State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2014

Name of Facility (as I	licensed)							
Simonetti Realty, Inc	. d/b/a Marshall	Lane Manor						
Address (No. & Stree	et, City, State, Z	(ip Code)						
101 Marshall Lane, D	Derby, CT 0641	18						
Type of Facility								
Chronic and Convalescent			Rest Home with Nursing					
☐ Nursing Home only			Supervision only \(\subseteq \text{(Specify)}					
(CCNH)			(RHNS)					
Report for Year Beginning			Report for Year Ending					
2/1/2015			6/30/2015					
License Numbers: CCNH		RHNS		(Specify)		Medicare Provider 07-5630		
			RH102					
Medicaid Provider Numbers:		CC	CCNH		RHNS 91025		ICF-IID	
For Department Use	nly							
Sequence Number	Signed and	Date	Sequence Number					
Assigned Notarized		Received Assign		i Signed at		nd Notarized Date Receiv		
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