	To adjust Wages - Admissions counselors for time spent marketing facility	8	27,630		\$	12,588	\$ 40,218
10	A4	To adjust Wages - Administrative Assistant - Therapy	8	8,569	1.	\$	3,904	\$ 12,473
			4 4 4 4					
						1.35.0		
F 18						1.34	1.5	
Total Othe	r Salaries	Adjustment	\$	36,199	<b>S</b> -	\$ 1	21,302	

#### Schedule of Fees Adjustments

					Residential	
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home	
13	B12	Purchased Services Management Therapy - HealthPro Management	\$ 43,710	The State of	\$ 19,915	\$ 63,625
13	B2	Purchased Services - Dental	\$ 4,800			\$ 4,800
13	B8a	Medical Director Fees - Nursing Admin - excess over \$158.90 per hour	3 7,698		\$ 3,507	\$ 11,205
13	B8b	Medical Staff - Nursing - Dr. Yeboah 2014 fees paid in 2015	\$ 412		\$ 188	\$ 600
13	B8b	Medical Staff - Nursing - Dr. Zaretzky 2014 fees paid in 2015	\$ 515	mand from	\$ 221	<b>\$ 736</b>
13	В8ь	Medical Staff - Nursing - Dr. Zaretzky 2015 fees paid and expensed in 2016	¥ (206)		\$ (94)	\$ (300)
13	B8e	Putchased Services - Psychiatric	\$ 309	Residence of	\$ 141	\$ 450
13	B1161	To adjust Nursing Agency Expense - LPN RCH, rate above Aides			s 638	\$ 638
12 Tabili (14)	William					\$ -
1241,4374						\$ -
	28 78 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3 15 16 16 16 16 16 16 16 16 16 16 16 16 16	\$ -
Total Othe	r Fees Adj	ustments	\$ 57,238	S	\$ 24,516	\$ 81,754

#### Schedule of Other A&G Adjustments

					Residential	
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home	
	la	Employee Benefits Attributable to Occupational Therapists	\$ 91,237	\$ -	\$ 15,188	\$106,425
15	la	Employee Benefits Attributable to RCH RNs above Aides		1, 3, 34 3, 31, 31, 3	\$ 2,403	\$ 2,403
15	la 🦠	Employee Benefits Attributable to RCH LPNs above Aides			\$ 15,969	\$ 15,969
15	la	Employee Benefits Attributable to Admissions & Marketing Coordinators	\$ 2,681		\$ 446	\$ 3,127
: 15	1a8	Uniforms - Therapy	\$ 572		\$ 95	\$ 667
15	1a9	Other Employee Benefits	\$ 134		\$ 23	\$ 157
15	lg	Printing - Admissions - related to marketing the facility	\$ 3,275		\$ 1,492	\$ 4,767
	lg	Supplies - Admissions - related to marketing the facility	\$ 34		\$ 15	\$ 49
	1L2	Parties in excess of one - Employee Picnic	\$ 1,510		\$ 688	\$ 2,198
16	1L3	Gifts to employees, discriminatory in nature	\$ 5,475		\$ 2,495	\$ 7,970
16	1L4	Employee travel - Admissions - travel for the purpose of marketing the facili	\$ 2,847		<b>%</b> 1,297	\$ 4,144
16	IL4	Employee travel - Therapy - travel for the purpose of marketing the facility	\$ 504	eg ett liga	\$ 230	\$ 734
16	1L5	Education - Therapy	\$ 5,071	N. William	\$ 2,311	\$ 7,382
16	Im8a	Cheshine and Hamden Chambers of Commerce Dues	\$ 974		\$ 444	\$ 1,418

	16 lm8	Assoc. Healthcare Volunteer Resource Prof. dues for FYE 2015 which were expensed in 2014 and disallowed in FYE 2014. This represents the reversal of the disallowance for FYE 2015	\	(9)		8		(4)	\$ (13
	16 1m8	CADVSH Dues 10/1/14-6/30/15 for FYF 2015 which were expensed and disallowed in FYF 2014. This represents the reversal of the disallowance for FYE 2015.	8	(20)	-	\$			\$ (30
		NEADHVS dues 10/1/14-6/30/15 which were expenses and disallowed in				<u> </u>			,
F	6 lm8	FYE 2014. This represents the reversal of the disallowance for FYE 2015.		(26)		\$			\$ (38)
	6 Im8	AICPA Dues	-   \$	212		\$			\$ 308
	6 1m8	CT Society of CPAs Dues	\$	21		\$		_	\$ 31
l	6 Im8	Occupational Therapy Association Dues	\$	51	<del></del> -	Ş	. 2	4	\$ 75
1	6 1m8	Nadona - LTC Dues - 10/1/14-2/1/16 Dues which were expensed and disallowed in FYE 2014. This represents the reversal of the FYE 2015		(21)					e (10e)
13	0(1)00	poilton	<del>-   8</del> -	(71)	<del></del>	8	(3	4)	\$ (105)
1.4	6 lm8	Society for Human Resource Management dues for FYE 2015 which were expensed and disallowed in FYE 2014. This represents the reversal of the disallowance for FYE 2015.	\$	(54)		\$	(2	5)	\$ (79)
	6 Im9	Subscription - HR BLR - This represents EPP portion	<u>  s</u>	124		3,	5	5   t	\$ 180
16	6 lin9	Subscription - HR BLR - disallow FYE 2016 portion in FYE 2015.	\$	72	<u> </u>	s	3:	<u>.</u>	§ 105
		Association of the second seco							
16	5 lm9	Subscription - HR - SHRM portion of dues for FYE 2014	8	30		8	1:	1	6 43
16	lm13	Purchased Services - Nursing Admin - Kun Thompson -marketing consultant	3	93		8	42	\$	i 135
	lml3	Employee Physicals & Other - pre-placement physicals	\$	6		8		\ \ \ \ \	
10000	70,40,000,000	i 📗 salitati i timbili. 15 istiriniliji iliyaki filitinomati i pagadaga kejaja kelujak Jes	75.50	Sec. 13.1.344		1		1 "	,
	1m13	Bank & Credit Card Fees - payment processing, check orders, stop payments, returned item fees, gift annuity fees, Mary Melby fees	\$			\$	-	] s	, ,
	lm13	Cable TV	\$	- 1	(i. Par Nicky iseli)	S		_  s	4
	lm13	Employee Background Check - Therapy	\$	289		S	131	_  \$	420
	lm13	Purchased Services - Admissions - All Scripts web based hospital referrals	\$	927	Mark and Ark and a	8	423	] \$	1,350
	lm13	Other - Admissions - Reptrax & Vendormate	\$	381		\$	174	_  \$	555
16	1m13	Purchased Services - Volunteer	\$	309		\$	141	_  \$	450
16	Im13	Purchased Services - Admnistration - Mock RAC Audit	\$	5,093	11.544	8	2,320	_] \$	7,413
· · · · · · · · · · · · · · · · · · ·	1m13	Misc. Admin - Reverse duplicate entry made in error in FYE 2014	\$	(1,645)		8	(749	) s	(2,394)
16	1m13	Misc. Admin Reverse AR Misc. FNB Loan made in enter FYE 2013	\$	12,167		\$	5,543	ß	17,710
16	lm[3	Misc. Admin - Misc. adjustments to tie to GL supporting schedules	Si	1		8	-	] \$	[
16	lm13	Misc. Admin Comm. Of Revenue Services penalty/Interest on prior year withholding	\$	111	Alignos de la companya de la company	S	50	]   \$	161
		Misc. Admin payment to correct negative balances in resident trust accounts and adjustment to reconcile ininor differences in resident trust				Ψ		"	101
16	lm13	account	S	466		8	212	\$	678
	1m13	Misc. Admin - Plants for HC Lobby and hallway	\$	35	<del> </del>	<u>.\$.</u>	16		51
16	lm13	Professional Fees - Accountancy Board Licenses - DEA 3 year renewal for Medical Director - FYE 2014 portion	8	18		8	8	\$	26
16	1m13	expensed in FYE 2015	S	126		\$	57	\$	183
1,6	lm13	Licenses - DEA 3 year renewal for Medical Director - FYE 2016 portion expensed in FYE 2015	\$	168		\$	76	\$	244
16	lm13	Licenses - DEA 3 year renewal for Medical Director - FYE 2017 portion expensed in FYE 2015	\$	42		\$	19	\$	61
Ì			1.3	, alta e			di s		
	lm13	Licenses - State of CT CPA License Renewal	\$	14	<del>i</del>	\$	6	\$	20
	lm13	Other Nursing - iesidents' belongings	\$	188		\$	85	\$	273
	1m13	Alliance - CALTC	\$	687	· . · · · · · · · · · · · · · · · · · ·	\$	313	\$	1,000
i6	lm13	Volunteer Recognition	\$	9,408	1 1 1 1 1 1 1 1	\$	4,286	\$	13,694

16	1m13	Supplies - Volunteer	S	184			\$	84	\$ 268
16	1m13	Other - Social Services - Filing fee for conservator	\$	103			8	47	\$ 150
16	lm13	Other - Social Services - Citatron		48			8	22	\$ 70
16	lm13	Other - Social Services - reimbursement for lost resident clothing	\$	40		14.55	\$	18	\$ 58
							1."		
1							112		
tal Other	r A&G A	Adjustments	8	143,903	8	<u></u>	8	56,570	

#### State of Connecticut **Annual Report of Long-Term Care Facility** CSP-29 Rev. 10/2006

	D. Adjustments to Statement of Expenditures (cont'd)							
Nam	Name of Facility					Report for	Year Ended	Page of
Elim	ı Park	Bapt	ist Home, Inc.		666c	9/30/2015		29   37
	$\Box$	T			Total	Î	İ	<u> </u>
Item	Pag	e Lin	e		Amount of		[	Residential Care
No.	No.	. No	Item Description		Decrease	CCNH	RHNS	Home
			Subtotals Brought Forward	\$	1,242,528	938,302		304,226
Page	<i>20</i> -	Resid	ent Care Supplies***					
27.	20	5a2	Prescription Drugs	\$	319,110	319,110		
28.	20		Ambulance/Limousine	\$	2,634	2,634		
29.	20		X-rays, etc	\$	<u> </u>	50,061	_	
30.	20		Laboratory	\$	39,004	39,004		
31.	20		Medical Supplies	\$	1,369	1,369		
32.	20	5e2	Oxygen (non emergency)	\$	19,035	19,035		
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$	42,531	32,246		10,285
			enance and Property					
35.	22	7d	Excess Movable Equipment Depreciation					
L		<u> </u>	See Attached Schedule	\$	160	111		49
36.			Depreciation on Unallowable					
			Motor Vehicles	\$		ļ		
37.			Unallowable Property and Real					
		ļ	Estate Taxes	\$				
38.		ļ	Rental of Building Space or Rooms	\$			ļ	
39.		<u> </u>	Other - See Attached Schedule	\$	19,802	14,299		5,503
	27 - 1	nsura		_				
40.			Mortgage Insurance	\$			Ì	
41.			Property Insurance	\$				
	-Mi	scella	neous					
42.		<u> </u>	Research or Experimental Activities	\$				
43.		ļ	Radio and Television Revenue	\$				
44.		ļ	Vending Machine Revenue	\$				
45.			Purchase Discounts and Allowances	\$				
46.		<u> </u>	Duplications of functions or services	\$		priidinkarsikkaniinkasiavas	Appear (COMPANIES AND THE THROWARD A	
47.			Expenditures made for the protection,	1				
]			enhancement or promotion of the			Descriptions.	4	
10		13.60	providers interest	\$				
48.	30	IV5	Interest Income on Accounts Rec	\$	76	54		22
49.			Other (include personnel and other	SECONDARY.		i		
			costs unrelated to resident care) - See	6	45.600			
Mar E	D		Attached Schedule	\$	45,688	31,459		14,229
<del> </del>	or Pr		roviders Only	22,000				
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest -	Sections				
			<b>~</b>	e Z	5.025			1.500
51 7	Fata!			\$	5,025	3,497	-	1,528
21. 1	vial.	AMOL	int of Decrease (Items 1 - 50)	<b>a</b>	1,787,023	1,451,181		335,842

<sup>\*98</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.

Elim Park B: LiC # 666C - Cost Report P FYE 9/30/2015	113RH - 150	0HA	01/21/1	6
Refinanced 199	0 Bonds with	1998 Series -	Allocation o	f Interest Expense
Interest Expens	e Disailowan	ce Calculation	for the 1990	Series Bonds
Bond Percentage Allog Allocated to Nur		g Home		
Total Fair Rental	Additions Allov	ved		
Difference (10,10 Divided By Amou Percentage of Bo	nt Allocated to	Nursing Home	ı	
Original 1990 S	ieries Bonds	ì		
Bonds	% of Interest	<u> </u>	Maturity	]
1,500,000 1,500,000 2,915,000 8,520,000 14,435,000	8.00 8.10 8.75 9.00	FYE 9/30/95 FYE 9/30/97 FYE 9/30/09 FYE9/30/21	12/96 12/08	Repaid Total Alloc Repaid Total Alloc (requirement of or in Life Use Fees 0
(3,000,000) R 11,435,000 B \$10,104,500 Allo \$ 4,330,500 Allo	ond Principal ocated to NH	Remaining at		ate
Allocation of th	e remaining	1990 Series E	Bonds	
Flim Park Banti	st Home			10.104.500

Allocation of COI and related Amortization Expense

กสร		1990 Series Bonds	<del></del>
	14,435,000	Total 1990 Series COI	476,425
	70%	70%	333,492
	10,104,500	30%	142,933
	7,142,877	1990 Bonds	
		FYE 1998 Expense	14,565.31
	2,961,623	70%	10,190.71
	10,104,500	30%	<b>4,374.6</b> 0
	29.31%		

Ronds	% of Interest	Maturity

1,500,000	8.00	FYE 9/30/95 12/94	Repaid Total Allocation to Independent Living
1,500,000	8.10	FYE 9/30/97 12/96	Repaid Total Allocation to Independent Living
2,915,000	8.75	FYE 9/30/09 12/08	(requirement of original Bonds, \$3,000,000
8,520,000	9.00	FYE9/30/21 12/20	in Life Use Fees Collected to be repaid 12/94 - 12/96)
14 435 000			

#### Series Bonds

Elim Park Baptist Home	10,104,500	88%
Elim Park Place	1,330,500	12%
	11,435,000	100%

1998 Series Bonds			
1,890,000 Serizi Bonds - 1998-2003	Allocation New Bonds		
1,770,000 Term Bonds - 20007			
1,025,000 Serial Bonds - 2008-2009	11,164,876 88%		
5.950.000 Term Bonds - 2018	-104003 Discount		
2,000,000 3 yr. Adjustable Rate Bonds 2020	11,060,873		
12,635,000	1,470,124 12%		
(104,003) Discount	12,530,997 Total Debt		
12,530,997 Total Debt			

#### Refinancing Of 1998 Series Bonds With First Niagara Bank on Dec. 21, 2012

#### 2012A Series Bonds (Tax-Exempt)

17,714,000	Allocation New Bonds					
	Elim Park Baptist Home Elim Park Place	3,182,080 14,531,920	18% 82%	-		
17,714,000		17,714,000	100%	_		

#### First Niagara Bank Loan (Taxable)

2,620,828		Allocation New E	onds
	Elim Park Baptist Home	2,306,329	88%
0.000.000	Elim Park Place	314,499 2.620.828	12% 100%
2,620,828		2,620,626	100%

#### 1998 Series Bonds

Total 1998 Series COI	. 409,813
EPBH - 88%	360,635.80
EPP - 12%	49,177.61
1998 Bonds	
FYE 2013 COI Expense	3,104.66
EPBH - 88%	2,732.10
EPP - 12%	372.56
EPBH - Write-Of NBV of COI	128,408.22
EPP - Write-Of NBV of COI	5,978.82
Total EPBH-1998 Bonds COI	131,140.32
Total EPP-1998 Bonds COI	6,351.38

#### 2012A Series Bonds (Tax-Exempt)

Total 2012A Series COI	370,506
EPBH - 18%	66,556.46
EPP - 82%	303,950.02
2012A Series Bonds	
FYE 2015 COI Expense	37,914
EPBH - 18% (see NOTE below)	7,519.00
EPP - 82% (see NOTE below)	30,395.00

#### First Niagara Bank Loan (Taxable)

Total FNB Bank Loan COI	10,167
EPBH - 88% (see NOTE below)	5,479.00
EPP - 12% (see NOTE below)	4,688.00

FNB Bank Loan

FYE 2013 COI Expense EPBH - 88% N/A - Loan Paid N/A - Loan Paid N/A - Loan Paid EPP- 12%

Elim Park Baptist Home, Inc. LIC #- 666C - 113RH - 1500HA Cost Report Page 29, line 39 FYE 9/30/2015

01/21/16

#### Calculation of Interest Expense Allowed

Consolidated Interest Expense on 2012A Series Bonds (Tax-Exempt) Percentage Allocated to Home Interest Expense on FNB Bond Debt for FYE 2015 Per General Ledger	527,748.38 18% \$ 94,994.71
Consolidated Interest Expense on First Niagara Bank Loan (Taxable) Percentage Allocated to Home	80,586.23 88%
Interest Expense on FNB Loan Debt for FYE 2015 Per General Ledger	\$ 70,915.88
Grand Total Interest Expense for FYE 2015 Allocated To Home Percentage Disallowed Amount Disallowed TOTAL ALLOWABLE	151,029.52 29.31% 44,266.75 106,762.77
Total Interest Expense Allowed	106,762.77
Interest Expense Reported in General Ledger	151,029.52
Interest Expense Disallowance	(44,266.75)

#### Calculation of COI Expense Allowed

2012A Series Bonds (Tax-Exemp	7,519.00
First Niagara Bank Loan (Taxabi	5,479.00
Total FNB Bank Loan CO! Amort, E	N/A - Loan Paid
Total COI Expense-FYE 2015	12,998.00

NOTE: Adjustments were made to Accum. Amort.-COI and Amort. Expense-COI for both the FNB Tax-Exempt loan and the FNB Taxable loan during fiscal 2015 to properly state these amounts in the General Ledger in accordance with the supporting detail. Hence, the amortization expense shown above is not reflective of the percentage splits (between EPBH and EPP) for either the FNB Tax Exempt loan or the FNB Taxable loan.

Elim Park Baptist Home, Inc. 9/30/2015

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	,	CCNH	RHNS		sidential re Home	_	
20	5j	Supplies Short Term - Nsg - wound vac supplies	S	2,242				\$	2,242
20	5j	Equipment Rental Short Term - Nsg - wound vac	\$	3,355				\$	3,355
20	5j	Equipment Rental Short Term - Nsg - pump fee and life vest for Medicare patients	\$	3,060				\$	3,060
20	5j	Equipment Rental Long Term - Nsg - wound vac	\$	3,269				\$	3,269
20		Equipment Rental Long Term - Nsg - Air Pressure Mattresses for Medicare patients	s	72			A:	\$	72
20	5j	Purchased Services - Therapy - swallowing diagnostics	8	3,957	<u> </u>	5	1,803	\$	5,760
20	5j	Supplies - Therapy	\$	13,569		\$	6,332	\$1	19,901
20	5j	Equipment Rental - Therapy	\$	821		8	5	\$	826
20	5j	Equipment Repair - Therapy	\$	1,662		\$	11	\$	1,673
20		Other Therapy	8	239		\$	111	\$	350
20	5b	Supplies (Non-Medical) RCH - Estimated Unallowable RCH Supplies				8	607	\$	607
20		Non-Legend Drugs RCH - Estimated Unallowable RCH Drugs				\$	1,416	\$	1,416
Total Other			\$	32,246	\$ -	8	10,285	\$4	42,531

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Line Ref Description				CC		RHNS		Residential Care Home	_	
22	7d	Depreciation - In Kind Donation from Janice Rood Power Scooter for Therapy - Year 4 of 10					\$	111		Pikibaumur Diskipi	\$ 49	\$ 16
										." .	44	
		· · · · · ·	22.5	1.150-4051						14	12.114	]
	umag př	antes e	NY NY								· ·	]
	1.0											
i n			30),	Fe.1		14.4				1	1.34	_j
1												
Jack .			:		± 1.1	1 11						
												]
otal Exce	ss Movabl	e Equipmer	t Depreciation	òn			S	111	S	-	<b>s</b> 49	\$ 160

#### Schedule of Other Property Adjustments

Page Ref Line Ref		Description		CCNH	RHNS		esidential are Home	_
26	12	Interest Expense - First Niagata Bank Loan	\$	31,232		8	13.035	\$ 44,267
22	6f	Purchased Services Mangement - Maintenance - reverse disallow 2015 amount that was allocated to EPP (independent living) but should have been allocated to healthcare	\$	(17,882)		\$	(7,837)	######################################
22	6c	Outpatient Therapy Indirect Cost Esturate	8	432		3	68	\$ 500
22	ба .	Televisions For Resident Rooms, RCH #217, SNF #22B	S	517		<u> 3</u>	237	S 754
								\$
					4. 4			\$ -
Total Othe	r Property	Adjustments	\$	14.299	\$ -	\$	5,503	\$ 19,802

		) Amily 1945

#### Schedule of Other Adjustments

							Reside	ential	
'age Ref	Line Ref	Description			CCNH	RHNS	Care I	Iome	
30	[Y]	Guest Meals		\$	720		\$	300	\$ 1,02
30	IV8	Mary Melby Donations			13,111		\$	5,984	\$ 19,0
30	IV8	Miscellaneous Income		3	14,943		<b>X</b>	6,819	\$ 21,7
27	12d	Interest Expense Other (Gift Annuities)		8	2.548	the state of	\$	1,063	\$ 3,6
30	IV8	Gain or Loss on Disposal of Equipment		\$	137		\$	63	\$ 20
									\$ -
			No. 1						<b>S</b> .
	1.5					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3	\$ -
1 11	10.00							- 1	<b>S</b> .
						1 1		9	<b>\$</b> -
tal Othe	r Adjustme	ents		35	31,459	\$ -	8 1	4,229 \$	6 45,68

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
22	7b	Depreciation - Physical Thetapy Area Carpeting - Year 4 of 5	\$ 2,923		\$ 1,279	\$ 4,202
22	7d	Depreciation - Rehap Cart Laptop - Year 3 of 3	\$ 127		\$ 55	\$ 182
22	7d	Depreciation - Resident Supported Standing Table for Therapy - Year 4 of 1	\$ 181		\$ 79	\$ 260
22	7d	Depreciation - Computer for Rehab - Year 3 of 5	\$ 71		\$ 31	\$ 102
22	7d	Depreciation - Laptops For Rehab - Year 1 of 4	\$ 195		\$ 84	\$ 279
						\$ -
						\$ .
						\$ -
: (1:35:7/a)::::				F. (2.5 V. 5 V. 6.1)		\$ -
	Majvasiy (E. e.					<b>\$</b> .
Total Unall	lowable Bu	iliding Interest	\$ 3,497	8	\$ 1,528	\$ 5,025

#### F. Statement of Revenue

	Statement of R	leven					
Name of Facility  License No.				Year Ended		Page	of
Elim Park Baptist Home, Inc. 666c	· · · · · · · · · · · · · · · · · · ·	·	9/30/2015	- T	<u> </u>	30	37
Item			Total	CCNH	RHNS	- F	lential Car Home
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)		\$	12,175,486	8,683,313	3		3,492,173
b. Medicaid Room and Board Contractual Allowar	nce **	\$					(1,259,855
2. a. Medicaid (All other states)		\$			1		,,,,
b. Other States Room and Board Contractual Allow	vance **	\$					
3. a. Medicare Residents (all inclusive)		\$	3,761,250	3,761,250			
b. Medicare Room and Board Contractual Allowan	ce **	\$					
4. a. Private-Pay Residents and Other		\$	3,773,885				708,132
b. Private-Pay Room and Board Contractual Allow	ance **	\$	(298,616	1			46
II. Other Resident Revenue	<u>,                                      </u>	_				!	
a. Prescription Drugs - Medicare		\$	154,091	154,091		9-1900/1000/1001	
b. Prescription Drugs - Medicare Contractual Allov	vance **	\$	(154,091	1	)		
c. Prescription Drugs - Non-Medicare		\$	27,590	<u> </u>	<del></del>	<del> </del>	_
d. Prescription Drugs - Non-Medicare Contractual	Allowance **	\$	(26,935)	1	1		
2. a. Medical Supplies - Medicare		\$	<del></del>				
b. Medical Supplies - Medicare Contractual Allowa	nce **	\$			1		
c. Medical Supplies - Non-Medicare		\$					
d. Medical Supplies - Non-Medicare Contractual A	llowance **	\$					
3. a. Physical Therapy - Medicare		\$	936,832	930,891		_	5,941
b. Physical Therapy - Medicare Contractual Allowa	nce **	\$	(717,108)	T			(4,548)
c. Physical Therapy - Non-Medicare		\$	96,178	95,568			610
d. Physical Therapy - Non-Medicare Contractual Al	lowance **	\$	(93,356)	(92,764)			(592)
4. a. Speech Therapy - Medicare		S	134,002	134,002			
b. Speech Therapy - Medicare Contractual Allowane	ce **	\$	(121,523)	(121,523)			
c. Speech Therapy - Non-Medicare		\$	12,177	12,177			
d. Speech Therapy - Non-Medicare Contractual Allo	wance **	\$	(12,081)	(12,081)			
5. a. Occupational Therapy - Medicare		\$	767,977	767,977			
b. Occupational Therapy - Medicare Contractual Al	lowance **	\$	(718,527)	(718,527)			
c. Occupational Therapy - Non-Medicare		\$	97,670	97,670	·		_
d. Occupational Therapy - Non-Medicare Contractu	al Allowance **	\$	(97,238)	(97,238)			
6. a. Other (Specify) - Medicare		\$				······································	
b. Other (Specify) - Non-Medicare		\$	·				
II. Total Resident Revenue (Section I, thru Section II,)		\$	14,163,988	11,222,081		2	,941,907
V. Other Revenue*	<u> </u>	g					
1. Meals sold to guests, employees & others		\$	1,020	700	0000 0000 0000 0000 0000 0000 0000 0000 0000	<u>camera de ante</u>	320
2. Rental of rooms to non-residents		\$					
3. Telephone		\$	6,295	4,322			1,973
4. Rental of Television and Cable Services		\$	8,063	5,536			2,527
5. Interest Income (Specify)		\$	17,964	12,335			5,629
6. Private Duty Nurses' Fees		\$					` `
7. Barber, Coffee, Beauty and Gift shops		\$					
8. Other (Specify)		s	(76,472)	(52,508)			(23,964)
. Total Other Revenue (1 thru 8)		\$	(43,130)	(29,615)			(13,515)
I. Total All Revenue (III+V)		\$	1				
TO TOWN THE PROPERTY OF THE PAR		۳۱.	14,120,858	11,192,466		2,	,928,392

<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

#### Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
	0_	0	0
	1. 1. 1. 1.		
		14 4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Total Other Resident Revenue - Medicare	5 -	\$	5 -

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

Page Ref	Description				CCNH	RHNS	Residential Care Home
			64 J.C. S.A.	11.00	0	- 0	0.000
99 X.F		Nic formation	(An incident				11,611,710,
			t e desemble	aresto e e a jo			F 37.57.54.233
1988 200	***		1 days	N. 1.	72 La 9		
T. K. ATRIKA	Taylar		Safe and the same of the same	14 14 14 14 14 14 14 14 14 14 14 14 14 1			
Total Othe	Resident Revenue		1.014 (1.44)		8 -	\$	\$ -

#### Interest Income

#### Account

Page Ref Account	Balance	CCNH	RHNS	Residential Care Home
	1		0	
30IV5 Interest Income General Fund	582 955	\$ 9,929		\$ 4.531
30IV5 Interest Income Mary Melby Pund	195 849	\$ 2.406	i Biltoch e	5 1,098
				- An
Total Interest Income		S 12.335	8 -	\$ 5,629

#### Schedule of Other Revenue

e Ref Description	CCNI	I. RHNS		esidential are Home
A Secretaria de la companione de la comp	. 154.75	5 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ŧ	
Loss Gain on disposal of Equipment - disaflow on p. 29	Y, a Y ska	137		6
Miscellaneous Income - disallowed p. 29	\$ 14	943	\$	6 81
Miscellancous Income - not disallowed p. 29 (('ALTC' distributions received)	\$ 28	169	\$	12.85
Unrestricted Donations	\$ 12	708	S	5.79
Temporarily Restricted Donations	\$ 1	716	. 8	78
Mary Melby Donations - disallowed p. 29	S 13	111	S	5,98
Orli Annuity Donations	\$ (19	624)	\$	(8.95
Realized Gain Loss Merrill Lynch	\$	466	\$	21
Realized Gain Loss Gift Annuity	\$ 27.	859	15	12,71
Unrealized Gain/Loss Memill Lynch	\$ (4.	SS9)	\$	(2.08
Umealized Loss/Gain Gift Annuty	\$ (53.	950)	\$	(24.62
Umealized Gain Loss-SWAP Value	\$ (73.	484)	\$	(33,53
	<u> </u>		1	
	<del> </del>		-	<del></del>
			<del> </del>	
I Other Revenue	\$ (52.	508) \$	S	(23.96

# G. Balance Sheet

Name of Facility	License No.	Report for Year Ended		Page	0
Elim Park Baptist Home, Inc.	666c	9/30/2015		31	37
	Account			Amour	1t
Assets					
A. Current Assets					
1. Cash (on hand and in		r	\$		,323,85
	eceivable (Less Allowance		\$	1	,836,39
	vable (Excluding Owners	or Related Parties)	\$		185,62
4 Inventories			\$		
5. Prepaid Expenses			\$	CONTRACTOR CONTRACTOR	194,46
a. Prepaid Supplies		4,146			
b. Prepaid Insurance		87,248			
c. Prepaid Services		97,025			
	Prepd Water & Sewer \$1,	369 6,047	1		
6. Interest Receivable		, <u>.</u>	\$	·····	
7. Medicare Final Settler			\$		
8. Other Current Assets ( Other Current Assets	itemize)	2.065	\$	in the second second second second second second second second second second second second second second second	3,06
Other Current Assets		3,065	_		
0.20 4.122 4.4 4.71	41.4 0)				
A-9. Total Current Assets (Lin	les A1 thru 8)	· • • • • • • • • • • • • • • • • • • •	\$	3,	<b>543,4</b> 01
B. Fixed Assets					
1. Land	drr' 1/3	252.000	\$		123,173
2. Land Improvements	*Historical Cost	550,998	\$		82,263
2 D.:11:	Accum. Depreciati				
3. Buildings	*Historical Cost	13,407,031	\$	3,0	624,871
A Tanahali Tumumum	Accum. Depreciati	ion 9,782,160 Net			
4. Leasehold Improvement			\$		
5 Non Marchia Parisma	Accum. Depreciati	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	71 7 60 7
5. Non-Movable Equipme		1,048,864	\$	i	715,605
6. Movable Equipment	Accum. Depreciati *Historical Cost		<u></u>		705 200
o. Movable Equipment		3,748,054	\$	(	525,380
7. Motor Vehicles	Accum. Depreciati		- h		16 270
		68,527	4 <b>  \$</b>		16,370
8. Minor Equipment-Not	Accum. Depreciation	on 52,157 Net	- ds		
e. wimoi Equipment-Not i	Debrécianie		\$		
9. Other Fixed Assets (ite	mize )		\$		74,041
Construction in Proc	ess	74,041			
10 21 1 17 1 . 7	D1.1 0				
10. Total Fixed Assets (Lin	nes Bl thru 9)		\$	5,2	61,703

<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	License No.	Report for Year Ended	Page	of
Elin	n Park Baptist Home, Inc.	666c	9/30/2015	32	37
		Account		<u></u>	Amount
			Total Brought Forward	: \$	8,805,104
C.	Leasehold or like property recor	ded for Equity Purpos	es.		
	1. Land			\$	
	2. Land Improvements	*Historical Cost			
		Accum. Depreciation	on Net	\$	
	3. Buildings	*Historical Cost		_	
		Accum, Depreciation	on Net	\$	
	4. Non-Movable Equipment	*Historical Cost			
		Accum. Depreciation	on Net	\$	
	<ol><li>Movable Equipment</li></ol>	*Historical Cost		_	
		Accum. Depreciation	on Net	\$	
	6. Motor Vehicles	*Historical Cost			
		Accum. Depreciation	on Net	\$	
	7. Minor Equipment-Not Depre			\$	· · · · · · ·
C-8	Total Leasehold or Like Proper	ties (C1 thru 7)		\$	· · · · · · · · · · · · · · · · · · ·
D.	Investment and Other Assets			_	
	1. Deferred Deposits			\$	
	2. Escrow Deposits			\$	
	3. Organization Expense	*Historical Cost			
		Accum. Depreciation	n Net	\$	
	4. Goodwill (Purchased Only)			\$	
	5. Investments Related to Resid	lent Care (itemize)		\$	
		····			
	6. Loans to Owners or Related			\$	
	Name and Address	Amount	Loan Date		
	7. Other Assets (itemize)			\$	210,210
	Restricted Gift Annuity		194,210		
	Deposit - Non-Current		16,000		
	Deposit - 14011-Current		2 2, 2 2 2		
D-8	Total Investments and Other As	sets (Lines D1 thru 7)	)	\$	210,210
D.0	Total All Assets (Lines A9 + B1	0 + C8 + D8		\$	9,015,314

<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			License No.	Report for Year	Ended	Page	of
Elim Park B	aptis	Home, Inc.	666c	9/30/2015		33	37
			Account			A	mount
Liabilities	~						
A.		rrent Liabilities			- 1		
		Trade Accounts Payable				\$	1,142,130
	2,	Notes Payable (itemize)			1 	\$	No is A desiration at the telephone and
	3.	Loans Payable for Equipm	ent (Current nortion	) (itamiza)		<u> </u>	
		Name of Lender	Purpose	Amount	Date Due	P	
· · · · · · · · · · · · · · · · · · ·			2 42 45000	× KMOMIL	Buto 1900		
							± 2 ± 2 ± 2 ±
					ŀ		
				1			
			<b>*</b>				
<del></del>		Accrued Payroll (Exclusive			\$		861,511
		Accrued Payroll (Owners a		only)	\$		
		Accrued Payroll Taxes Payr			\$		65,881
		Medicare Final Settlement I			\$		
		Medicare Current Financing		<u>.</u>	\$		
		Mortgage Payable (Current			\$		450,294
		Interest Payable (Exclusive	of Owner and/or Re	lated Parties)	\$		
		Accrued Income Taxes*		v	\$		
		Other Current Liabilities (ite	•		\$	unice such è parener	11,317,066
	_	See Attached	11,317,00	i6			
	-						
	- · · · -						
A-13.	Tota	Il Current Liabilities (Lines	A1 thru 12)	<u> </u>			12 026 002
11 13,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Zinos			[- <b>p</b>		13,836,882

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

(Carry Total forward to next page)

#### ELIM PARK BAPTIST HOME, INC. MEDICAID PROVIDER #6668 & 1500H FYE 2015

# ATTACHMENT PAGE 33 LINE 12 OTHER CURRENT LIABILITIES

Description	GL Number	Amount
Advanced Billing	1.00.1586	1,009,367
W/H Life insurance	1.00.2030	10,649
W/H 401k	1.00.2035	32,828
W/H Garnishment	1.00.2040	(80)
W/H Pension Loan	1.00.2045	3,156
W/H Other ·	1.00.2050	100
W/H Employee Contributions	1.00.2051	83
Third Party Reserve Medicald	1.00.2900	75,903
Third Party Reserve-Medicare	1.00.2910	120,726
Due To Third Party Reimburse Agencies	1.00.2500	581,663
Accrued Other	1.00.2080	(4)
Inter Co. Transfer EP8H	1.00.2990	9,386,399
Accrued Accounting Fees	1.00.2060	35,873
Accrued Bond Interest	1.00.2200	11,839
A/R Refunds	1.00.2070	(6,659)
Tenant Security Held	1.00.2920	841
Resident Fund	1.00.2090	54,382
TOTAL		11,317,066

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2015		34	
	Account			An	nount
		Total Broug	ht Forward:		13,836,882
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipm	<del></del>	·	\$		-
Name of Lender	Purpose	Amount	Date Due		
				4.4	( )
2. Mortgages Payable		<u> </u>	\$		3,892,385
3. Loans from Owners or	Related Parties (itemize	2)	\$		2,022,002
Name and Address of Lender	Amount	Loan Da			
		1			
4. Other Long-Term Liabil	ities (itemize)		\$		118,942
Annuities Payable	(	118,942	Ψ		110,774
		110,7 12			
<del> </del>		<del> </del>			_
		🗸			
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		\$	anna ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta sa ta	4,011,327
C. Total All Liabilities (Lines.	A-13 + B-5)		\$		17,848,209

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

	ne of Facility	License No.	Report for Year Ended	Pag	
Elin	n Park Baptist Home, Inc.	666c	9/30/2015	35	37
ļ		Account			Amount
A.	Reserves				
	1. Reserve for value of leased	land		\$	
	2. Reserve for depreciation va	lue of leased build	lings and appurtenances		•
	to be amortized			\$	
	3. Reserve for depreciation va	lue of leased perso	onal property (Equity)	\$	
	4. Reserve for leasehold real p	roperties on which	n fair rental value is based	\$	
	5. Reserve for funds set aside	as donor restricted		\$	
	6. Total Reserves			\$	
В.	Net Worth				
	1. Owner's Capital			\$	
	2. Capital Stock		·	\$	
	3. Paid-in Surplus			\$	
	4. Treasury Stock		and the second s	\$	
	5. Cumulated Earnings			\$	(8,699,967)
_	6. Gain or Loss for Period	10/1/20	ol4 thru 9/30/2015	\$	(132,928)
	7. Total Net Worth			\$	(8,832,895)
C.	Total Reserves and Net Worth			\$	(8,832,895)
D	Total Liabilities, Reserves, and	Net Worth		\$	9,015,314

#### Elim Park Baptist Home, Inc. Medicaid Provider #6668 & 1500H FYE 9/30/15

#### Page 35, Line 7 "Net Worth"

ed ******** ndowment Fund	******** Temp	orarily Restrict	ed <del>1) seest</del>	Permanently		
	25 45 40 5 10 10 10 10 10 10 10 10 10 10 10 10 10			Restricted	TENERS NEW YORK TO SEE	I compared to the second
ransferred To pundation)	Elim Park Baptist Home Fund	Endowment Fund (Transferred To Foundation)	Mary Melby Fund	Endowment Fund (Transferred To Foundation)	Cost Report Reclasses	TOTAL
	13,057		22,243		(3.900)	14.313.088
	. 0		0			(14,253,786
0	13,057	0	22,243	0	0	59,302
	(78,571)					(192,230
0	(65,514)	0		0	0	(132,928
. 0	347,865	Ō		Õ	ŏ	8,699,967
0	282,351	0		0	0	(8,832,895)
	To	To Baptist Home undation) Fund 13,057 0 13,057 (78,571) 0 (65,514) 0 347,865	To sundation Fund Foundation Fund Foundation Fund Foundation Found	To Baptist Home undation) Fund Foundation) Fund Foundation) Fund  13,057 22,243 0 0 0 0 13,057 0 22,243 (78,571) (6,640) 0 (65,514) 0 15,603 0 347,865 0 201,972 0 282,351 0 217,575	To undation) Fund Foundation) Fund Foundation)  13,057 22,243 0 0 0 13,057 0 22,243 0 0 (76,571) (6,640) 0 (65,514) 0 15,603 0 0 347,865 0 201,972 0 0 282,351 0 217,575 0	To undation) Fund Foundation) Fund Foundation) Fund Foundation) Fund Foundation) Fund Foundation) Reclasses  13,057 22,243 (3,900) 0 0 0 3,900 0 13,057 0 22,243 0 0 0 (78,571) (6,640) 0 (65,514) 0 15,603 0 0 0 347,865 0 201,972 0 0 0 282,351 0 217,575 0 0

NOTE: Source of this schedule is the Audited Financial Statements for the year ended September 30, 2015.

NOTE: Source of Cost Report Reclasses is as follows:

1) See below

**Total Revenues** 

Total Expenses
Income(Loss)-Operations
Unrealized Gain (Loss) Change In Net Assets Net Assets-Beginning Net Assets-Ending

3,911

2) See below

(11)

**Total Reclasses** 

3,900

- 1) Discounts included in Other Revenue on Audited Financial Statements but reported in Miscellaneous Expense and disallowed on **Annual Cost Report.**
- 2) Miscellaneous rounding adjustment.
- a. Page 36 Line B. Total Revenue \$14,120,858.

# H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	Ended	Page	of
Elin	n Park Baptist Home, Inc.	666c	9/30/2015		36	37
		Account			Ar	nount
A.	Balance at End of Prior Period as shown on Report of 09/30/2014					(8,699,967)
	B. Total Revenue (From Statement of Revenue Page 30)					14,120,858
C.	T The state of the					14,253,786
	D. Net Income or Deficit					(132,928)
E.	Balance			\$		(8,832,895)
F.	Additions					
	1. Additional Capital Contributed	(itemize)	•			
				Ü		
1						
l						
<u> </u>						
1	2. Other (itemize)					l l
ĺ						-
Ì						
	Total Additions					
G.	Deductions					
	Drawings of Owners/Operators/Partners (Specify)			\$		
_	Name and Address (No., City, S	State, Zip)	Title	Amount		
			j			
	2. Other Withdrawings (Specify)					
	Purpose		Amount			- <del></del>
		***************************************				
3. Total Deductions				\$		-
Н,	Balance at End of Period	09/30/1:	5	\$		(8,832,895)
	A TOTAL CONTRACTOR OF THE PARTY			Ψ.		(0,002,000)

# I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of					
Elim Park Baptist Home, Inc.	666c	9/30/2015	37	37					
Check appropriate category									
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)								
Preparer/Reviewer Certification									
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.									
Signature of Preparer	Title	Date Signed							
Thomas Pena		2/11/16		l					
W.S.	Controller, Staff Accountant II	21/16							
Printed Name of Preparer									
Thomas Penna, James Papierz									
Addres Address		Phone Number		$\overline{}$					
140 Cook Hill Road, Cheshire, CT 06410	203-272-3547 ext. 160								