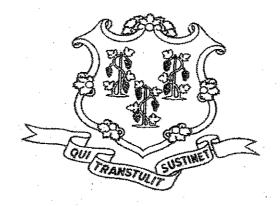
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2016

Name of Facility (as	licensed)							
Crestfield Rehab & I	Fenwood Manor	r						
Address (No. & Stre	et, City, State, 2	Zip Code)						
565 Vernon St Mand	hester, CT 060	142						
Type of Facility								
Chronic and (Convalescent		Rest Home wi	th Nursing	5	•		
✓ Nursing Hom	e only		Supervision or	ıly		(Specify)		
(CCNH)			(RHNS)	•		` * * * * * * * * * * * * * * * * * * *		
Report for Year Beg	inning		Report for Yea	ar Ending				
10/1/2015			9/30/2016	-				
			. ч					. **
License Numbers:		CCNH	RHNS		(Specify)		Med	dicare Provider
		1014C	106RH	-				07-5013
								·
		(4			e 6	•		c#
Medicaid Provider N	umbers:		NH	RF	INS		ICF	F-IID
4,000	····	10140						
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence N	lumber	G:1	- 1 NT - 4 - 1 -	1	D-(-D : 1
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notarize	a	Date Received
		V						

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General Information

	AND MA AMAZOT INTERCTOR			
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2016	l	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Crestfield Rehab & Fenwood Manor [facility name], for the cost report period beginning October 1, 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 the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date 2/1/17	Signed (Owner)	Date 2/1/17
Printed Name (Administrator) Scott Duell			Printed Name (Owner) Sean Murphy	
Subscribed and Sworn to before me:	State of	Date 02/51/17	Signed (Notary Public) Mas Marches	Comm. Expires
Address of Notary Public 565 Vernon St	Manchester	- CT	· · · · ·	1 100 13030

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adju	stm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Crestfield Rehab & Fenwood Manor				10/1/2015	9/30/2016
Address of Facility					
565 Vernon St Manchester, CT 06042					
Report Prepared By		Phone Nun		Date	
Gennaro Evangelista		860-871-54	154	2/1/2017	
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.

State of Connecticut

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General Information and Questionnaire Type of Facility - Organization Structure

		_							
			one No. of Fac 0 643-5151	cility	Report for Ye 9/30/2016	ear Ended	Page 2	1	of 37
Name of Facility (as shown on license)		1000		o de	Street, City, St	ata Zin)			31
Crestfield Rehab & Fenwood Manor					Manchester, CT				
	CCNH	T	RHNS		(Specify)	00012	Medicare P	rovic	ler No
License Numbers:	1014C	106	SRH	ĺ	(~p-011))		07-5013	10110	
Type of Facility (Check appropriate box(es))			•					
Chronic and Convalescent Nursing Home only (CCNH)	Ø		st Home with leervision only			(Specify))		
Type of Ownership (Check appropriate box	.)								
O Proprietorship O LLC O	Partnership	0	Profit Corp.	0	Non-Profit Co	гр. О	Government	0	Trust
If this facility opened or closed during repo	rt year provide	e:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership				<u> </u>		L			
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain fully	y.	
Administrator									
Name of Administrator					Nursing Ho	me			
Scott Duell					Administrat	or's	1478		
					License N	<u> 10::</u>			
Other Operators/Owners who are assistant a Name	dministrators	(full	or part time)	of th					
Ivame					License N	10.:			
V									
		·							

General Information and Questionnaire Partners/Members

Name of Facility Crestfield Rehab & Fenwood	Manor	License No. 1014C	Report for Y 9/30/2016	ear Ended	Page of 3 37
			. •		or Town(s) in
Legal Name of Par Spectrum Healthcare Manche		Business 27 Naek Road, 06066		Which R Manchester, C7	egistered
Name of Partners/Members	Business Ac	ddress	,	Title .	% Owned
Howard Dickstein	27 Naek Road, Vernon	, CT 06066	President &	CEO	65
Brian Dickstein	27 Naek Road, Vernon	, CT 06066	VP, Operation	ons .	17.5
Sean Murphy	27 Naek Road, Vernon	, CT 06066	CFO		17.5
	•	er e		ı	
				7 9 900	

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

General Information and Questionnaire Corporate Owners

Name of Facility Crestfield Rehab & Fenwood Manor	License No.	Report for Year	r Ended	Page of
If this facility is owned or operated as a corp	1014C	9/30/2016		3A 37
Legal Name of Corporation		ness Address		ich Incorporated
Degai Name of Corporation	Bush	iess Address	State(s) III WII	nen meorporateu
Name of Directors, Officers	Busin	ness Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares	i a	.1		

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2016	3B	37
If this facility is owned or operated as an individ			ation:	
	Owner(s) of Facility			
	•			
1	· · · · · · · · · · · · · · · · · · ·			
			,	

***************************************			W	
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****		*********		
W				
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		, , , , , , , , , , , , , , , , , , ,		

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

General Information and Questionnaire Related Parties*

Name of Facility Crestfield Rehab & Fenwood Manor	wood Manor	License No.	s No. 1014C	Report for Year Ended 9/30/2016			Page 4	of 37
Are any individuals rec marriage, ability to cont	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	ss asso	roug	gh O Yes © No		If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add	lress and ge 11 of the report.
Are any individuals or cincluding the rental of prelated through family a	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 but	or servi to this fa	ices, acility, or business	© Yes O No				
association to any of the	association to any of the owners, operators, or officials of this facility?	of this f	acility?			If "Yes," provide the following information:	e following	information:
		Also	o Provides			Indicate Where		
,		Good	Goods/Services to			Costs are Included		
Name of Related Individual or Company	Business Address	Non-R Yes	Non-Related Parties Yes No %**	Description of Goods/Services Provided	Services	in Annual Report Page #/Line#	Cost	Actual Cost to the Related Party
Spectrum Healthcare, LLC	27 Naek Rd., Vernon, CT 06066	0	0	Management Services		Page 16 Line m12	696.853	696.853
Spectrum Manchester Realty	Spectrum Manchester Realty 27 Naek Rd., Vernon, CT 06066	0	•	Owns Physical Property		Page 22 Line 9	1 611 401	1 611 401
Spectrum Healthcare Torrington	225 Wyoming Ave Torrington, CT	0	•	Dietician		Page 10 Line a5a	24.480	74 480
		0	0					
		0	0					
		0	0					
100		· O	0					
		0	0					
		0	0					

^{*} 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	License No).	Report for Year Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C		9/30/2016	5	37
If the facility is licensed as CDH and/or RCH o	r provides A	AIDS or TB	I services with special Medica	id rates, cos	sts
must be allocated to CCNH and RHNS as follo			-	,	
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping			square feet serviced		
		Number of	hours of routine care provided	l by EACH	
Nursing		employee c	lassification, i.e., Director (or	Charge Nu	rse),
			Nurses, Licensed Practical Nu		
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EACH	[
		specialist (See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar.	ies		
Management services		Appropriate	e cost center involved		
All other General Administrative expenses		Total of Dir	rect and Allocated Costs		
The preparer of this report must answer the following	owing quest	ions applica	able to the cost information pro	ovided.	
1. In the preparation of this Report, were all			If "No," explain fully why suc) was
costs allocated as required?	• Yes	UNA	not made.		
и				e#	
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data		
-	<u> </u>			-	
3. Did the Facility appropriately allocate and se	lf-disallow	direct and ir	direct costs to non-nursing ho	me cost cer	nters?
(e.g., Assisted Living, Home Health, Outpation	ent Services	. Adult Dav	Care Services, etc.)	THE COST CO.	
(2,				1 11 2	
	• Yes	O ING	If "No," explain fully why suc	n allocation	was
	.		not made.		

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General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.

shound not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Crestfield Rehab & Fenwood Manor			1014C	9/30/2016			
	Related * to	d * to					
	Owners,	iers,					
	Operators,	ıtors,				Annual	
	5	Officers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Canon Financial Services Inc. PO Box 4004 Carol Stream, IL 60197	0	0	Canon Copier	02/14/13	eo mos	3,897	3,897
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	O,					
	0	0					
A de la companya de l	0	0					

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

o N O

O Yes

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page of	F
Crestfield Rehab & Fenwood Mand 1014C	9/30/2016		7 37	
The records of this facility for the period covered by this re				
⊙ Accrual O Cash O Modified Cash				
Is the accounting basis for this			· · · · · · · · · · · · · · · · · · ·	
period the same as for the • Yes	If "No," explain.			
previous period? O No	п то, ехріані.			
Independent Accounting Firm				
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)		_
1 Blum, Shapiro & Company	29 So. Main St., W Hartford, CT 06127	•		
2 MidCap Funding				
3				
4				
Services Provided by This Firm (describe fully)				
1 Reviewed Financial Statements, Tax return preparation		\$	3,000	
2 Due Diligence Exam		\$	17,336	
3		\$		
4		\$		
		Charge for	Services Provided	 !
		s	20,336	
Are These Charges Reflected in the Expenditure Portion of This Report?	If Yes, Specify Expense Classification and Line No.	<u> </u>	20,350	
O Yes O No Page 15 Line 1d				
Legal Services Information				_
Name of Legal Firm or Independent Attorney		Telephone l	Number	
1 Ed Slegeski Constable		-		
2 Michalik, Bauer, Silva & Ciccarillo				
3 MidCap Funding				
4 "Probate Court Manchester "	vi.			
5				
Address (No. & Street, City, State, Zip Code)				
1 25 P 10(0 t) 200 N P to t CT				
2 35 Pearl St Suite 300 New Britain, CT				
3				
4 5				
Services Provided by This Firm (describe fully)				
1 Probate Fees for COE/COP Application		\$	231	
2 Collections		\$	4,609	
3 Loan Amendments		\$	3,777	
4 Conservator Fees		\$	1,245	
5		\$	Ly6e ⁻ T⊿	
		1	Samriaes Dussided	
			Services Provided	
Are These Charges Reflected in the Expenditure Portion of This Report?	If You Smooth Farmer Clarks and It is	\$	9,861	_
Page 15 Line 1e	ii 165, Specify Expense Classification and Line No.			
• Yes O No				

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

Schedule of Resident Statistics

Name of Facility Crestfield Rehab & Fenwood Manor			License No.	s No. 1014C			Report for 9/30/2016	Report for Year Ended 9/30/2016	p		Page 8	of 37
					7	Period 10/	Period 10/1 Thru 6/30	0		Period 7/1	Period 7/1 Thru 9/30	0
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												(6-1-)
A. On last day of PREVIOUS report period	155	95	99		155	95	99		150	06	09	
B. On last day of THIS report period	155	95	09		155	95	9		155	95	9	
2. Number of Residents	4									?	3	
A. As of midnight of PREVIOUS report period	118	16	27		118	91	27		114	83	31	
B. As of midnight of THIS report period	115	82	33		114	83	31		115	\$	13	
3. Total Number of Days Care Provided During Period						3			2:	3	C	
A. Medicare	6,702	2,031	4,671		5,322	1,612	3,710		1.380	419	961	
B. Medicaid (Conn.)	27,496	27,496			20,680	20,680			6,816	6.816		
C. Medicaid (other states)												
D. Private Pay	5,629	884	4,745		4,248	700	3,548		1.381	184	1 197	
E. State SSI for RCH											1716	
F. Other (Specify)	3,806	1,645	2,161		3,186	1,359	1,827		620	286	334	
G. Total Care Days During Period (3A thru F)	43,633	32,056	11,577		33,436	24,351	9.085		10.197	7.705	2 492	
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	43,633	32,056	11,577		33,436	24,351	9,085		10,197	7,705	2,492	

Schedule of Resident Statistics (Cont'd)

Name of Faci	-			Lice	nse No.				Repor	t for Year	Ended		Page	of
Crestfield Re	hab & F	enwood	Manor	1	014C					9/30/201	6		9	37
4 337 41														
			in the certified		apacity di	iring	the rep	ort yea	ar'?	0	Yes	•	No	
H "YES"			llowing informa	tion:										
			Change		Cl	nange	in Bed	s		Ca	pacity Af	ter Change	_	
Date of	CCNH	RHNS	(Specify)		Lost			Gaine	d	_		İ		
Change	(1)	(0)	(2)	(1)	(0)						:_			
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	for Change
			 											
								ļ					 	
													-	
	·							<u> </u>		. L		<u> </u>	<u></u>	
			in certified bed			g the r	eport y	ear (a	s repor	rted in iter	n 4 above	e) provide the nu	umber of	
RESIDE	NT DA	YS for	90 days followir	g the	change.	-				,				
			Change in Re	esiden	t Days					CC	CNH	RHNS	(Spe	ecify)
1st chang										ļ			<u> </u>	
2nd chan 3rd chan														
4th chan													 	
		lents and	d Rates on Septe	mher	30 of Co	st Ve	ar .							
			Medicare	111001	Medie		а.	Î		Se	lf-Pay		Other Sta	te Assisted
		[Τ			- Other But	- xssisiou
	Item		CCNH	C	CNH	RF	INS	CC	NH	l RH	INS	(Specify)	R.C.H.	ICF-MR
No. of Re			20		66				10	1	19			
Per Dien										ed.				100000
a. One b														
b. Two b					242.41			:	320-475		320-475		ļ	
c. Three		•											i	
bed r	ms.				242.41				380.00		380.00		ļ	ļ
							٠,					H		"
7 Total Nu	mher of	Physica	l Therapy Treat	mente						тот	ΓAL	CCNH	RHNS	(6:6-)
		re - Part		incints	,					10	2,734	1,171	1,563	(Specify)
			usive of Part B)											
			Treatments								1,237	1,237		
		orative :	reatments [· · · · · ·			<u> </u>
	Other										1,090	899	191	
			Therapy Treatn								5,061	3,307	1,754	
			Therapy Treatm	ents								0.0000000		
		re - Part	usive of Part B)								417	282	135	
			Treatments								292	292		
			reatments								292	292		
	Other										193	193		
D.	Total S _l	neech T	herapy Treatme	nts							902	767	135	
			ional Therapy T	reatn	nents									
		e - Part									3,207	1,745	1,462	
			sive of Part B)											
			Treatments								1,256	1,256		
	2. Resto Other	oranve l	reatments								1 500			
<u>C. (</u>	Total O	ccunativ	nal Therapy Ti	patw	ents						1,208	1,084	124	
υ.	_ UNIO	pun	Inclupy II	vuiii	VI+13						5,671	4,085	1,586	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex	penaitures	- Saları			•	
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C		9/30/2016		10	37
Are time records maintained by all individuals receiving co	mpensation?	0	Yes	0	No	
			Total Cost a			
	***		Total Cost a	liu riouis		T
				ļ		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*	STATE OF STREET	11000	11111	110410	(GP)	110418
Operators/Owners (Complete also Sec. I			0.00			
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	88,302	1,568	31,837	566		
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone	227 720	10.025	05 710	2.007		
operator, clerks, receptionists, etc.) 5. Dietary Service	237,729	10,835	85,712	3,907		
a. Head Diefitian	17,993	529	6,487	191		
b. Food Service Supervisor	48,887			575		
c. Dietary Workers	296,430		106,876			<u></u>
6. Housekeeping Service						
a. Head Housekeeper b. Other Housekeeping Workers	120 500	10.050	22.122	4 2 2 2	<u> </u>	
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	139,583	10,069	88,122	6,357		
a. Engineer or Chief of Maintenance	32,188	1,387	20,321	876		
b. Other Maintenance Workers	25,515		16,108	844		-
8. Laundry Service		.,,				
a. Supervisor	43,510	1,635	15,687	590		***************************************
b. Other Laundry Workers	119,309	6,919	43,016	2,494		
Barber and Beautician Services Protective Services					-	
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
 Directors and Assistant Director of Nurses 	148,584	2,842	53,571	1,024		
b. RN						
1. Direct Care	613,202	15,162	221,086	5,466		
2. Administrative**	104,392	3,311	37,638	1,194		
c. LPN 1. Direct Care	935,881	20.000	227.427	17.170	4	
2. Administrative**	21,731	30,982 587	337,426 7,835	11,170 212		
d. Aides and Attendants	1,376,202	86,441	496,182	31,166		
e. Physical Therapists				7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	95,677	4,438	34,496	1,600		
Physicians Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)	00+00000105 00 O					
j. Dentists						
k. Pharmacists						
Podiatrists Social Workers/Coco Management	250.15	7,659	00.150	A = 2.1		
m. Social Workers/Case Management		7 6501	90,178	2,761	i	
	250,117	7,039	30,170	' ' '		
n. Marketing						
	230,117					

^{*} 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)

	CC	NH	RI	HNS	(Spe	ecify)
Position	\$	Hours	\$	Hours	. \$	Hours
		Carry Control of the			The Third conduction of the little of the li	Part Billian (Print)
	Valley and Avavalanted to	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			A COLUMN TO THE	22 23 24 24 25		Automotive engagement (file)
		Transfer to the contract of th	ahamarahang tag			
				A STATE OF THE STA		
	Control of the State of the Sta					and published and the sale
		ACTOR OF THE SECRET SERVICE				
		Manager Wells Colored Design		1 and a state of the second second		
					65 - VIII 1970 V	
			nistration of the Property			TO LOCAL TO SERVICE AND ADDRESS OF THE SERVICE A
						Title of the state
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
				ZIALISAZIFI MERITANIAN ETAN		Profit Committee of the
and the first constitution of the second						
En acceptanting the second of						endosco con company in
uskin kultikan da karus pramer estami. Madagunis kilinen estamilis dan sepulis dele						
				eriori di primo la tanti franci di la la r	nos in constitutification	
Total	\$ -		S		\$ -	

Schedule of Other Fees (Page 13)

	CC	NH	RHI	NS	(Spe	cify)
Service .	. \$	Hours	,\$	Hours	\$	Hours
Markatara da di kacamatan da kacamatan da kalendara da kacamatan da kacamatan da kacamatan da kacamatan da kac			100000000000000000000000000000000000000			
Physician Services	\$ 17,397	235	\$ 6,273	85		
Optometric Services	\$ 141	2	S 51			
					on order 17 fig.	
lidens, est de getagned l'action en accupacion de la l de designe						
			a ta biografia i			
		ediculi ili di dige			upperintanesi	
				A Line and Larrary V Control of the		
					alla di Realindar	
	are allons deployed as the substitution of					
		Mariana Guerra (C.C.)		ongratualitati sizali	- na aktralica libulita	
Total	\$ 17.539	-0.5	\$44.444.014.0004.44.04.04.04.04.04.04.04.04.04.04.		•	
iviai	\$ 17,539	237	\$ 6,323	86	\$ -	

State of Connecticut

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

Name of Booility			Assistan	t Administra	Assistant Administrators and Other Related Parties*	r Relate	d Parties	*		
name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Crestfield Rehab & Fenwood Manor	ıor			1014C		9/30/2016			11	37
		Salary Paid	p.							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation Received
Section I - Operators/Owners										
7.00			i							
Section II - Other related										
parties of Operators/Owners										
facility (EXCEPT those who									."	
may be the Administrator or										
Assistant Administrators who are identified on Page 12).										
			4							
				,						

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

^{**} Include all employment worked during the cost year.

State of Connecticut

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

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

Assistant Administrators and Other Related Parties*

	Page of			Total	Name and Address of All Other Employment**							
rarnes	Year Ended			Line Where	Claimed on Page 10		A2					
Kelated	Report for Year Ended	9/30/2016		Total	Hours Worked		2,134 A2				·	
Assistant Auministrators and Other Related Parties*					Full Description of Services Rendered		Responsible for daily operations of facility					
Administra	License No.	1014C		Fringe Benefits and/or Other	Payments (describe fully)	•	Standard					
Hancicca			J		(Specify)				d			
			Salary Paid		RHNS		31,837					
		ior			CCNH		88,302					
AI	Name of Facility (as licensed)	Crestfield Rehab & Fenwood Manor			Name	Section III - Administrators***	Scott Duell		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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Dooo	°¢
Crestfield Rehab & Fenwood Manor	l .	14C	9/30/2016	ear Ended	Page 13	of 37
CIOSTRICIA TREBANCE TO CHANGE TO THE PROPERTY OF THE PROPERTY	101	140	1	1TT	13	37
		<u> </u>	Total Cost	and Hours	1	Ι
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee	CCMI	110413	Killing	Tiours	(Specify)	Hours
for service basis in lieu of salary						
(For all such services complete Schedule B1)				5.0446	0.0000	E a second
1. Dietitian						
2. Dentist				<u> </u>		
3. Pharmacist	12,041	160	4,341	58		
4. Podiatrist	7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			:
5. Physical Therapy						
a. Resident Care	302,823	5,048	160,918	2,682		
b. Other	1	,				
6. Social Worker						
7. Recreation Worker				·		
8. Physicians						
a. Medical Director (entire facility)	35,942	480	12,959	172		
b. Utilization Review	69 (4 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5					
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						Peril Control State Control
(Quarterly meetings)						
Pharmaceutical Committee (Quarterly meetings)						
3 Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	135,031	1,800	.23,829	318	No. of the last of	
b. Other						
10. Occupational Therapist						
a. Resident Care	369,140	6,152	143,554	2,392		
b. Other				<u> </u>		-
11. Nurses and aides and attendants						
a. RN			排售排售信息			
1. Direct Care	22,566	411	8,136	149		
2. Administrative***						
b. LPN						
1. Direct Care	6,215	178	2,241	64		
2. Administrative***	-,		, · -			
c. Aides		- ·				
d. Other						
12. Other (Specify)						
See Attached Schedule	17,539	237	6,323	86		
2-13 Total Fees Paid in Lieu of Salaries	901,296	14,466	362,302	5,921		
* Do not include in this section management consultants or services which					P 17	

^{*} 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	License No.		Report for Y	ear Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C		9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No	Expla	nation of R	elationship
Constantine Zariphes MD, 945 Main St., Suite 102, Manchester, CT 06040	Medical Director	0	•			···
Hira Jain, 153 Main St., Suite 9, Manchester, CT 06042	Psychiatrist Consultant	0	•			
Pharamerica, PO Box 409251, Atlanta, GA 30384	Pharmacy Consultant	0	0			
Accuscript Consulting Services-276 Cedar Bridge Ave., Lakewild, NJ 08701	Pharmacy Consultant	0	•			
Select Rehabilitation, Inc., 550 Frontage Rd., Suite 2415 Northfield, IL 60093	Contract Therapy	0	0			
Dr. Joseph Brenes-The Hospitalist Company-PO Box 844929, Los Angles, CA 90084-4929	Medical Director	0	0			
HealthDrive Dental Group-888 Worchester St., Wellesley. MA 02482-3744	Dental Consultant	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0			
·		0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

· · · · · · · · · · · · · · · · · · ·	License No.		Report for Y	ear Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C		9/30/2016		15	37
•						
Item			Total	CCNH	RHNS	(Specify)
Administrative and General						
a. Employee Health & Welfare Benefits						
1. Workmen's Compensation		\$	163,693	119,332	44,360	
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	118,646	86,493	32,153	
4. Social Security (F.I.C.A.)		\$	458,002	333,883	124,118	
5. Health Insurance		\$	460,385	335,621	124,764	
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$				
(not-owners and not-operators)				0.00000		
8. Uniform Allowance		\$				
9. Other (Specify)		\$				
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*					alegaria (Color di	
			and the second			
c. Bad Debts*		\$	300,000	220,500	79,500	
d. Accounting and Auditing		\$	20,336	14,947	5,389	
e. Legal (Services should be fully described or	n Page 7)	\$	9,861	7,248	2,613	
f. Insurance on Lives of Owners and		\$, , , , , , , , , , , , , , , , , , ,		
Operators (Specify)*						
g. Office Supplies	· · · · ·	\$	35,977	26,443	9,534	
h. Telephone and Cellular Phones				- ,	- -	
1. Telephone & Pagers		\$	23,166	17,027	6,139	
2. Cellular Phones		\$,	,	9,229	
i. Appraisal (Specify purpose and		\$				······································
attach copy)*						
•••						
j. Corporation Business Taxes (franchise tax)		\$				
k. Other Taxes (Not related to property - See I		-				
1. Income*	- /	\$				
2. Other (Specify)	·	<u>\$</u>				
See Attached Schedule		1				
3. Resident Day User Fee		\$	712,052	598,124	113,928	
Subtotal		\$ -	2,302,117	1,759,617	542,500	
	:	Ψ	2,002,111	1,107,011	ا 2000 ح	

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

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

Crestfield Rehab & Fenwood Manor 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	ijo/\$-451./5000 SB (11584)		
			ing colors in phase in
	inglikus maksasan ing 1972 ay bili balandan 1971 ay dan dilapatan		
	entroppe, up all sum de miss since la serva de la sus de miss el sesta por d'antro de la fill dese		
Total	Shiring range vita	4\$ mag an 2 m a	\$

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
		alan andre de la companya del companya de la companya de la companya del companya de la companya	
Total \$	<u> -</u>	\$ 444000	\$ 000 000000000000000000000000000000000

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Crestfield Rehab & Fenwood Manor 10140			9/30/2016		16	37
Item			Total	CCNH	RHNS	(Specify)
Subto	tals Brought Forwe	ard:	2,302,117	1,759,617	542,500	
l. Travel and Entertainment						
Resident Travel and Entertainment		\$	13,358	9,818	3,540	
Holiday Parties for Staff		\$	4,282	3,122	1,160	
Gifts to Staff and Residents		\$	14,112	10,333	3,779	
4. Employee Travel		\$	8,819	6,429	2,390	
Education Expenses Related to Seminars		\$	6,059	4,417	1,642	
6. Automobile Expense (not purchase or dep	preciation)	\$	80	59	21	
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
 Advertising Help Wanted (all such expense) 		\$,
2. Advertising Telephone Directory (all such	h expenses)***	\$				
3. Advertising Other (Specify)***		\$	9,206	6,766	2,440	
See Attached Schedule						
4. Fund-Raising***	,	\$				
5. Medical Records		\$		' "		
6. Barber and Beauty Supplies (if this service	e is supplied	\$				
directly and not by contract or fee for serv	rice)***					
7. Postage		\$	8,349	6,136	2,212	
* 8. Dues and Membership Fees to Professiona	al	\$	10,726	7,884	2,843	
Associations (Specify)						
See Attached Schedule	a .					
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify an	d Complete	\$	60,694	44,610	16,084	
Schedule C-2, Page 21 for each firm or in						
12. Administrative Management Services**	<u> </u>	\$	696,853	512,187	184,666	
13. Other (Specify)		\$	44,325	32,579	11,746	···
See Attached Schedule		ĺ				
C-14 Total Administrative & General Expenditures	5	\$	3,178,981	2,403,959	775,023	

^{*} 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)
			EXECUTE OF THE PROPERTY OF
as de la semilia di provincia qui il sem erchi si politici di la competita della dipersiona di proprincia di la		Contracting to the state of the	
			Acabat Acaba San Contain Assault
	Carry Maria Repris Maria Maria Carry Maria Repris Maria Maria Carry Maria Maria Maria		Name of the second second
		Apple of the second section of the second	rus de chario
	A1444/444444444444444444444444444444444		
	Control of the State of the Sta		
Total Other Travel and Entertainment	3	5	S

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adversting Promotional	S 448	\$ 162	lusiin Hillian III.
Marketing	\$ 6,318	\$ 2,278	
			ESENDADO E
Total Other Advertising	\$ 6,766	\$ 2,440	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)	
		- Harrisan Carlos		
Dues	\$ 7,884	\$ 2.843		
		and the second		
Potal Dues				
Fotal Dues	\$ 7,884	\$ 2,843	s -	

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
ACC AND THE REPORT OF THE PROPERTY OF THE PROP			
Total Contributions	\$ - \$		\$ -

Schedule of Other Administrative and General

Description	·	CCNH	RHNS	(Specify)
Employee Background Check	erokula ibaila ibail	\$ 4,001	\$ 1,443	
Sank bees		\$ 158	\$ 57	al a file
Licenses		\$ 2,309	\$ 832	
ate Fees		\$ 10,189	\$ 3,674	Ballet 2
Daycare III III III All Inggrid III III III III III III III III III I		\$ 368	\$ 133	
nterest Expense-Late Pees		\$ 15,554	\$ 5.608	
e de majorio estado estado de majorio de estado de estado en estado e		Hara Carrier	a company	
eregen sin davis olikali ja 19-5 välkotti saanin läviäin t				
nigenija siis elisaja orija 22.000 saja ajis 22.000 reposes esi eli	Extra Plantin			
				de el autorio est
assers con the sufferential property (the other section				Self-manage Cal
		\$ 32.570	\$ 11746	\$ 2

State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Crestfield Rehab & Fenwood Manor	License No. 1014C	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or	Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs are Included in Annual
Company Supplying Service Spectrum Healthcare	Service 696,853	Provided Home Office, Human Resource, Treasury Management and Financial Oversight	Report Page #/Line # Page 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)

- T	OP 41.				rage 5)	1			Page		
1	me of Facility		Lice		No.		Report for Year Ended				of
Cre	stfield Rehab & Fenwood Manor		<u> </u>		1014C	<u> </u>	9/30/2016		18		37
	<u>.</u> .										
_	Item				Total		CCNH	RHNS	(S	peci	fy)
2.	Dietary							reiterbeiter ihr geneum			
	a. In-House Preparation & Service										
-	1. Raw Food 2. Non-Food Supplies			\$	353,377	1	259,732	93,645			
-	 Non-Food Supplies Other (Specify) 			\$	33,096	1	24,326	8,770			
	3. Outer (apecity)			Þ							
]											
\vdash	b. Purchased Services (by contract other			\$							
	than through Management Services)			Ψ							
	(Complete Schedule C-2 att. Page 21)										
	c. Management Services**			\$							
	d. Other (Specify)	•		\$							
			_								
2E.	Total Dietary Expenditures $(2a+b+c+d)$			\$	386,473		284,058	102,415			
						Ï					
2F.	Dietary Questionnaire				Total		CCNH	RHNS	(S	peci	fv)
G.	Resident Meals: Total no. of meals served per	· da	v:*		358		263	95	(<u>F</u>	-37
H.	Is cost of employee meals included in 2E?		Yes			No					
I.	Did you receive revenue from employees?	0	Yes		•	No		If yes, specify amt.			
J.	Where is the revenue received reported in the	Co	st Rep	ort	? (Page/Line	Item	n)				
	Is cost of meals provided to persons other							Tf	•		
K.	than employees or residents (i.e., Board	О	Yes		•	No	7.0	If yes, specify			«f
	Members, Guests) included in 2E?							cost.			
L.	Is any revenue collected from these people?	\circ	Vac			No		If yes, specify			
L.	is any revenue conceited from these people:		1 68		•	NO		amt.			
M.	Where is the revenue received reported in the	Co	st Rep	ort'	? (Page/Line	Item	1)				
	Is cost of food (other than meals, e.g.,										
N.	snacks at monthly staff meetings, board	$\overline{}$	Yes		0	No		If yes, specify			
11.	meetings) provided to employees included		1 65		•	INO		cost.			
	in 2E?										
O.	Is any revenue collected from employees?	\circ	Yes		<u></u>	No		If yes, specify			
··		_	1 03			טוג		amt.			
P.	Where is the revenue received reported in the	Cos	st Rep	ort'	Page/Line	Item	1)				
				-			·				

^{*} 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		License	e No.	Report for Y	Page	of	
Cre	Crestfield Rehab & Fenwood Manor		1014C	9/30/2016		19	37
	Item		Total	CCNH	RHNS	(St	pecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.	5,995				
	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			1.00		
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs. Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.	12,873	9,461	3,411		
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	And Sharing Complete				
	c. Management Services** d. Other (Specify)	\$ \$	nis pridateljanistis				
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	18,867	13,867	5,000		
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E? O	Yes	•	NA	If yes, specify cost.	-	
H.		Yes	•	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?	Yes	•	No	If yes, specify cost.		
K.	Did you receive revenue from these people? O	Yes	•	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)

Crestfield Rehab & Fenwood Manor		F	ort for Year E	iiu5U	Page	of
Crestfield Rehab & Fenwood Manor 101			9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
1. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	33,834	20,740	13,094	
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$				
d. Other (Specify)		\$				
E. Total Housekeeping Expenditures (4a +	b+c+d	\$	33,834	20,740	13,094	
Resident Care (Supplies)**			ade de palación	reneally less	energi di energia	(100年度 17)
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	380,445	279,627	100,818	
			0.0000000000000000000000000000000000000			
b. Medicine Cabinet Drugs		\$	36,405	26,758	9,647	
c. Medical and Therapeutic Supplies		\$	349,775	257,085	92,690	
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	68,864	50,615	18,249	
f. X-rays and Related Radiological		\$	46,485	34,167	12,319	
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	28,133	20,678	7,455	
i. Recreation		\$	36,128	26,554	9,574	
j. Other (Specify)****		\$	197,214	144,952	52,262	
See Attached Schedule						
K. Total Resident Care Expenditures (5a - 5	j)	\$	1,143,450	840,435	303,014	

^{*} 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)
PT Supplies	3		\$ 19	
OT Supplies	ndan pinabaltaring district 18	522	\$ 18	8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Dues & Subscriptions	si di pinik di Si-kapatan \$	431	\$ 15	6
IV Therapy	eri deli visi all'apper propositi di S Si i di Segli propositi di Segli di S	49,686	\$ 17,91	4
Outside Medical Services	9 S	5,508	\$ 1,98	6
Respiratory Therapy	\$	88,204	\$ 31,80	
Audiology Services	S	54	S 1	9
				a and decided
	Serious de la company de la fil			in the state of th
Total Other Resident Care	s s	144,952	\$ 52,26	2 S .

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

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

Name of Facility Crestfield Rehab & Fenwood Manor	Manor			License No. 1014C	Report for Year Ended 9/30/2016	q			Page of 21 37
		Related ** to Owners, Operators, Officers	to Owners, Officers				Total Cost/	Total Cost/Page Ref.***	-
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg Line
USA Hauling		0	•		Waste Removal	10,850	6,850		
ADP		0	•		Payroll Processing	26,886	9,694		16 m11
Tools 4 Data		0	•		Computer Maintenance	16,064	5,792		22 6f
Iron Mountain		0	•		Archives	11,506	4,149		16 m11
TRM Landscaping		0	•		Grounds Landscaping	11,278	7,120		22 6f
TRM Landscaping		0	0		Snow Removal	4,549	2,872		22 6f
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
									ı

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

^{**} Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Y	ear Ended		Page	of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2016			22	37
	! ! !					
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	81,423	49,912	31,511	<u> </u>	
b. Heat	\$	46,083	28,249	17,834		
c. Light & Power	\$	85,869	52,638	33,231		
d. Water	\$	41,037	25,156	15,881		
e. Equipment Lease (Provide detail on pa	age 6) \$	3,897	2,389	1,508		
f. Other (itemize)	\$	106,561	68,068	38,493		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	6f) \$	364,871	226,412	138,459		
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$	4,902	3,005	1,897		
b. Building & Building Improvements	\$	40,645	24,915	15,730		
c. Non-Movable Equipment	\$	2,479	1,520	959		
d. Movable Equipment	\$	33,262	20,389	12,872		
*7e. Total Depreciation Costs $(7a + b + c + d)$) \$	81,288	49,830	31,458		
8. Amortization (Complete att. Schedule Pag	ge 24*)					
a. Organization Expense	\$	7,667	4,700	2,967		
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)) \$	7,667	4,700	2,967		
9. Rental payments on leased real property le	ess			*****		•
real estate taxes included in item 10b	\$	1,611,401	987,789	623,612		
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	115,035	70,517	44,519		
c. Personal property taxes	\$	14,869	9,115	5,754		
11. Total Property Expenses $(7e + 8e + 9 + 1)$	0) \$	1,830,260	1,121,950	708,311		

^{*} 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)
Trash Removal	\$	10,941	\$	6,908	igi Arabebi Kaspa
Hazardous Waste Removal	\$	1,578	\$	996	
Service Contracts	\$	21,124	\$	13,336	
Grounds Maintenance	\$	4,858	\$	3,067	
Grounds Landscaping	\$	11,278	\$	7,120	
Computer Maintenance	\$	16,064	\$	5,792	
Small Equipment Purchases-Admin	\$	480	\$	173	
Small Equipment Purchases-Plant	\$	1,744	\$	1,101	
					62-610
			6-15-1	angunga garaga da e	ngkala indegli ind
				in 150 she objection in any	
				and the second second	
					ng ang 1980 dia mang mga 1980. Ng Pagagang mga 1980 dia nag
Total Other Repairs and Maintenance	8	68,068	\$	38,493	\$ -

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CSP-23 Rev. 10/2006

Depreciation Schedule

				Depreci	Depreciation Schedule	hedule					
Name of Facility			Lic	License No.			Report for Year Ended	inded		Page	Jo
Crestfield Rehab & Fenwood Manor				1014C	C		9/30/2016			23	37
			H	Historical Cost	Less	Cost to Do	Accumulated Depreciation to	Method of	11.6.1		
Property Item			i 	Land	Value	Depreciated	Beginning of Year's Operations	Computing Depreciation	Userul Life	Deprectation for This Year	Totals
A. Land Improvements							*	1			
 Acquired prior to this report period 			,	39,220		39.220	33,907	SL	000	4.902	
2. Disposals (attach schedule)									>	10.75	
3. Acquired during this report period (attach schedule)	ch schedule)										
A-4. Subtotal											4 000
B. Building and Building Improvements											4,502
1. Acquired prior to this report period				599,998		599.998	383.230 SL	SI	Var	40.257	
2. Disposals (attach schedule)									-	1,02,01	非常服务的
3. Acquired during this report period (attach schedule)	ch schedule)			11,241		11.241		SI.	Var	388	
B-4. Subtotal						ì			1	000	40.645
C. Non-Movable Equipment		E									C.C.(0)
				124,379		124,379	93,842	SL	Var	2,479	
 Acquired during this report period (attach schedule) 	ch schedule)										
C-4. Subtotal											2.479
	Is a mileage logbook	Date of					Accumulated				
	maintained?	Acquisition		Historical Cost	Less		Depreciation to	Method of			
	Yes	Month	Year E	Exclusive of Land	Salvage	Cost to Be	Beginning of	Computing Depreciation	Useful	Depreciation	T - 1-4-01
D. Movable Equipment				ů.				Homana ida a	ATTO	IOI IIIIs I cat	LUIGIS
1. Motor Vehicles (Specify name, model											
and year of each vehicle)											
7.											
			+								
d.											
2. Movable Equipment											
a. Acquired prior to this report period				312.423		312 423	C\$1.700	7.1	Var	22.750	
b. Disposals (attach schedule)										72,,27	
c. Acquired during this report period											
(attach schedule)				10,014		10,014			Var	503	
D-3. Subtotal											33.262
E. Total Depreciation											81 288
											01,400

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				1
			POST CONTRACTOR OF THE STREET	
				DE NEW YORK NEW YORK SALES
	The Mark Control of the Control of t			/ HISTY I MILY AND SHALL STEET HE SEELING
				Kilva Nielaseien Onia
hijveri hv. (i haevlergi reformiya (i v. 1991) 1.73			ALTER CAR DESIGNATION OF THE PROPERTY OF	 Casis demit with defres expressions
				1 100 100 100 100 100 100 100 100 100 1
	4 44 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		V/VPTAVIPLIV/1917/PIPPIPPIPPIPPIPPIPPIPPIPPIPPIPPIPPIPPIP	ATTICLE CONTRACTOR OF THE PROPERTY OF THE PROP
otal additions for Land Im	provements	18 -		\$ 4
Peletions:			STATE	
				SER CONTRACTOR OF THE SERVICE OF THE
			A CONTRACTOR OF THE PROPERTY O	All on a more revenues and
			***************************************	Character and barried at the color
			Paris Paris I and Complete and	Alternative agreement of the control
dead a valida of helds that he without that he will be a server of the restriction of the server of the restriction of the server of the serve	A MANAGEMENT OF THE PARTY OF TH			
	orovements.			700700000000000000000000000000000000000
otal deletions for Land Imp	rovements	\$		\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	and a specific to the second s		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
10/16/2016	Fire Door	\$ 2,128	1.5	\$ 142
06/09/2016	Hot Water Heater	\$ 6,515	10	\$ 217
08/01/2016	Fire Door Hot Water Heater Door	\$ 2,598	::::::::::::::::::::::::::::::::::::::	\$ 29

	Building Improvements			
Fotal additions for	Building Improvements	\$ 11,241		\$ 388
Deletions:				
		Colorado Barrelocado d		
	William to provide an object contrates the first of the f			
				80.00.00.00
otal deletions for	Building Improvements	\$ 5 a -		\$

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		SSSENDED BESSELVE		
				dia dipensa ficili

				POPUL PERSON DE REGIONALE PROFESSIONALE PROF
				PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PROPERTY OF THE PERSONAL
iotal additions for Non-	Movable Equipment	1		\$ -
Deletions:				
SE SECTION CARBONIO				disam dinebutu
nate nari undustrici da materia				
otal deletions for Non-N	Iovable Equipment	Balandali (S. C. Libertette)		\$

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	e Description of Item	Cost	Useful Life	Depreciation
Additions:				
)3/04/2016:		\$ 3,531	10	\$ 114
3/15/2016	Heaters	\$ 1,959	ili il	\$ 206
4/04/2016	Patient Lift	\$ 1.728	10	\$ 86
5/10/2016	Bed in the state of the state o	\$ 2,796	12	\$ 97
				and the second second
otal additions	for Movable Equipment	\$ 10,014		\$ 503
Deletions:				
es a la la com			A distribute	
otal deletions f	or Movable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:		***************************************		1
Total additions for Leasehold II	uprovement	\$ -		\$ -
Deletions:				
mercal constant of the second				
			10-8-10-10-1	
		and the second		
GOOD OF THE PARTY OF THE PARTY OF				
	all countries and a property of the country of the			
total deletions for Leasehold in	provement	5 -	Single all rates de	\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

^{**}Ties to Page 23, Line D2b

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Amortization Schedule*

Name of Facility		License No.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Report for Year Ended	r Ended		Page	Jo
Crestfield Rehab & Fenwood Manor		101	1014C	9/30/2016			24	37
				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Rate A	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	°J	for This Year	Totals
A. Organization Expense								
1. Deferred Financing Costs	7 2013	3	30,667	23,000			7997	
2.								
3,								
A-4. Subtotal								7,467
B. Mortgage Expense								100,4
1.								
2.								
3.								
B-4. Subtotal	· 有数据 · 有 · 有 · 有 · 有 · 有 · 有 · 有 · 有 · 有 ·							
C. Leasehold Improvements and Other								
1. Acquired prior to this report period								
2. Disposals (attach schedule)			-					
3. Acquired during this report period								
(attach schedule)								
C-4. Subtotal								
D. Total Amortization								7.667

* Straight-line method must be used. ** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

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

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

Name of Facility	License No.	Report for Year En	nded		Page of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2016			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	ne Facility (O Yes	•	No	If "Yes," complete Part B.
or leased from a Related Party?*					If "No," complete Part C.
*If any owner or operator of this fa business association to any person	cility is related by family	, marriage, ownership, ab	ility to control or hen it is considered	İ	
a related party transaction.	or organization from wife	m oundings are leased, a	nen it is considered	•	
Description		Total			
1. Date Land Purchased		04/14/82	2		
2. Date Structure Completed	- CD 1		有自由 医电压		
3. If NOT Original Owner, Date 4. Date of Initial Licensure	e of Purchase	04/05/08	⊣		
5. Total Licensed Bed Capacity	,	05/18/82 155	-		aparatelonal cerebies
6. Square Footage		55,592	-		
7. Acquisition Cost	<u></u> -				
a. Land		45,348	8		
b. Building		1,746,921			
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fi	ixed, variable)	0.5/0.4/4.0			
b. Date Mortgage Obtained c. Interest Rate for the Cost	Voor	06/01/13			
d. Term of Mortgage (number		Libor + 6.25	<u> </u>		
e. Amount of Principal Borro		10,500,000			
f. Principal balance outstand		8,360,878			
Complete if Mortgage was I			**************************************		entropias suma atmosphere
During Current Cost Ye					
g. Type of Financing (e.g., fi	xed, variable)				
h. Date of Refinancing					
i. New Interest Rate					<u> </u>
j. Term of Mortgage (number k. Amount of Principal Borro					
R. Amount of Principal Borro I. Principal Outstanding on 1					
Part C - Arms-Length Lease		Improvements Only	V		
Name and Address of Lesson		operty Leased		Term of Lease	Annual Amount of Lease
		op 010) 200000	The of Louise	Torm or Zouse	7 Initial 1 Initial of Louis
					_
	<u>l</u>			1	

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 Ye	ar Ended		Page of
Crestfield Rehab & Fenwood Manor	1014C		9/30/2016			26 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest			:			
A. Building, Land Improver Equipment	nent & Non-Movabl	e				
1. First Mortgage		\$				
Name of Lender		Rate				
				6688		
Address of Lender						
Second Mortgage		\$				
Name of Lender	10.00	Rate				
				6.00		Line Visit Per
Address of Lender						
3. Third Mortgage Name of Lender		\$				
Name of Lender		Rate				
Address of Lender		<u> </u>		100000	tal display	
4. Fourth Mortgage		\$				
Name of Lender		Rate		÷		
Address of Lender						
redices of London					p is a street	terretain est
B. CHEFA Loan Information	n .			10.56		
1. Original Loan Amoun	ţ	\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expe						
12 B7. Total Building Interest Expension		\$				
12 2 Lower Landwing Interest Exper	*** (III - AT DJ)	Φ	(6	G 1 + 1 C	hrward to no	

(Carry Subtotals forward to next page)

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

Name of Facility License	Report for Year Ended			Page	of		
1	14C		9/30/2016			27	37
Item			Total	CCNH	RHNS	(Spe	cifv)
	otals Brou	ight Forward		001111	Tunto	(5)	
12. C. Movable Equipment		0					
1. Automotive Equipment		\$	s			İ	
A. Item	Rate	Amount	医邻酚基甲基	of the species of			
Lender						100	
Address of Lender				Albert Back		10.0	
Address of Lender							
2. Other (Specify)		\$					
A. Item	Rate	Amount					
Lender							
A 11 CY 1							
Address of Lender			959 886			la la la la la la la la la la la la la l	
B. Item	Rate	Amount					
B. Rem	Kaie	Amount					
Lender							
Address of Lender			-1000		-	164.9	-
12. C. 3. Total Movable Equipment Inter	est						i
Expense (C1 + 2)		\$	1				
12. D. Other Interest Expense (Specify)		- \$	246,989	151,404	95,585		***************************************
Working Capital							0.00
13. Total All Interest Expense (12B7 + 120	72 12D)	Φ.	246,000	151 404	05.505		
13. Ioua Au Interest Expense (12B / + 120	J3 T 12D	\$	246,989	151,404	95,585		
a. Insurance on Property (buildings of	nlv)	\$	91,510	56,096	35,414		
b. Insurance on Automobiles	JJ	<u> </u>	71,310	30,030	22,414		
c. Insurance other than Property (as s	pecified al						
1. Umbrella (Blanket Coverage)		\$					
2. Fire and Extended Coverage		\$					
3. Other (Specify)		\$					
141 T. 11.		*	0.2 - 2.2		A =		
 14d. Total Insurance Expenditures (14a + 1 15. Total All Expenditures (A-13 thru C-1 		\$	91,510	56,096	35,414		
13. 10tal Au Expenditures (A-13 inru C-1	4)	\$	14,864,270	10,615,448	4,248,821		

D. Adjustments to Statement of Expenditures

	e of Fa			Li	cense No.	Report for Yea	Page	of	
Crest	field F	Rehab	& Fenwood Manor		1014C	9/30/2016		28	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
Page	10 - S	alari	es and Wages						3
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
Page	13 - F	rofes	sional Fees	••••					
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
Pages	15 &	16 -	Administrative and General				Lucia et al l'assista		
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	300,000	220,500	79,500		
10.			Accounting & Legal	\$	200,000	220,000	17,000		
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life	Ψ.					
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$		·			
15.			Education expenditures to colleges or	Ψ					
12.			universities for tuition and related costs		多多的语名	6.636-7.5.117	164666		
			for owners and employees	\$					
16.			Travel for purposes of attending	Ψ					
10.			conferences or seminars outside the				graphic blacks		
			continental U.S. Other out-of-state		A CONTRACTOR OF				4.4
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2	Unallowable Advertising *	\$	0.207	(700	2 440		
19.	10	111.5	Income Tax / Corporate Business Tax	\$	9,206	6,766	2,440		
20.	-		Fund Raising / Contributions	\$					
21.			Unallowable Management Fees						
22.			Barber and Beauty	\$ \$					
23.			Other - See attached Schedule	\$	12.000	10.100	2.674		
	70 D		Expenditures	2	13,862	10,189	3,674		
24.	10 - D								
24.			Meals to employees, guests and others who are not residents	٦					
Dana	10 T	1		\$					
	17 - L		ry Expenditures	_		10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10 at 10	0.00		0.00
25.			Laundry services to employees, guests						
P .	20 77		and others who are not residents	\$					
	20 - H	_	keeping Expenditures						
26.			Housekeeping services to employees, guests		CONTROL SERVICE				
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	323,068	237,455	85,613		

^{*} 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		Description	CCNH	RHNS	(Specify)
					g tarrens a li mario discol
119.00 27.114.22.00					D. 82423 (62383) (Bal-
				tom out of the care and the contract of	
otal Othe	r Salaries A	Xdjustment 3		\$ 100 000	3 -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
				arakarba ar	
OR AND RESIDEN	Maria de A		5-64-64-64-65-6		
					a de la eparte de la
				Physician at a fact and a fact and a fact and a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at a fact at	
			- VIII ACUMENIUM COM		
Total Othe	r Fees Adji	ustments	\$	s -	\$.

Schedule of Other A&G Adjustments

Page Ref I		Description	CCNH	RHNS	(Specify)
16 n	113	Late Fees	\$ 10,189	\$ 3,674	
10					
a de la compania de				ndudududud dul	indicate and or
		опо принавания на седения в принавания и принавания в принавания принавания в принавания в принавания в принав История в принавания			
100 00 00 00	1511511111111				
Total Other	A&G Adj	ustments	\$ 10.189	\$ 3.674	\$
		<u> </u>	ψ 10,162	- J,00	Herst statement of the second

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

			D. Adjustments to Statemen						
	e of Fa	-		Lic	ense No.	Report for Y	ear Ended	Page	of
Crest	field I	Rehab	& Fenwood Manor		1014C	9/30/2016		29	37
					Total				
	Page				Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$	323,068	237,455	85,613		
	20 - I	Reside	nt Care Supplies***		6.00				
27.	j		Prescription Drugs	\$					
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
	22 - N	<i>Tainte</i>	enance and Property						
<i>35</i> .			Excess Movable Equipment Depreciation		and a second				
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						1
			Motor Vehicles	\$					
37.			Unallowable Property and Real						100
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.	-		Other - See Attached Schedule	\$					
Page	27 - II	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	- Mis	cellar	neous						
42.			Research or Experimental Activities	\$		·			
43.			Radio and Television Revenue	\$			ec.		
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			eur deile in it	Australia e a		
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See	0.000					
		ļ	Attached Schedule	\$	21,163	15,554	5,608		
Not F	or Pro	ofit Pr	oviders Only						
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						100
			See Attached Schedule	\$				armente de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company	
	777 . 4 . 7	1	int of Decrease (Items 1 - 50)	\$	344,231	253,010	91,221		

^{***} 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		Description	CCNH	RHNS	(Specify)
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
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nahi kali katika					
ancario Sinaina					
Cotal Other	Ancillary	Costs	***************************************	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref		Description	CCNH	RHNS	(Specify)
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		менти (статору) почет статори в дання в достатори в при статору в при статору в при статору в при статору в пр	. Augustus	and control of the state	sandroin et de s
\$\$ CR 6845676 46 Properment Annabel					
				45 C 18 C 20 C 20 C 10 C 10	
			u ggittigasi ku Santik	naindaid: laideal	uit et stratie
Section 1997					
Total Exces	s Movable	Equipment Depreciation	\$ -	S -	\$ -

Schedule of Other Property Adjustments

Page Ref		Description	CCNH	RHNS	(Specify)
			dhuentoerren		
BARBESTE NE S					
				ch sits socialist chi	
					adamenta faritua
		TE DESIGNATURA DE PROPERTO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA CO LA COMPANIO DE LA COMPANIO DEL TRANSPORTO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA C	Sanda di sa s		
Santzenia				35 450 481690	
			Barakist kedikranarian arang mengal Mining menangkan menangkan		
	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref I	Line Ref	Description	CCNH	RHNS	(Specify)
16 m	ı13	Interest Expense-Late Fees	\$ 15,554	\$ 5,608	
	sa kalenderid			A Trois André	
	igirish i ga				
				vacuurantii afuuravassa kassuurakkihdisel kilailisi	
				di Aresia de	
ion are some				ip ib iir didili	
Total Other 2	Adjustme		\$ 15,554	\$ 5,608	5

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Objections (Section)					
			aus a mai e		
100					10 10 Sept. Sept.
all and a section					
Total Unaf	lowable Bu		5	\$ -	\$

F. Statement of Revenue

F. Statement of Re	even				
Name of Facility Crostfield Robert & Ferryand Manage 1014C		Report for Y	ear Ended		Page of
Crestfield Rehab & Fenwood Manor 1014C		9/30/2016	<u></u>		30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue		Total	CONFL	KIIIN	(Specify)
1. a. Medicaid Residents (CT only)	¢	10 222 120	10 222 120		
b. Medicaid Room and Board Contractual Allowance **	<u> </u>	10,223,120	10,223,120		
2. a. Medicaid (All other states)	<u> </u>	(3,488,175)	(3,488,175)		
b. Other States Room and Board Contractual Allowance **	<u> </u>				
3. a. Medicare Residents (all inclusive)	\$	2,602,312	788,501	1,813,812	
b. Medicare Room and Board Contractual Allowance **	. ф Ф	937,989	284,211	653,778	
4. a. Private-Pay Residents and Other	\$	3,342,248	927,806	2,414,442	<u> </u>
b. Private-Pay Room and Board Contractual Allowance **	\$	74,354	26,718	47,636	
II. Other Resident Revenue	Ψ	74,334	20,710	47,030	
1. a. Prescription Drugs - Medicare	\$	346,121	104,875	241,247	
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(346,121)	(104,875)	(241,247)	
c. Prescription Drugs - Non-Medicare	 \$	177,134	76,620	100,514	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(177,134)	(76,620)	(100,514)	
2. a. Medical Supplies - Medicare	\$	4,234	1,283	2,951	
b. Medical Supplies - Medicare Contractual Allowance **	\$	(4,234)	(1,283)	(2,951)	
c. Medical Supplies - Non-Medicare	\$	6,361	2,748	3,613	• 110
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(6,361)	(2,748)	(3,613)	
3. a. Physical Therapy - Medicare	\$	854,194	258,821	595,373	
b. Physical Therapy - Medicare Contractual Allowance **	\$	(761,535)	(230,745)	(530,790)	
c. Physical Therapy - Non-Medicare	\$	384,985	199,124	185,861	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(384,985)	(199,124)	(185,861)	
4. a. Speech Therapy - Medicare	\$	310,708	94,145	216,564	
b. Speech Therapy - Medicare Contractual Allowance **	\$	(278,586)	(84,411)	(194,174)	
c. Speech Therapy - Non-Medicare	\$	122,160	68,991	53,169	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(122,160)	(68,991)	(53,169)	
5. a. Occupational Therapy - Medicare	\$	952,879	288,722	664,157	
b. Occupational Therapy - Medicare Contractual Allowance **	. \$	(843,702)	(255,642)	(588,060)	
c. Occupational Therapy - Non-Medicare	\$	375,850	196,818	179,033	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(375,850)	(196,818)	(179,033)	
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$:	
III. Total Resident Revenue (Section I. thru Section II.)	\$	13,925,807	8,833,070	5,092,737	
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$	***************************************		MATA MATA MATA MATA MATA MATA MATA MATA	
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	100	30	70	
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	12,975	9,537	3,438	
V. Total Other Revenue (1 thru 8)	\$	13,075	9,567	3,508	
VI. Total All Revenue (III+V)	\$	13,938,882	8,842,637	5,096,245	
		13,730,082	0,042,03/	3,070,243	

^{*} 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)
			Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission o
Potal Other Postdard Postarity Medicana	\$	s -	3

Schedule of Other Non-Medicare Resident Revenue

Related Exp

	Description	CCNH	RHNS	(Specify)
Childry because in				
Cherletterrerterrerter Storifferenterrerterrerterre			Supersult:	
Total Othe	r Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	(Specify)
Account Receivables		\$ 30	\$ 70	
	ile and Charles			
Total Interest Income		\$ 30	s 70	\$
		A	<i>.</i>	***

Schedule of Other Revenue

Page Ref	f Description CCNH			(Specify)	
	Medical Records	\$ 533	\$ 192		
problem and a second	UHC Participation Plan	\$ 8,666	\$ 3,124		
	Hairdresser Rental	\$ 331	\$ 119		
	Office Supply Refund	\$ 7	\$ 3		
delinina composition	an and a post of the control of the control of the control of the control of the control of the control of the	y .			
			ni meningan dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam dalam		
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		grelent ne de sy			
Harasta Salahari				and the state of	
Total Othe	r Revenue	9,537	\$ 3,438		

G. Balance Sheet

	of Facility	License No.	Report for Year Ended	Page	0.
restiie	eld Rehab & Fenwood Manor	1014C	9/30/2016	31	37
Assets		Account		-	Amount
	urrent Assets				
a. C	. Cash (on hand and in banks	.)		œ.	142.76
2	Resident Accounts Receiva	111	or Rad Dahta)	\$ \$	142,76 1,837,14
	Other Accounts Receivable			\$	(10
4	Inventories	(LACIDATING OWNERS OF	Related Latties)	\$	(10
	Prepaid Expenses			\$	381,57
٠.	a. Prepaid-Expenses		4,296	Ų	361,37
	b. Prepaid-Insurance		344,871		Same Back
	c. Prepaid-Real Estate Taxe	28	32,407		
	d.				
6.	Interest Receivable			\$	
7.	Medicare Final Settlement I	Receivable	100 BA1	\$	····
8.	Other Current Assets (itemi:	ze)		\$	5,00
	Deposits-Other	<u> </u>	5,000		- ,
					100

1-9. <i>Ta</i>	otal Current Assets (Lines A.	thru 8)	——————————————————————————————————————	\$	2,366,38
3. Fi	xed Assets	· · · · · · · · · · · · · · · · · · ·			
1.	Land			\$	
2.	Land Improvements	*Historical Cost	39,220	\$	41
		Accum. Depreciation	on 38,809 Net		
3.	Buildings	*Historical Cost	611,239	\$	187,36
	a	Accum. Depreciation	on 423,875 Net		
4.	Leasehold Improvements	*Historical Cost		\$	
		Accum. Depreciation	on Net		
5.	Non-Movable Equipment	*Historical Cost	124,379	\$	28,05
		Accum. Depreciation	on 96,321 Net		
6.	Movable Equipment	*Historical Cost	322,437	\$	62,02
		Accum. Depreciation	on 260,414 Net		
7.	Motor Vehicles	*Historical Cost		\$	
		Accum. Depreciation	on Net		
8.	Minor Equipment-Not Depr	eciable		\$	
9.	Other Fixed Assets (itemize)	. 11-11-1901	\$	
3-10.	Total Fixed Assets (Lines B	31 thru 9)		\$	277,85

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

G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year En	ded	Page	of
Cres	tfie	ld Rehab & Fenwood Manor	1014C	9/30/2016		32	37
			Account			Am	ount
			***	Total Brought F	Forward: \$		2,644,237
C.		easehold or like property record	ed for Equity Purpose	es.			
		Land		71'74	\$		
	2.	Land Improvements	*Historical Cost	W			
			Accum. Depreciation	n No	et \$		
	3.	Buildings	*Historical Cost				
<u> </u>		******	Accum. Depreciation	n No	et \$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Ne	et \$		
	5.	Movable Equipment	*Historical Cost	T1004			
		70.0	Accum. Depreciation	n Ne	t \$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Ne			
		Minor Equipment-Not Deprec	NA.W		\$		
C-8		tal Leasehold or Like Properti	es (C1 thru 7)		\$		
D.	Inv	vestment and Other Assets					-
<u></u>	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost	30,667			
			Accum. Depreciation	30,667 Ne	t \$		0
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Reside	nt Care (itemize)	· · · · · · · · · · · · · · · · · · ·	\$		
	6.	Loans to Owners or Related Pa	arties (itemize)		\$		8,115,457
		Name and Address	Amount	Loan Date			
		·		İ			
		Spectrum/Hartford/Winste					医多形成物质
		d/Torrington	8,115,457				
	7.	Other Assets (itemize)			\$		
		tal Investments and Other Asse			\$		8,115,457
D-9.	Tot	tal All Assets (Lines A9 + B10	+ C8 + D8)		\$		10,759,694

^{*} 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 I	Ended	Page	of
Crestfield Rehab	& Fenwood Manor	1014C	9/30/2016		33	37
		Account			Am	ount
Liabilities	****					
A. Cu	rrent Liabilities					
1.	Trade Accounts Payable			\$		2,061,873
2.	Notes Payable (itemize)			\$		
3.	Logna Davable for Equipme	omt (Co) (:4:)			
3.	Loans Payable for Equipme Name of Lender	7		Deta Dua		
	Name of Lender	Purpose	Amount	Date Due		alan an ar ar ar
					8.5884	
	W.					
4.	Accrued Payroll (Exclusive	of Owners and/or S	tockholders only)	\$		353,645
5.	Accrued Payroll (Owners a	nd/or Stockholders	only)	\$		
6.	Accrued Payroll Taxes Pay	able		\$		5,164
7.	Medicare Final Settlement	Payable		\$		
8.	Medicare Current Financing	g Payable		. \$		·
9.	Mortgage Payable (Current	Portion)		\$		
10.	Interest Payable (Exclusive	of Owner and/or Re	lated Parties)	\$		
	Accrued Income Taxes*			\$		
12.	Other Current Liabilities (it	emize)		\$		842,365
	Accrued Interest	16,8	59 Resident Refunds	(92,611)		
	Accrued Other Expenses	225,1	89 Resident Trust	(1,085)		
	Workerman Compensation Liability	189,7	20 Accrued Provider Tax	460,791		9.9
	Property Liablity Insurance		77 Due To Prior Owner	(9,355)		
A-13. <i>Tot</i>	al Current Liabilities (Line	s A1 thru 12)	·	\$		3,263,048

^{*} 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	License No.	Report for Year	Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2016		34	37
	Account			Amo	ount
		Total Broug	ht Forward:		3,263,048
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipme			\$		
Name of Lender	Purpose	Amount	Date Due		
·					
				A company	Banks and
•					
2. Mortgages Payable		<u> </u>	\$		
3. Loans from Owners or I	Related Parties (itemize)		\$		5,058,882
Name and Address of Lender	Amount	Loan D	9200000		-,,
				10000000	
					1-26-6-6
Ansonia/Derby	91,925				
1 Internal 15 Grey	71,723				
d	at .	,e			
Spectrum Realty	4,966,957				
Spectralit reasty	4,900,937				
•					
4. Other Long-Term Liabil	ities (itemize)	<u> </u>	\$		2,130,518
Working Capital Line of	` '	2,130,518	Ψ		2,130,310
orang captur blic of		2,100,010			40056
				erational profes	
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		\$		7,189,401
C. Total All Liabilities (Lines A			\$		10,452,449

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

	ne of Facility	License No.	_	r Year Ended	Pa	ge	of
Cre	stfield Rehab & Fenwood Manor	1014C	9/30/2016	<u> </u>	35	5	37
<u> </u>	Account						
A.	Reserves						
	1. Reserve for value of leased I	and	,,,		\$		
	2. Reserve for depreciation value	ue of leased build	ngs and appu	rtenances			
	to be amortized				\$		
	3. Reserve for depreciation value	10 of loosed marge	nal management (Exit	Φ.	•	
	3. Reserve for depreciation van	ie of leased perso	nai property (Equity)	\$		
	4. Reserve for leasehold real pr	operties on which	fair rental va	lue is based	\$		
	5. Reserve for funds set aside a	s donor restricted			\$		

	6. Total Reserves	***			\$		
В.	Net Worth						
	1. Owner's Capital	· · · · · · · · · · · · · · · · · · ·			\$		——————————————————————————————————————
	2. Capital Stock				\$	·	
	3. Paid-in Surplus				\$		
	*						
	4. Treasury Stock			и	\$		
	5. Cumulated Earnings				\$	1,23	32,633
					,	,	,
	6. Gain or Loss for Period	10/1/20	15 thru	9/30/2016	\$	(92	25,388)
	7. Total Net Worth				\$	30	07,245
C.	Total Reserves and Net Worth				\$	30	07,245
D.	Total Liabilities, Reserves, and I	Net Worth			\$	10.75	59,694

H. Changes in Total Net Worth

Name of Facility	Lic	ense No.	Report for Year	r Ended	Page	of
Crestfield Rehab & Fer	nwood Manor	1014C	9/30/2016		36	37
	A	ccount			Ar	nount
A. Balance at End o	f Prior Period as show	n on Report of 0	9/30/2015		\$	1,233,221
B. Total Revenue (F	From Statement of Rev	enue Page 30)			\$	13,938,882
C. Total Expenditure	es (From Statement o	f Expenditures P	age 27)		\$	14,864,270
D. Net Income or De	eficit				\$	(925,388)
E. Balance					\$	307,833
F. Additions						
1. Additional Ca	apital Contributed (<i>ite</i>	mize)				
2. Other (itemize	e)					
F-3. Total Additions				3	3	·
G. Deductions						
1. Drawings of 0	Owners/Operators/Par	tners (Specify)		9	5	
Name and A	ddress (No., City, Stat	te, Zip)	Title	Amount		
2. Other Withdra	awings <i>(Specify)</i>			9	3	
	Purpose		Amo	unt		
3. Total Deduction		AA /A A (4)		\$		207.75
H. Balance at End o	j rerioa	09/30/16)	\$	<u> </u>	307,833

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2016	37	37
	Check appropriate category			
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)		
	Preparer/Reviewer Certification	n		10107-F
I have read the most recent Federal a appropriate personnel as to the possit applicable regulations. All non-reim automatically removed in the State raperformed by me are properly reported.	report and am familiar with the applicable of the State issued field audit reports for the Facult inclusion in this report of expenses which bursable expenses of which I am aware (except computation system) as a result of reading a such in this report on Pages 28 and 29 ained in this report is in agreement with the	cility and have inquired of h are not reimbursable under cept those expenses known to g reports, inquiry or other ser (adjustments to statement of	the be vices	
Signature of Preparer	Title	Date Signed		
Denne Eingelista	Accounting Manage	21,117		
Printed Name of Preparer	•		·	
Gennaro Evangelista		- I		
Addres Address	•	Phone Number		
27 Naek Rd., Vernon, CT 06066		860-871-5454		