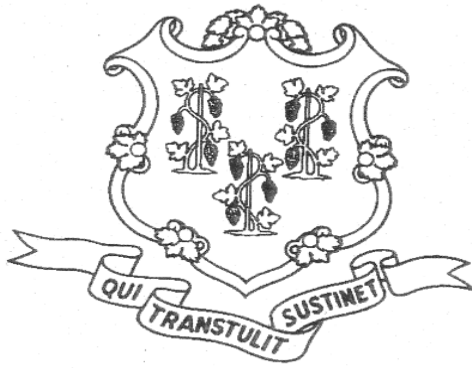


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Paradigm Healthcare Center of Prospect, LLC	
Address (No. & Street, City, State, Zip Code) 25 Royal Crest Drive, Prospect, CT 06712	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2253	RHNS	(Specify)	Medicare Provider 07-5207B
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Medicaid Provider Numbers:	CCNH 0000-10918	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Paradigm Healthcare Center of Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Paradigm Healthcare Center of Prospect, LLC [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. **{a}**

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.

{a} SUBJECT TO DESK AUDIT REVIEW

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Joel Carmichael			Printed Name (Owner) See Page 3		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Paradigm Healthcare Center of Prospect, LLC	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 25 Royal Crest Drive, Prospect, CT 06712				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/9/2016		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-758-4431		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Paradigm Healthcare Center of Prospect, LLC			Address (No. & Street, City, State, Zip) 25 Royal Crest Drive, Prospect, CT 06712		
License Numbers:	CCNH 2253	RHNS	(Specify)	Medicare Provider No. 07-5207B	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Joel Carmichael			Nursing Home Administrator's License No.:	1186	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		

**General Information and Questionnaire
Related Parties***

Name of Facility Paradigm Healthcare Center of Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Management of HR, Finance, Clinical Ops	Pg. 16 / Line m12	454,009	369,418
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Disability Insurance - Corp Policy	Pg. 15 / Line 1a2	10,357	10,357
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Life Insurance - Corp Policy	Pg. 15 / Line 1a6	2,985	2,985
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	Pg. 27 / Line 14a	10,302	10,302
Paradigm Healthcare Development, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Health/Dental Policy	Pg. 15 / Line 1a5	1,097,016	1,097,016
Paradigm Healthcare Development, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Workers' Comp	Pg. 15 / Line 1a1	386,827	386,827
Paradigm Healthcare Development, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		401k Plan	N/A		3,530
Paradigm Healthcare Development, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Shared Working Capital Interest based on A	Pg. 27 / Line 12d	163,123	163,123
See Page 4a Attached		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Paradigm Healthcare Center of Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
- N/A
-
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
- Workers Comp Corp policy allocated on beds, Corporate Health/Dental is billed separately to each facility, interest on line of credit based on A/R balances; advertising/promotion and general legal based on 1/6 as these expenses are shared equally.
-
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
- Yes No If "No," explain fully why such allocation was not made.
- N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Paradigm Healthcare Center of Prospect, LLC			License No. 2253	Report for Year Ended 9/30/2015			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	Open Ended	Open Ended	159	159	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							Total ***	159

Yes No

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility Paradigm Healthcare Center of Pros	License No. 2253	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, new Haven, CT 06511
--	--

Services Provided by This Firm (describe fully)

1 Audit, tax preparation, cost report and reimbursement advisory services	\$ 20,100
2	\$
3	\$
4	\$
Charge for Services Provided	
\$ 20,100	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 MidCap Financial 2 Murtha Cullina 3 Law Offices of Joseph Auger 4 American Arbitration 5 Various	Telephone Number 301-841-3736 860-240-6000 203 386-1017 617-451-6600 Various
--	---

Address (No. & Street, City, State, Zip Code)

1 7255 Woodmont Avenue, Bethesda, MD 20814
2 185 Asylum Street, Hartford, CT 06103
3 2505 Main St #226, Stratford, CT 06615
4 One Center Plaza, Third Floor, Boston, MA 02108
5 Various

Services Provided by This Firm (describe fully)

1 Due dilligence and line of credit legal fees (Disallowed Pg. 28)	\$ 12,147
2 General representation and mediation	\$ 6,272
3 Collections (Disallowed on Pg. 28)	\$ 2,685
4 Administration Fee	\$ 275
5 Conservatorship for residents (Disallowed Pg. 28)	\$ 1,325
Charge for Services Provided	
\$ 22,704	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Paradigm Healthcare Center of Prospect, LLC			License No. 2253			Report for Year Ended 9/30/2015				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	113	113			113	113			112	112		
B. As of midnight of THIS report period	108	108			112	112			108	108		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,629	4,629			3,780	3,780			849	849		
B. Medicaid (Conn.)	33,714	33,714			24,930	24,930			8,784	8,784		
C. Medicaid (other states)												
D. Private Pay	1,783	1,783			1,456	1,456			327	327		
E. State SSI for RCH												
F. Other (Specify) Managed Care	575	575			386	386			189	189		
G. Total Care Days During Period (3A thru F)	40,701	40,701			30,552	30,552			10,149	10,149		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	40,701	40,701			30,552	30,552			10,149	10,149		

Schedule of Resident Statistics (Cont'd)

Name of Facility Paradigm Healthcare Center of Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	97		4				
Per Diem Rate								
a. One bed rm.	Various	252.55		344.00				
b. Two bed rms.	Various	252.55		344.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,180	4,180		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,127	1,127		
2. Restorative Treatments				
C. Other	8,611	8,611		
D. Total Physical Therapy Treatments	13,918	13,918		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	430	430		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	279	279		
2. Restorative Treatments				
C. Other	937	937		
D. Total Speech Therapy Treatments	1,646	1,646		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	3,875	3,875		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	4,865	4,865		
2. Restorative Treatments				
C. Other	8,068	8,068		
D. Total Occupational Therapy Treatments	16,808	16,808		

Report of Expenditures - Salaries & Wages

Name of Facility Paradigm Healthcare Center of Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,765	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	113,464	5,445				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	503,648	25,906				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	276,808	12,919				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	90,471	4,373				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	87,242	3,984				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	171,278	4,101				
b. RN						
1. Direct Care	898,912	22,019				
2. Administrative**	240,381	7,689				
c. LPN						
1. Direct Care	1,130,957	36,200				
2. Administrative**						
d. Aides and Attendants	1,842,635	92,150				
e. Physical Therapists	236,344	8,835				
f. Speech Therapists	71,174	1,720				
g. Occupational Therapists	219,745	6,547				
h. Recreation Workers	84,073	4,689				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	118,362	4,961				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	30,643	1,956				
<i>A-13. Total Salary Expenditures</i>	6,242,902	245,574				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Medical Records	\$ 30,643	1,956				
Total	\$ 30,643	1,956	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Medical Records	\$ 1,675	50				
Total	\$ 1,675	50	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Paradigm Healthcare Center of Prospect, LLC				2253	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Paradigm Healthcare Center of Prospect, LLC				2253	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Joel Carmichael	126,765			Non-discrim	Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Paradigm Healthcare Center of Prospect, LLC	2253	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,593	170				
3. Pharmacist	12,662	216				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	55,358	1,067				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,099	144				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Audiology	2,447	74				
9. Speech Therapist						
a. Resident Care	2,965	41				
b. Other						
10. Occupational Therapist						
a. Resident Care	9,870	197				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	1,122	25				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,675	50				
B-13 Total Fees Paid in Lieu of Salaries	127,791	1,984				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.
 ** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.
 *** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Name of Facility Paradigm Healthcare Center of Prospect, LLC		License No. 2253		Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
United Dental Resources, LLC; 411 Highland Ave., Ste 1-N; Waterbury CT 06708	Dentist/Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
LTC Dental LLP 174 Scott Road, Prospect, CT 06712	Dentist/Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
LifeMed Pharmacy LLC.; 447 Doughty Blvd; Inwood NY 11096	Pharmacist / Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Accuscript Consulting Servies LLC; 276 CEDARBRIDGE AVE.;LAKEWOOD NJ 08701	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Omnicare of CT, PO Box 715268, Columbus, OH 43271-5268	Pharmacist / Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
National Staffing Solutions P.O. Box 9310 Winter Haven FL 33883	PT Resident Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Synergy Therapy Solutions 44 Bluff Point Road South Glastonbury CT 06073	PT, OT and ST Resident Care	<input checked="" type="radio"/>	<input type="radio"/>	Wife of Scott Ziskin		
Stern Therapy Consultants LLC; 50 Lyncrest Drive; Monsey, NY 10952	PT Resident Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
SDX Swallowing Diagnostics, LLC; 21 Waterville Rd.; Avon, CT 06001	ST Resident Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Joseph Brenes M D; 464 Wolcott Rd.; Wolcott CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Nurse Network, 653 Main Street; Plantsville, CT 06479	LPN's	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Paradigm Healthcare Center of Prospect, LLC	2253	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 386,827	386,827			
2. Disability Insurance	\$ 10,357	10,357			
3. Unemployment Insurance	\$ 128,960	128,960			
4. Social Security (F.I.C.A.)	\$ 469,729	469,729			
5. Health Insurance	\$ 1,097,016	1,097,016			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,985	2,985			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 348,531	348,531			
8. Uniform Allowance	\$ 15,832	15,832			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 41,211	41,211			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 92,931	92,931			
d. Accounting and Auditing	\$ 20,100	20,100			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 22,704	22,704			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 7,361	7,361			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 32,465	32,465			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 758,234	758,234			
Subtotal	\$ 3,435,243	3,435,243			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Prospect, LLC	2253	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,435,243	3,435,243		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 4,389	4,389		
4. Employee Travel	\$ 2,217	2,217		
5. Education Expenses Related to Seminars and Conventions	\$ 250	250		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>)	\$			
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 2,803	2,803		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$ 2,300	2,300		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$ 350	350		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 1,692	1,692		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 6,824	6,824		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ (2,323)	(2,323)		
10. Contributions***	\$			
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 68,040	68,040		
12. Administrative Management Services**	\$ 454,009	454,009		
13. Other (<i>Specify</i>)	\$ 31,738	31,738		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 4,007,532	4,007,532		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Advertising - Promotional	\$ 2,300		
Total Other Advertising	\$ 2,300	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF	\$ 6,824		
Total Dues	\$ 6,824	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Bank Charges	\$ 24,527		
Printing	\$ 827		
Business License Fees	\$ 1,441		
Licenses & Permits - Chesprocott Health District	\$ 310		
Licenses & Permits - Dept of Energy & Environment	\$ 3,000		
Licenses & Permits - National Government Service	\$ 553		
Licenses & Permits - Treasurer, State of CT	\$ 1,080		
Total Other Administrative and General	\$ 31,738	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Paradigm Healthcare Center of Prospect,	2253	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Paradigm Management, LLC	454,009	Management of HR, finance, clinical and operations	Pg. 16 / Line m12

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

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

Name of Facility Paradigm Healthcare Center of Prospect, LLC		License No. 2253	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 212,756	212,756		
2.	Non-Food Supplies	\$ 42,325	42,325		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 255,081	255,081		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Paradigm Healthcare Center of Prospect, LLC		License No. 2253	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	15,970	15,970		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	15,970	15,970		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Paradigm Healthcare Center of Prospect, LLC		2253	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	29,263	29,263		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 29,263	29,263		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Pharmacy		\$ 195,976	195,976		
b.	Medicine Cabinet Drugs		\$ 41,794	41,794		
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$ 6,398	6,398		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 23,796	23,796		
f.	X-rays and Related Radiological Procedures***		\$ 7,588	7,588		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 13,713	13,713		
i.	Recreation		\$ 23,124	23,124		
j.	Other (Specify)**** See Attached Schedule		\$ 192,295	192,295		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 504,684	504,684		

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

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

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	-		
PPD Medical Supplies	\$ 122,860		
Diapers/Disposables	\$ 43		
I.V. Therapy/RT Exp	\$ 22,208		
Med Equip Rental - Exercise bike for PT	\$ 5,108		
Med Equip Rental - Oxygen Rental	\$ 26,083		
Med Equip Rental - Wound Vac	\$ 2,877		
Med Equip Rental - Mattresses	\$ 2,749		
Med Equip Rental - Mattress Rental	\$ 625		
Med Equip Rental - Wheelchairs	\$ 794		
Patient Expenses	\$ 3,794		
Patient Consolidated Billing	\$ 2,789		
Physical Therapy Supplies	\$ 1,004		
Occupational Therapy Supplies	\$ 1,361		
Total Other Resident Care	\$ 192,295	\$ -	\$ -

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

Name of Facility Paradigm Healthcare Center of Prospect, LLC			License No. 2253		Report for Year Ended 9/30/2015			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Unicorn	25B Hanover Road, Florham Park, NJ 07932	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	22,895			16	m11
Wescom Solutions, Inc.	#213, Minneapolis, MN 55416	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Point Click Care	11,092			16	m11
USA Hauling & Recycling, Inc.	East Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	23,996			22	6f
Yucatech Technology Solutions	805 4th St #2, San Rafael, CA 94901	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Consulting	11,160			16	m11
Caretech Supplies, LLC	1123 McDonald Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Purchased Service	18,000			18	2b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Paradigm Healthcare Center of Prospect, LLC	2253	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 35,484	35,484				
b. Heat	\$ 42,702	42,702				
c. Light & Power	\$ 104,118	104,118				
d. Water	\$ 32,358	32,358				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 159	159				
f. Other (<i>itemize</i>)	\$ 64,422	64,422				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 279,243	279,243				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 180,000	180,000				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 15,420	15,420				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 195,420	195,420				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 18,512	18,512				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 18,512	18,512				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 283,481	283,481				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 66,621	66,621				
c. Personal property taxes	\$ 1,006	1,006				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 565,040	565,040				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Contract Svcs Maintenance	\$ 24,757		
Pest Control	\$ 1,170		
Groundskeeing/Snow Removal	\$ 7,965		
Trash Removal	\$ 30,530		
Total Other Repairs and Maintenance	\$ 64,422	\$ -	\$ -

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/31/2015	HP-4000 Biometric Time Collection Device	\$ 2,857	10	\$ 24
1/27/2015	UniMac Gas Dryer, Model UT075UO	5,348	10	45
7/31/2015	22 POC kiosks	13,716	5	1,372
7/31/2015	30 Emar Tablets	8,412	5	841
7/31/2015	WIFI APS	11,900	5	1,190
7/31/2015	WIFI Setup	1,200	5	120
Total additions for Movable Equipment		\$ 43,433		\$ 3,592 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/28/2015	Install Outlets	\$ 1,874	10	\$ 16
5/14/2015	Industrial Pump Refurbishment	7,467	10	17
6/25/2015	Fix Parking Lot Pavement	1,970	10	18
Total additions for Leasehold Improvement		\$ 11,311		\$ 51 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Paradigm Healthcare Center of Prospect, LLC			License No. 2253		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year			Year's Operations				
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	271,211	61,419	S/L	Var	18,461	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	11,311		S/L	Var	51	
C-4. Subtotal									18,512
D. Total Amortization									18,512

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Paradigm Healthcare Center of Prospe	License No. 2253	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity				
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Independence Senior Holdings LLC, 13 Freedom Drive, Lakewood, NJ 08707	Buildings and all assets	07/01/09	15 Years	283,481

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Paradigm Healthcare Center of Prosp		2253	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page of	
Paradigm Healthcare Center of Pro		2253		9/30/2015			27 37	
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify) Working Capital \$163,123 / Other = \$62,075				\$	225,198	225,198		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	225,198	225,198		
14. Insurance								
a. Insurance on Property (buildings only)				\$	10,302	10,302		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify) Insurance Non-Property				\$	72,555	72,555		
14d. Total Insurance Expenditures (14a + b + c)				\$	82,857	82,857		
15. Total All Expenditures (A-13 thru C-14)				\$	12,335,561	12,335,561		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Prospect, LLC				2253	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 219,745	219,745		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 9,870	9,870		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.	16	L3	Discriminatory Benefits	\$ 663	663		
9.	15	1c	Bad Debts	\$ 92,931	92,931		
10.	15	1e	Accounting & Legal	\$ 16,157	16,157		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 2,300	2,300		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 149,357	149,357		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 7,586	7,586		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 498,609	498,609		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Non-Allowable Bank Charges	\$ 7,586		
Total Other A&G Adjustments			\$ 7,586	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Prospect, LLC				2253	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 498,609	498,609		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 195,976	195,976		
28.	20	5d	Ambulance/Limousine	\$ 6,398	6,398		
29.	20	5f	X-rays, etc	\$ 7,588	7,588		
30.	20	5h	Laboratory	\$ 13,713	13,713		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 23,796	23,796		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 63,850	63,850		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV 8	Vending Machine Revenue	\$ 1,462	1,462		
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 64,455	64,455		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 875,847	875,847		

*** 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.

Paradigm Healthcare Center of Prospect, LLC
 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	\$ 4,738		
20	5j	I.V. Therapy/RT Exp	\$ 22,208		
20	5j	Med Equip Rental - Oxygen Rental	\$ 26,083		
20	5j	Med Equip Rental - Wound Vac	\$ 2,877		
20	5j	Patient Expenses	\$ 3,794		
20	5j	Patient Consolidated Billing	\$ 2,789		
20	5j	Occupational Therapy Supplies	\$ 1,361		
Total Other Ancillary Costs			\$ 63,850	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest - Other	\$ 62,075		
30	IV 8	Accelerated Care Plus Corp.	\$ 1,809		
30	IV 8	Medical Records Income	\$ 571		
Total Other Adjustments			\$ 64,455	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Paradigm Healthcare Center of Prospect,	2253	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,574,763	11,574,763			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,071,926)	(3,071,926)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,583,975	1,583,975			
b. Medicare Room and Board Contractual Allowance **	\$ 1,038,638	1,038,638			
4. a. Private-Pay Residents and Other	\$ 828,571	828,571			
b. Private-Pay Room and Board Contractual Allowance **	\$ 109,394	109,394			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 158,561	158,561			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 35,308	35,308			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 510,804	510,804			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 98,315	98,315			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 99,171	99,171			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 15,391	15,391			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 598,463	598,463			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 94,555	94,555			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,052,368)	(1,052,368)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (236,619)	(236,619)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,384,996	12,384,996			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 236	236			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 7,181	7,181			
V. Total Other Revenue (1 thru 8)	\$ 7,417	7,417			
VI. Total All Revenue (III +V)	\$ 12,392,413	12,392,413			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Lab - MA	\$ 12,080		
30 II 6a	IV Therapy - MA	\$ 7,064		
30 II 6a	Oxygen - MA	\$ 3,485		
30 II 6a	X-Ray - MA	\$ 6,919		
30 II 6a	Contractual Allowance (Ancillaries) - MA	\$ (1,027,838)		
30 II 6a	IV Therapy - M MA	\$ 215		
30 II 6a	Contractual Allowance (Ancillaries) - M MA	\$ (7,066)		
30 II 6a	Contractual Allowance (Ancillaries) - Medicare B	\$ (47,227)		
Total Other Resident Revenue - Medicare		\$ (1,052,368)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Ancillaries - PVT	\$ 89		
30 II 6b	Lab - MD	\$ 10		
30 II 6b	IV Therapy - MD	\$ 1,493		
30 II 6b	Oxygen - MD	\$ 8,348		
30 II 6b	Contractual Allowance (Ancillaries) - MD	\$ (139,001)		
30 II 6b	Contractual Allowance (Ancillaries) - Hospice	\$ (9)		
30 II 6b	Lab - Managed Care	\$ 994		
30 II 6b	IV Therapy - Managed Care	\$ 2,694		
30 II 6b	Oxygen - Managed Care	\$ 304		
30 II 6b	X-Ray - Managed Care	\$ 1,001		
30 II 6b	Contractual Allowance (Anc.) - Managed Care	\$ (112,542)		
Total Other Resident Revenue		\$ (236,619)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Income	N/A	\$ 236		
Total Interest Income			\$ 236	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Vending Income	\$ 1,462		
30 IV 8	Accelerated Care Plus Corp.	\$ 1,809		
30 IV 8	UHC Dividend Savings	\$ 1,575		
30 IV 8	Medical Records Income	\$ 571		
30 IV 8	Prior Period Adjustment to Reserve (No Expense Reported)	\$ 1,764		
Total Other Revenue		\$ 7,181	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Prospec	2253	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	89,102
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,386,879
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	13,538
5. Prepaid Expenses			\$	109,177
a. Prepaid Expenses	109,177			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	1,628
8. Other Current Assets (<i>itemize</i>)			\$	1,340,039
Due From Seller	534			
Due From Paradigm Management/Development	1,307,650			
Due From NH, SW, Torr, Wtby, WH	31,855			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,940,363
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>282,522</u>		\$	202,591
	Accum. Depreciation <u>79,931</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(7,426)
Construction in Progress	18,437			
F/S vs C/R NBV	(25,863)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	195,165

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Paradigm Healthcare Center of Prospec	License No. 2253	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,135,528
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	4,500,000		
	Accum. Depreciation	1,125,545	Net	\$ 3,374,455
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	245,493		
	Accum. Depreciation	120,043	Net	\$ 125,450
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
			\$	3,499,905
D. Investment and Other Assets				
1. Deferred Deposits				
2. Escrow Deposits				
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				
5. Investments Related to Resident Care (<i>itemize</i>)				

6. Loans to Owners or Related Parties (<i>itemize</i>)				
Name and Address			Amount	Loan Date

7. Other Assets (<i>itemize</i>)				

D-8. Total Investments and Other Assets (Lines D1 thru 7)				
			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
			\$	6,635,433

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Prospect, LLC	2253	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,216,867
2. Notes Payable (<i>itemize</i>)			\$	537,125
Note Payable Power Point Energy			7,363	
Note Payable HCSG			267,571	
Note Pay - Medline			760	
Note Pay - 1199 Pension/Training			261,431	
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	234,162
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	23,068
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	136,040
Accrued Provider Tax Payable			195,486	Medicaid Medicare Rese: 35,236
Rent Accrual			19,647	
Patient Refund			(135,197)	
Patient Funds Liability			20,868	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,147,262

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Paradigm Healthcare Center of Prospect, LI	License No. 2253	Report for Year Ended 9/30/2015	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,147,262	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
		742,400		
Line of Credit				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 742,400
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,889,662

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

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Prospe	2253	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	125,450
4. Reserve for leasehold real properties on which fair rental value is based			\$	3,374,455
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	3,499,905
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,794)
6. Gain or Loss for Period			\$	251,660
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	245,866
C. Total Reserves and Net Worth			\$	3,745,771
D. Total Liabilities, Reserves, and Net Worth			\$	6,635,433

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Prospect,	2253	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(4,105)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,392,413
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,140,753
D. Net Income or Deficit			\$	251,660
E. Balance			\$	247,555
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses Per Pg. 27 \$12,335,561				
F/S vs C/R Depreciation (194,808)				
Total F/S Expenses \$12,140,753				
2. Other <i>(itemize)</i>				
Prioie Period Adjustment				(1,689)
F-3. Total Additions			\$	(1,689)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	245,866
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Paradigm Healthcare Center of Prospect,	License No. 2253	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Matthew S. Bavolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	