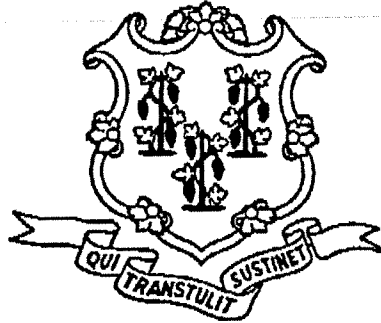


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	
Address (No. & Street, City, State, Zip Code) 89 Weid Drive Naugatuck CT 06770	
Type of Facility <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)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2182-C	RHNS	(Specify)	Medicare Provider No. 07-5390
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Medicaid Provider Numbers:	CCNH 2182-C	RHNS	ICF-MR
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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) Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	Page 1	of 37
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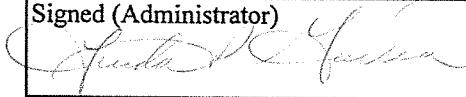
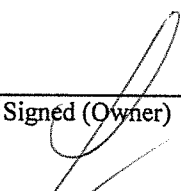
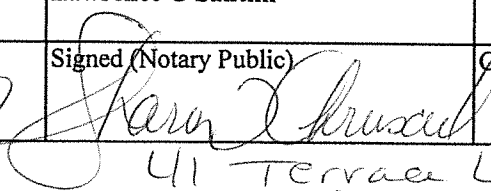
Administrator's/Owner's Certification

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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center [facility name] for the cost report period beginning October 01, 2015 and ending September 30, 2016, 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 penalties 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) 	Date 2/15/17	Signed (Owner) 	Date 2/15/17
Printed Name (Administrator) Linda Garcia		Printed Name (Owner) Lawrence G Santilli	
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public)  3/13/120
Address of Notary Public 41 Terrace Ln Bristol CT 06010			

(Notary Seal)



**MYERS AND
STAUFFER** LLC
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

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

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

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

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

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

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

7 Waterside Crossing, Ste 202 | Windsor, CT 06095
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810
www.mslc.com

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 89 Weid Drive Naugatuck CT 06770				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/15/2017		
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 203-729-9889	Report for Year Ended 09/30/16	Page 2	of 37
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Name of Facility (as shown on license) Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	Address (No. & Street, City, State, Zip) 89 Weid Drive Naugatuck CT 06770
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License Numbers:	CCNH 2182-C	RHNS	(Specify)	Medicare Provider No. 07-5390
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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="checkbox"/> PROPRIETORSHIP	<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROFIT CORP.
<input type="checkbox"/> NON-PROFIT CORP.	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> 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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If "Yes," explain fully.
--	------------------------------	--	--------------------------

Administrator		
Name of Administrator Linda Garcia	Nursing Home Administrator's License No.:	1064

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:
Not Applicable	

General Information and Questionnaire Related Parties*

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	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				
Miscellaneous Facilities	Various	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interfacility Loans	Page 33, A2		
Athena Health Care Systems	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Services, Lobby Fees, Temp Bookkeeping, MIS	Pages 16, 18, & 20 pg 16m13	\$246,500	
Athena Health Care 401k	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility participates in common 401k plan			
Athena Health Care Systems	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Workers Comp Captive	Page 15 1a	\$449,577	\$449,577
Athena Health Care Insurance	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health Insurance	Page 15 1a5	\$1,252,416	\$1,252,416
Bayview Health Care	301 Rope Ferry Road Waterford, CT 06385	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Software Settlement	Page 16 m13	\$1,512	\$1,512
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

* 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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	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.

Not Applicable

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

Not Applicable

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.

Outpatient services

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

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

Name of Facility		License No.	Report for Year Ended		Page	of	
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		2182-C	9/30/2016		6	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					
LEAF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	02/13/13	48 months	\$14,395	\$14,395
Pitney Bowes P.O. Box 856390, Louisville, KY 40285	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postal Equipment	12/10/10	66 Months	\$1,091	\$814
Webster Capital Finance P.O. Box 330 Hartford, CT 06141-0330	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone System	08/19/13	36 months	\$22,302	\$22,302
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	06/24/13	60 months	\$7,043	\$7,043
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	05/22/15	38 months	\$2,025	\$2,025
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						Total ***	\$46,579

Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No **Total *****

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Cash <input type="checkbox"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Marcum LLP		555 Long Wharf Drive New Haven, CT		
2 Marcum LLP		555 Long Wharf Drive New Haven, CT		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 2016 Tax Return & Audit		S		26,125
2 9/30/15 Medicare Cost Report		S		2,650
3		S		-
4		S		-
			Charge for Services Provided	
			\$28,775	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Pg 15, Line1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Goldman, Gruder, & Woods, LLC			203-899-8900	
2 Treasurer, State of CT			860-231-2442	
3 Murtha Cullina LLP			860-240-6000	
4 State of CT Probate Court District of Naugatuck			203-720-7046	
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 200 Connecticut Avenue Norwalk, CT 06854				
2 186 Newington Road West Hartford, CT 06110				
3 City Place 185 Asylum Street Hartford, CT 06103				
4 229 Church Street Naugatuck, CT 06770				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 A/R Collections (Disallow)		S		6,477
2 Conservator Request (Disallow)		S		375
3 UCC Filings \$345 (Disallow) Yr 2016 file Annual report \$76 (Allow) Audit Letter \$791 (Allow) Resident Care Issue \$135 (Disallow)		S		1,347
4 Conservator Request (Disallow)		S		82
5		S		-
			Charge for Services Provided	
			\$8,281	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Pg 15, Line1e				

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	2182-C		09/30/16		8 37	
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center						
	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.....	126	126			126 126	126 126
B. On last day of THIS report period.....	126	126			126 126	126 126
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	123	123			119 119	123 123
B. As of midnight of THIS report period.....	117	117			119 119	117 117
3. Total Number of Days Care Provided During Period						
A. Medicare.....	8,686	8,686			7,018 7,018	1,668 1,668
B. Medicaid (Conn.).....	33,341	33,341			24,388 24,388	8,953 8,953
C. Medicaid (other states).....						
D. Private Pay.....	1,724	1,724			1,243 1,243	481 481
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	522	522			409 409	113 113
G. Total Care Days During Period (3A thru F).....	44,273	44,273			33,058 33,058	11,215 11,215
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....	230	230			173 173	57 57
B. Other Bed Reserve Days.....	16	16			16 16	
5. Total Resident Days (3G + 4A + 4B).....	44,519	44,519			33,247 33,247	11,272 11,272

Schedule of Resident Statistics (Cont'd)

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	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 (Specify)			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	14		98		2			3	
Per Diem Rate									
a. One bed rm.	547.56		230.83		507.00			434.14	
b. Two bed rms.	547.56		230.83		492.00			434.14	
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	8,800	8,800		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,507	1,507		
2. Restorative Treatments				
C. Other	23,137	23,137		
D. Total Physical Therapy Treatments	33,444	33,444		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,245	1,245		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	98	98		
2. Restorative Treatments				
C. Other	2,966	2,966		
D. Total Speech Therapy Treatments	4,309	4,309		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,297	5,297		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,240	1,240		
2. Restorative Treatments				
C. Other	21,637	21,637		
D. Total Occupational Therapy Treatments	28,174	28,174		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of	
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016	10	37	
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Item	Total Cost and Hours				
	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)	122,516	2,120			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	253,015	10,619			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	54,989	2,130			
c. Dietary Workers	422,662	30,977			
6. Housekeeping Service					
a. Head Housekeeper	54,504	2,120			
b. Other Housekeeping Workers	274,874	21,687			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	55,842	2,099			
b. Other Maintenance Workers	43,695	2,623			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	92,341	7,643			
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	193,877	3,746			
b. RN					
1. Direct Care	579,572	16,802			
2. Administrative**	441,717	16,892			
c. LPN					
1. Direct Care	1,112,472	42,425			
2. Administrative**					
d. Aides and Attendants	1,811,778	119,682			
e. Physical Therapists	517,248	16,378			
f. Speech Therapists	126,041	2,818			
g. Occupational Therapists	436,116	12,054			
h. Recreation Workers	144,383	7,644			
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	222,244	8,155			
n. Marketing					
o. Other (Specify)					
<i>A-13. Total Salary Expenditures</i>	6,959,886	328,614			

* 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	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C		Report for Year Ended 9/30/2016			Page 11	of 37				
	Name	CCNH	RHNS	Salary Paid (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners											
Not Applicable											
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).											
Not Applicable											

* 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) Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C		Report for Year Ended 9/30/2016		Page 12	of 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***									
Linda P. Garcia (10/1/2015 - 09/30/2016)	122,516		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,120	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		
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016	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.....	14,716	375				
2. Dentist.....	1,800	6				
3. Pharmacist.....	9,534	131				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	187,219	2,957				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	50,400	274				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	56					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care.....	39,148	490				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....	2,659					
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	12,128	32				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	317,660	4,263				

* 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.

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B. Report of Expenditures - Professional Fees (Medical Director Detail)

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C		Report for Year Ended 9/30/2016		Page 13 a	of 37
Item		Total Cost and Hours					
		CCNH	Hours	RHNS	Hours	(Specify)	Hours
8. Physicians							
a. Medical Director Detail		0	274	0	0	0	0

ProHealth / Dr. Miller	\$20,400	108.25 hours
Alliance Medical Group Inc (Dr. Elser)	\$30,000	165.25 hours

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

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Advanced Medical Personnel P.O. Box 392450 Pittsburgh, PA 15251-9450	Physical & Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Mary Jane Leonetti, 245 Cherry Avenue Unit 21N Watertown, CT 06795	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Robert Badrigian, 5 South Main St, Suite 515 Branford, CT 06405	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare/Value Health Care Services, Inc 525 Knotter Drive Cheshire, CT 06410	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Access Therapies, P.O.Box 823461, Philadelphia, PA	Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Alliance Medical Group Inc (Dr. Elser), 1801 W Olympic Blvd File 2201 Pasadena, CA 91199-	Medical Director, Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SDX Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
ProHealth / Dr. Neil Miller, 3 Farm Glen Road Farmington, CT 06032	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care Systems 135 South Road Farmington, CT 06032	MDS Fill-in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Ownership	
AMN Healthcare Allied Therapy PO Box 281939 Atlanta, GA 30384	Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Malie Guerini Associates 222 Boston Avenue Stratford, CT 06614	Nurse Placement Fee	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

* 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
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 449,577	449,577			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 132,780	132,780			
4. Social Security (F.I.C.A.).....	\$ 519,560	519,560			
5. Health Insurance.....	\$ 1,108,570	1,108,570			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 40,155	40,155			
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 59,121	59,121			
d. Accounting and Auditing.....	\$ 28,775	28,775			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 8,281	8,281			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$ 53,914	53,914			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 20,008	20,008			
2. Cellular Phones.	\$ 2,309	2,309			
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	\$ 753,210	753,210			
Subtotal	\$ 3,176,260	3,176,260			

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,176,260	3,176,260			
i. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 5,055	5,055			
3. Gifts to Staff and Residents.....	\$ 9,335	9,335			
4. Employee Travel.....	\$ 1,509	1,509			
5. Education Expenses Related to Seminars and Conventions	\$ 4,667	4,667			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$ 14,546	14,546			
2. Advertising Telephone Directory (all such expenses)***	\$ 1,230	1,230			
3. Advertising Other (Specify)***.....	\$ 16,302	16,302			
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$ 7,982	7,982			
* 8. Dues and Membership Fees to Professional Associations (Specify).....	\$ 8,586	8,586			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 650	650			
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$ 155,467	155,467			
13. Other (Specify).....	\$ 114,650	114,650			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 3,516,239	3,516,239			

* 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)
Promotional	\$ 16,302		
Total Other Advertising	\$ 16,302	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CHACF	\$ 8,586		
Total Dues	\$ 8,586	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 4,220		
Licenses	\$ 1,070		
Bank Charges	\$ 8,903		
Payroll Processing Fees	\$ 22,772		
Employee Physicals & Background Checks	\$ 19,703		
Data Processing Fees	\$ 47,265		
Compliance Consulting	\$ 10,297		
Energy Audit	\$ 420		
Total Other Administrative and General	\$ 114,650	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$180,792	Contract Attached to a Prior Year	See Below
Allocation of the Above	\$119,323 \$28,927 \$32,543	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$36,144	Admin/Gen - Other Exp	Pg 16, Line 12

* 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.

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

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$	275,362	275,362		
2. Non-Food Supplies.....	\$	27,771	27,771		
3. Other (Specify) _____ Dishes = \$5,216	\$	5,216	5,216		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**.....		\$	28,927	28,927	
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$	337,276	337,276	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals:	Total no. of meals served per day:*	363	363		
H. Is cost of employee meals included in 2E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
I. Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify amount.					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify cost. = \$180					
L. Is any revenue collected from these people? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify amount.					
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="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify amount.					
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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C	Report for Year Ended 9/30/2016	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. \$			
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. \$	10,848	10,848	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Supplies = \$8,981		\$	8,981	8,981	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	19,829	19,829	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		2182-C	9/30/2016		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. \$	34,473	34,473			
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)...	\$	34,473	34,473			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy.....	\$					
2. Purchased from Omni Care	\$	506,338	506,338			
b. Medicine Cabinet Drugs.....	\$	5,682	5,682			
c. Medical and Therapeutic Supplies.....	\$	281,172	281,172			
d. Ambulance/Limousine***.....	\$	10,004	10,004			
e. Oxygen						
1. For Emergency Use.....	\$					
2. Other***.....	\$	49,715	49,715			
f. X-rays and Related Radiological Procedures***.....	\$	51,510	51,510			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>).....	\$					
h. Laboratory***.....	\$	48,143	48,143			
i. Recreation.....	\$	22,522	22,522			
j. Other (Specify)**** See Attached Schedule	\$	198,311	198,311			
5K. Total Resident Care Expenditures (5a - 5j).....	\$	1,173,397	1,173,397			

* 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)
Management Fee Direct	\$ 32,543		
Medical Equip Rentals-Medicaid	\$ 57,426		
Physical Therapy Supplies	\$ 38,152		
Occupational Therapy Supplies	\$ 11,220		
Oxygen Concentrator Rentals	\$ 6,566		
Cable Television	\$ 13,597		
Speech Therapy Supplies	\$ 117		
Medical Equip Rentals-Other	\$ 38,690		
Total Other Resident Care	\$ 198,311	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		2182-C		9/30/2016		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
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	19,079		16	m13
CT Waste Processing	P.O. Box 415 Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	23,771		22	6f
Harmony Health Care International Inc.	430 Boston Street Suite 104 Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance Consulting	10,298		16/ 16A	1m13 12, 2C, 5J
Omnicare	525 Knottter Dr, Cheshire, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pharmacy Services	498,147		20	
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						1m13
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

* 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).

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

Name of Facility	License No.	Report for Year Ended			Page of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016			22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance..... \$	78,441	78,441			
b. Heat..... \$	51,529	51,529			
c. Light & Power..... \$	156,191	156,191			
d. Water..... \$	48,626	48,626			
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	46,579	46,579			
f. Other (<i>itemize</i>)..... \$	61,288	61,288			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	442,654	442,654			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements..... \$	1,770	1,770			
b. Building & Building Improvements..... \$	292,921	292,921			
c. Non-Movable Equipment..... \$	15,559	15,559			
d. Movable Equipment..... \$	72,822	72,822			
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	383,072	383,072			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense..... \$					
b. Mortgage Expense..... \$	17,144	17,144			
c. Leasehold Improvements..... \$					
d. Other (<i>Specify</i>)..... \$	332	332			
*8e. Total Amortization Costs (8a + b + c + d)..... \$	17,476	17,476			
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$					
10. Property Taxes					
a. Real estate taxes paid by owner..... \$	212,981	212,981			
b. Real estate taxes paid by lessor..... \$					
c. Personal property taxes..... \$	21,603	21,603			
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	635,132	635,132			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 9,448		
Rubbish Removal	\$ 23,771		
Snow Removal	\$ 4,998		
Supplies	\$ 23,071		
Total Other Repairs and Maintenance	\$ 61,288	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached List	\$ 2,042	5	\$ 204
Various	See Attached List	\$ 1,255	7	\$ 90
Various	See Attached List	\$ 5,800	8	\$ 363
Various	See Attached List	\$ 34,986	10	\$ 1,749
Various	See Attached List	\$ 6,238	15	\$ 208
Various	See Attached List	\$ 1,755	20	\$ 44
Total additions for Building Improvements		\$ 52,076		\$ 2,657 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

**BEACON BROOK HEALTH CARE CENTER
BUILDING IMPROVEMENTS
9/30/2016**

ACCT.# 1922

DATE	VENDOR	DESCRIPTION	LIFE	AMOUNT \$
		BALANCE 9/30/15		\$3,547,885.27
10/31/2015	KTL Trucking & Backhoe	Removed 20x20 Asphalt patch & regrade with 4" new asphalt	8	\$1,600.00
	KTL Trucking & Backhoe	Remove 700' of Asphalt curbing and Replace	8	\$4,200.00
	Emerald Resources	Secure Care System Key Pads & Power Supply	7	\$1,254.93
1/31/2016	Fire Control Service Co.	Wiring for Horns for the Fire Panel	10	\$1,233.66
3/31/2016	Fire Service Group	Kitchen Sprinkler Heads	10	\$1,210.95
	Modern Mechanical	B & G Circulator Pump	10	\$2,711.12
	Inpro	Wallcovering	5	\$1,378.80
6/30/2016	All Trade Industries, LLC	Trap Installation	20	\$1,754.78
	Write Way Signs & Designs	Sign and Awning recover	10	\$6,088.01
7/31/2016	Emcor Services	Water Source Heat Pump Qty 1	10	\$2,968.23
	Emcor Services	Water Source Heat Pump Qty 2	10	\$5,723.76
	West Hartford Fence Company	Vinyl Fence	10	\$3,477.65
	TNT Refrigeration	Water Source Heat Pump	10	\$5,849.25
	TNT Refrigeration	Thermostatic Expansion Valve Water Source Heat Pump	5	\$663.62
8/31/2016	Mechanical & Pump Services	Replace Pumps in Interior Sewer Ejector Pit	15	\$6,237.83
	Emcor Services	Water Source Heat Pump Qty 2	10	\$5,723.76
		TOTAL ACQUISITIONS FOR FYE 2016		\$52,076.35
		BALANCE 9/30/16		<u>\$3,599,961.62</u>

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached	\$ 10,587	5	\$ 1,059
Various	See Attached	\$ 12,619	10	\$ 631
Various	See Attached	\$ 3,772	12	\$ 157
Various	See Attached	\$ 1,915	15	\$ 64
Total additions for Movable Equipment		\$ 28,893		\$ 1,911 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c
 **Ties to Page 23, Line D2b

**BEACON BROOK HEALTH CARE CENTER
FURNITURE & EQUIPMENT
9/30/2016**

ACCT.# 1952

DATE	DESCRIPTION	LIFE	AMOUNT \$
	BALANCE AT 9/30/15		\$937,133.52
Dec-15	McKesson PLTFRM MAT BARI ELECT	12	\$3,772.44
	Hill Rom Bariatric Bed, SAE Mattress, & Blower	5	\$9,930.87
Mar-16	Kittredge	10	\$3,891.51
	Kittredge	10	\$5,840.41
	McKesson Bariatric Parallel Bar	15	\$1,915.37
1/31/2015	Daniels Equipment Washer	15	\$13,658.53
6/30/2016	Grainger	5	\$655.65
9/30/2016	Kittredge	10	\$2,887.40
TOTAL ACQUISITIONS FOR Y/E 2016			<u>\$42,552.18</u>
BALANCE 9/30/16			<u><u>\$979,685.70</u></u>

Daniels Washer 13659
 Moved from Non Movable
 per State request
 prior year cost report

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3
 **Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C		Report for Year Ended 9/30/2016		Page 24	of 37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal.....									
B. Mortgage Expense									
1. Finance Fees - Santander	9	2016	6 yrs	91,342		SL	0	17,144	
2.									
3.									
B-4. Subtotal.....									17,144
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period		2015	Various	1,128,829	150,746		Var	332	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2016	Various				Var		
C-4. Subtotal.....									332
D. Total Amortization									17,476

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016	24A	37
C. Leasehold Improvements				
(Specify)				
1. Acquired prior to this report period				
2. Disposals (attach schedule)				
3. Acquired during this report period				
C-4. Subtotal.....				
C. Other (Specify)				
1. Bed License Purchase	15 yrs	1,127,500	None	None
2. Wound Vac Warranty	1	1,329	None	None
C-4. Subtotal.....				332
Total Acquired prior to this report period		150,746	Var	
Total Disposals				
Total Acquired during this report period			Var	

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

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party*? Yes 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	11/01/93			
5. Total Licensed Bed Capacity	126			
6. Square Footage				
7. Acquisition Cost				
a. Land	546,300			
b. Building	5,739,513			

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	10/16/06			
c. Interest Rate for the Cost Year	Variable			
d. Term of Mortgage (number of years)	5			
e. Amount of Principal Borrowed	12,750,000			
f. Principal balance outstanding as of 9/30/2016				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	Variable			
h. Date of Refinancing	08/15/16			
i. New Interest Rate	3.31%			
j. Term of Mortgage (number of years)	6			
k. Amount of Principal Borrowed	10,300,000			
l. Principal Outstanding on Note Paid-Off	10,049,390			

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

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 Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C	Report for Year Ended 9/30/2016		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage.....			\$ 354,367	354,367		
Name of Lender Sovereign Bank		Rate Variable				
Address of Lender Reading, PA						
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)			\$ 354,367	354,367		

(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
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		2182-C		9/30/2016			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				354,367	354,367			
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)..... \$				13,478	13,478			
Vender Interest = \$13,478								
13. Total All Interest Expense (12B7 + 12C3 + 12D)..... \$				367,845	367,845			
14. Insurance								
a. Insurance on Property (buildings only)..... \$				80,377	80,377			
b. Insurance on Automobiles..... \$								
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)..... \$								
2. Fire and Extended Coverage..... \$								
3. Other (Specify)..... \$								
14d. Total Insurance Expenditures (14a + b + c)...				\$ 80,377	80,377			
15. Total All Expenditures (A-13 thru C-14)..... \$				13,884,768	13,884,768			

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center				2182-C	9/30/2016	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.....	\$ 436,116	436,116		
4.	Var	Var	Other - See attached Schedule.....	\$ 50,658	50,658		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 56	56		
6.	13	B10a	Occupational Therapy.....	\$ 2,659	2,659		
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 59,121	59,121		
10.	15	1d&e	Accounting & Legal.....	\$ 7,414	7,414		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 1,029	1,029		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 9,335	9,335		
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	m2&3	Unallowable Advertising *.....	\$ 17,532	17,532		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ (10,821)	(10,821)		
	18	2c		\$ (2,623)	(2,623)		
	20	5j		\$ (2,951)	(2,951)		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 24,932	24,932		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 180	180		
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 and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 592,637	592,637		

* 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)
10	A12m	Community Coordinator Salaries & Benefits	50,658		
Total Other Salaries Adjustment			\$ 50,658	\$ -	\$ -

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	Bank Charges	8,903		
16	M13	Lobbying Fees	4,220		
16	M13	Compliance Consulting	10,297		
16	M13	Software Settlement	1,512		
Total Other A&G Adjustments			\$ 24,932	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center				2182-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 592,637	592,637		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 506,338	506,338		
28.	20	5d	Ambulance/Limousine.....	\$ 10,004	10,004		
29.	20	5f	X-rays, etc.....	\$ 51,510	51,510		
30.	20	5h	Laboratory.....	\$ 48,143	48,143		
31.	20	5c	Medical Supplies.....	\$ 15,681	15,681		
32.	20	5e2	Oxygen (non emergency).....	\$ 49,715	49,715		
33.	20	5j	Occupational Therapy.....	\$ 11,220	11,220		
34.	Var	Var	Other - See Attached Schedule.....	\$ 38,690	38,690		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 732	732		
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.	20	5	Radio and Television Revenue.....	\$ 9,997	9,997		
44.			Vending Machine Revenue.....	\$			
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.	30	rv5	Interest Income on Accounts Rec.....	\$ 8	8		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,334,675	1,334,675		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	38,690		
Total Other Ancillary Costs			\$ 38,690	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equipment AJE	732		
Total Excess Movable Equipment Depreciation			732		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

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
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>).....	\$ 16,618,863	16,618,863			
b. Medicaid Room and Board Contractual Allowance **.....	\$ (8,825,934)	(8,825,934)			
2. a. Medicaid (<i>All other states</i>).....	\$				
b. Other States Room and Board Contractual Allowance **.....	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,749,263	2,749,263			
b. Medicare Room and Board Contractual Allowance **.....	\$ 718,785	718,785			
4. a. Private-Pay Residents and Other.....	\$ 2,648,305	2,648,305			
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (314,434)	(314,434)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare.....	\$ 364,481	364,481			
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (364,481)	(364,481)			
c. Prescription Drugs - Non-Medicare.....	\$ 243,256	243,256			
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (243,256)	(243,256)			
2. a. Medical Supplies - Medicare.....	\$ 3,081	3,081			
b. Medical Supplies - Medicare Contractual Allowance **.....	\$				
c. Medical Supplies - Non-Medicare.....	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$				
3. a. Physical Therapy - Medicare.....	\$ 1,239,437	1,239,437			
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (970,487)	(970,487)			
c. Physical Therapy - Non-Medicare.....	\$ 510,575	510,575			
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (510,575)	(510,575)			
4. a. Speech Therapy - Medicare.....	\$ 337,845	337,845			
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (260,227)	(260,227)			
c. Speech Therapy - Non-Medicare.....	\$ 121,150	121,150			
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (121,150)	(121,150)			
5. a. Occupational Therapy - Medicare.....	\$ 1,064,105	1,064,105			
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (895,147)	(895,147)			
c. Occupational Therapy - Non-Medicare.....	\$ 463,375	463,375			
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (463,375)	(463,375)			
6. a. Other (<i>Specify</i>) - Medicare.....	\$				
b. Other (<i>Specify</i>) - Non-Medicare.....	\$ 1,028	1,028			
III Total Resident Revenue (Section I.thru Section II.).....	\$ 14,114,483	14,114,483			
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>)	\$ 8	8			
6. Private Duty Nurses' Fees.....	\$				
7. Barber, Coffee, Beauty and Gift shops.....	\$				
8. Other (<i>Specify</i>).....	\$ 1,025	1,025			
V. Total Other Revenue (1 thru 8).....	\$ 1,033	1,033			
VI. Total All Revenue (III + V).....	\$ 14,115,516	14,115,516			

* 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		CCNH	RHNS	(Specify)
Page Ref	Description			
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
N/A	Retroactives	\$ 1,028		
Total Other Resident Revenue		\$ 1,028	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 51, L A2	Interest on A/R	N/A	\$ 8		
Total Interest Income			\$ 8	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 1,025		
Total Other Revenue		\$ 1,025	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....		\$		88,078
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....		\$		1,046,532
3. Other Accounts Receivable (Excluding Owners or Related Parties).....		\$		
4. Inventories.....		\$		18,104
5. Prepaid Expenses.....		\$		192,588
a. Prepaid Insurance	169,039			
b. Prepaid Expense	15,693			
c. _____				
d. A/R Related Parties	7,856			
6. Interest Receivable.....		\$		
7. Medicare Final Settlement Receivable.....		\$		
8. Other Current Assets (<i>itemize</i>).....		\$		39,871
Mortgage Reserve Fund	31,249			
	8,622			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,385,173
B. Fixed Assets				
1. Land.....		\$		546,300
2. Land Improvements	*Historical Cost..... 162,495		\$	7,820
	Accum. Depreciation (154,675) Net.....			
3. Buildings	*Historical Cost..... 9,373,781		\$	4,189,887
	Accum. Depreciation (5,183,894) Net.....			
4. Leasehold Improvements	*Historical Cost..... _____		\$	
	Accum. Depreciation _____ Net.....			
5. Non-Movable Equipment	*Historical Cost..... 321,794		\$	70,492
	Accum. Depreciation (251,302) Net.....			
6. Movable Equipment	*Historical Cost..... 972,077		\$	257,596
	Accum. Depreciation (714,481) Net.....			
7. Motor Vehicles	*Historical Cost..... _____		\$	
	Accum. Depreciation _____ Net.....			
8. Minor Equipment-Not Depreciable.....		\$		
9. Other Fixed Assets (<i>itemize</i>).....		\$		7,609
Carryforward Equipment Adjustment	7,609			
	-			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,079,704

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

(Carry Total forward to next page)

**BEACON BROOK HEALTH CARE CENTER
PREPAID EXPENSES
September 30, 2016**

ACCT. # 1580

CLIA Laboratory User Fees	\$150.00
7/31/2016 Recol	\$1,090.23
8/31/2016 The CBORD Group	\$1,267.76
9/30/2016 Schindler Elevator Corp	\$983.59
Frontier Communications	\$411.82
Connecticut Water	\$1,711.64
Eversource	\$9,902.40
Concentra	\$176.00

BALANCE PER GENERAL LEDGER 9/30/16

\$15,693.44

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	6,464,877
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	
2. Land Improvements			*Historical Cost.....	
			Accum. Depreciation	Net.....
			\$.
3. Buildings			*Historical Cost.....	
			Accum. Depreciation	Net.....
			\$	
4. Non-Movable Equipment			*Historical Cost.....	
			Accum. Depreciation	Net.....
			\$	
5. Movable Equipment			*Historical Cost.....	
			Accum. Depreciation	Net.....
			\$	
6. Motor Vehicles			*Historical Cost.....	
			Accum. Depreciation	Net.....
			\$	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense			*Historical Cost.....	
			Accum. Depreciation	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>).....			\$	2,586,382
Unamortized Bed License		2,497,302		
Deferred Finance Fees		89,080		
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	2,586,382
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	9,051,259

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	901,878
2. Notes Payable (<i>itemize</i>).....				\$	175,000
Due from Related Party					175,000
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>).....				\$	351,019
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	15,414
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>).....				\$	11,532
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities (<i>itemize</i>).....				\$	230,706
Acc'd Operating Expenses					66,806
Acc'd Expense - CT Sales Tax					1,456
Provider Taxes Due					201,876
Acc'd Property Taxes					115,077
Swap offset					(154,509)
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	1,685,549

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

G. Balance Sheet (cont'd)

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,685,549	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....				\$	10,278,575
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>).....				\$	154,509
Santander Swap		154,509			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$	10,433,084
C. Total All Liabilities (Lines A-13 + B-5).....				\$	12,118,633

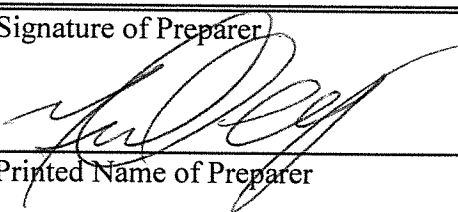
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2182-C	9/30/2016	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>) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	(897,623)
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(2,400,499)
6. Gain or Loss for Period				
	10/1/2015	thru	9/30/2016	
			\$	230,748
7. Total Net Worth.....			\$	(3,067,374)
C. Total Reserves and Net Worth			\$	(3,067,374)
D. Total Liabilities, Reserves, and Net Worth			\$	9,051,259

H. Changes in Total Net Worth

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(2,872,917)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,115,516
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,884,768
D. Net Income or Deficit.....			\$	230,748
E. Balance.....			\$	(2,642,169)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
rounding	(425,204) (1)			
2. Other (<i>itemize</i>)				
F-3. Total Additions.....			\$	(425,205)
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			\$	(3,067,374)
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2182-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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 CFR	Date Signed 2-15-17		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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INCOME/EXPENSE STATEMENT

ERROR CHECK LIST

RED CELLS INDICATE POSSIBLE ERROR

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:

(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 1A PER INTERFACE				N/A
PG 1A PER COST REPORT				N/A
DIFFERENCE				
PG 10 PER INTERFACE	6,959,886	6,959,886		
PG 10 PER COST REPORT	6,959,886	6,959,886		
DIFFERENCE				
PG 1A PER COST REPORT				N/A
PG 10 PER COST REPORT				N/A
DIFFERENCE				
PG 13 PER INTERFACE	317,660	317,660		
PG 13 PER COST REPORT	317,660	317,660		
DIFFERENCE				
PG 15 & 16 PER INTERFACE	3,516,239	3,516,239		
PG 15 & 16 PER COST REPORT	3,516,239	3,516,239		
DIFFERENCE				
PG 18 PER INTERFACE	337,276	337,276		
PG 18 PER COST REPORT	337,276	337,276		
DIFFERENCE				
PG 19 PER INTERFACE	19,829	19,829		
PG 19 PER COST REPORT	19,829	19,829		
DIFFERENCE				
PG 20 PER INTERFACE	1,207,870	1,207,870		
PG 20 PER COST REPORT	1,207,870	1,207,870		
DIFFERENCE				
PG 22 PER INTERFACE	1,077,786	1,077,786		
PG 22 PER COST REPORT	1,077,786	1,077,786		
DIFFERENCE				
PG 26 & 27 PER INTERFACE	448,222	448,222		
PG 26 & 27 PER COST REPORT	448,222	448,222		
DIFFERENCE				
TOTAL EXPENSES PER INTERFACE	13,884,768	13,884,768		
TOTAL EXPENSES PER COST REPORT	13,884,768	13,884,768		
DIFFERENCE				
TOTAL REVENUES PER INTERFACE	14,115,516	14,115,516		
TOTAL REVENUES PER COST REPORT	14,115,516	14,115,516		
DIFFERENCE				
EQUIPMENT LEASES PER PAGE 6	46,579			
EQUIPMENT LEASES PER PAGE 22,LINE 6e	46,579			
DIFFERENCE				

Name of Facility	License No.	Report for Year Ended	Page
Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	2198-C/2198-C	9/30/2016	ERROR REPORT

BALANCE SHEET ERROR CHECK LIST

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

RED CELLS INDICATE POSSIBLE ERROR

TOTAL

PG 31 CURRENT ASSETS PER INTERFACE	1,385,173
PG 31 CURRENT ASSETS PER COST REPORT	1,385,173
DIFFERENCE	<u>1,385,173</u>
PG 31 FIXED ASSETS PER INTERFACE	5,079,704
PG 31 FIXED ASSETS PER COST REPORT	5,079,704
DIFFERENCE	<u>5,079,704</u>
PG 32 LEASED ASSETS PER INTERFACE	
PG 32 LEASED ASSETS PER COST REPORT	
DIFFERENCE	<u> </u>
PG 32 OTHER ASSETS PER INTERFACE	2,586,382
PG 32 OTHER ASSETS PER COST REPORT	2,586,382
DIFFERENCE	<u>2,586,382</u>
PG 32 TOTAL ASSETS PER INTERFACE	9,051,259
PG 32 TOTAL ASSETS PER COST REPORT	9,051,259
DIFFERENCE	<u>9,051,259</u>
PG 33 CURRENT LIABS PER INTERFACE	1,685,549
PG 33 CURRENT LIABS PER COST REPORT	1,685,549
DIFFERENCE	<u>1,685,549</u>
PG 34 LONG TERM LIABS PER INTERFACE	10,433,084
PG 34 LONG TERM LIABS PER COST REPORT	10,433,084
DIFFERENCE	<u>10,433,084</u>
PG 34 TOTAL LIABS PER INTERFACE	12,118,633
PG 34 TOTAL LIABS PER COST REPORT	12,118,633
DIFFERENCE	<u>12,118,633</u>
PG 35 RESERVES PER INTERFACE	
PG 35 RESERVES PER COST REPORT	
DIFFERENCE	<u> </u>
PG 35 NET WORTH PER INTERFACE	(3,067,374)
PG 35 NET WORTH PER COST REPORT	(3,067,374)
DIFFERENCE	<u>(3,067,374)</u>
PG 35 TOTAL LIAB & WORTH PER INTERFACE	9,051,259
PG 35 TOTAL LIAB & WORTH PER COST REPORT	9,051,259
DIFFERENCE	<u>9,051,259</u>
PG 32 TOTAL ASSETS PER COST REPORT	9,051,259
PG 35 TOTAL LIAB & WORTH PER COST REPORT	9,051,259
DIFFERENCE	<u>9,051,259</u>
NET INCOME PER BALANCE SHEET	230,748
NET INCOME PER INCOME STATEMENT	230,748
DIFFERENCE	<u>230,748</u>
PG 35 NET WORTH PER COST REPORT	(3,067,374)
TOTAL NET WORTH PER PG 36	(3,067,374)
DIFFERENCE	<u>(3,067,374)</u>

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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**INFORMATIONAL PAGES
ERROR CHECK LIST**

*****RED CELLS INDICATE POSSIBLE ERROR*****

***** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS *****

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE INPUT:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 7 TOTAL LEGAL FEES DETAIL	8,281	NOT APPLICABLE		
PG 15, LINE 1e LEGAL FEES PER COST REPORT	8,281	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 7 TOTAL ACCOUNTING FEES DETAIL	28,775	NOT APPLICABLE		
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	28,775	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
PG 11 OWNER'S SALARY PER COST REPORT	-			
PG 10 OWNER'S SALARY PER COST REPORT	-			
DIFFERENCE				
PG 12 ADMINISTRATOR'S SALARY PER C/RPT	122,516	122,516		
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	122,516	122,516		
DIFFERENCE				
PG 12 ASST ADMIN'S SALARY PER COST REPORT	-			
PG 10 ASST ADMIN'S SALARY PER COST REPORT	-			
DIFFERENCE				
PT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	33,444	NOT APPLICABLE		
HORIZONTAL TOTALS	33,444	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	4,309	NOT APPLICABLE		
HORIZONTAL TOTALS	4,309	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	28,174	NOT APPLICABLE		
HORIZONTAL TOTALS	28,174	NOT APPLICABLE		
DIFFERENCE		NOT APPLICABLE		
NO. OF CERTIFIED BEDS RECONCILIATION:				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8)	126	126		
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	126	126		
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	126	126		
DIFFERENCE				

COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:

AVERAGE CERTIFIED BEDS	126.00000	126.00000
MAXIMUM PATIENT DAYS	46,116	46,116
ACTUAL PATIENT DAYS	44,519	44,519
PERCENT OCCUPIED(NOT TO EXCEED 100%)	96.5370%	96.5370%

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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**DEPRECIATION TIE-IN
ERROR CHECK LIST**

*****RED CELLS INDICATE POSSIBLE ERROR*****

***** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS *****

**RECONCILIATION OF COST REPORT BALANCE SHEET TO DEPRECIATION PAGES:
(BOOK VALUE NUMBERS FROM EACH COLUMN BELOW MUST EQUAL)**

FIXED ASSET CATEGORY	BOOK VALUE PG 23 OR 24	BOOK VALUE PG 31 OR 32	Difference
LAND IMPROVEMENTS	7,820	7,820	-
BUILDING AND BUILDING IMPROVEMENTS	4,189,887	4,189,887	-
LEASEHOLD IMPROVEMENTS	-	-	-
NON-MOVEABLE EQUIPMENT	70,492	70,492	-
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	265,205	257,596	
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	977,751	N/A **	-

FIXED ASSET CATEGORY	EXPENSE PG 23 OR 24	EXPENSE PG 22	Difference
LAND IMPROVEMENTS	1,770	1,770	-
BUILDING AND BUILDING IMPROVEMENTS	292,921	292,921	-
NON-MOVEABLE EQUIPMENT	15,559	15,559	-
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	72,822	72,822	-
LEASED MOVEABLE EQUIPMENT	-	N/A *	-
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	17,144	17,144	-
LEASEHOLD IMPROVES	-	-	-
OTHER AMORTIZATION	332	332	-

* NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGE 22.

**NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGES 31 OR 32.

FIXED ASSET CATEGORY		PG 23a/24a	PG 23/24	Difference
COMPARE DETAIL ADDITIONS TO PAGES 23 & 24				
LAND IMPROVEMENTS	ADDITIONS	-	-	-
	DEPREC	-	-	-
BUILDING IMPROVEMENTS	ADDITIONS	52,076	52,076	
	DEPREC	2,657	2,657	
NON-MOVEABLE EQUIPMENT	ADDITIONS	-	-	-
	DEPREC	-	-	-
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES	ADDITIONS	28,893	28,893	
	DEPREC	1,911	1,911	
LEASEHOLD IMPROVES	ADDITIONS	-	-	-
	DEPREC	-	-	-