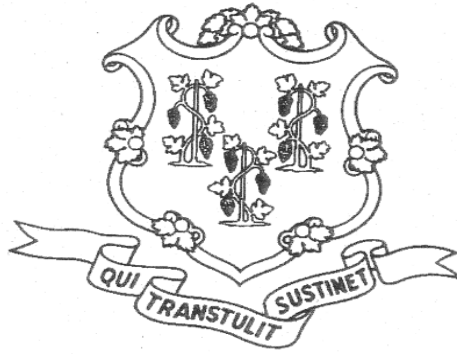


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Lourdes Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 345 Belden Hill Road, Wilton, CT 06897	
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 2243	RHNS	(Specify)	Medicare Provider 07-5426
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Medicaid Provider Numbers:	CCNH 2243	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Lourdes Health Care Center, Inc.	License No. 2243	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 Lourdes Health Care Center, Inc. [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	Signed (Owner)		Date
<i>Sobha Lamontagne</i>		1-12-17			
Printed Name (Administrator)			Printed Name (Owner)		
Sobha Lamontagne					
Subscribed and Sworn to before me:		State of	Date	Signed (Notary Public)	Comm. Expires
VIRGINIA D MULLER		CT.	1-12-17	Virginia D Muller	9/30/19
Address of Notary Public					
345 Belden Hill Rd Wilton, Ct. 06897					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Lourdes Health Care Center, Inc.	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 345 Belden Hill Road, Wilton, CT 06897				
Report Prepared By Blum, Shapiro & Company, P.C.	Phone Number 860-561-4000	Date 1/24/2017		
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 203-762-3318		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Lourdes Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 345 Belden Hill Road, Wilton, CT 06897		
License Numbers:	CCNH 2243	RHNS (Specify)	Medicare Provider No. 07-5426	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Sobha Lamontagne		Nursing Home Administrator's License No.:	001688	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

LOURDES HEALTH CARE CENTER, INC.
Board of Directors
(as of 9/14/16)

Elizabeth Anderson, CSJ ('19 2nd)

27 Park Rd.
West Hartford, CT 06119
860-236-5783
c-860-307-2409
eandersoncsj@comcast.net

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Carol Ann Graf, SSND (SSND appointee)

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carolagraf@aol.com

Sobha Lamontange, Administrator

Lourdes Health Care Center
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(203) 762-4135
Cell 203-545-4497
adm@lourdeswilton.org

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c-203-216-0153
mlyons8@juno.com

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pabmccy@aol.com

Michelle Anne Reho, O. Carm (chair)

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c-914-388-2441
srmichelle@stmhcs.org

Marjorie Robinson, OCD ('19 2nd)

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845-831-5572
srmarjorie@gmail.com

John Svogun, MD, Medical Director

520 West Avenue
Norwalk, CT 06850
203-838-4000

(Board members will and their 3 year term at the fall annual meeting.)

General Information and Questionnaire Individual Proprietorship

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2016	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	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	%**				
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	22 / 6F	36,847	36,847
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Service	18 / 2B	491,933	491,933
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	20 / 4B	16,736	16,736
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Rent	22 / 9	13,333	13,333
Sr. Teresa Spodnik	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Salary - Medical Records	10 / A12O	14,961	14,961
Sobha Lamontagne	7 Christine Lane, New Milford, CT, 06776	<input type="radio"/>	<input checked="" type="radio"/>		Salary Administrator	10 / A2	93,893	93,893
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2016	Page 5	of 37
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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

**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 Lourdes Health Care Center, Inc.			License No. 2243	Report for Year Ended 9/30/2016			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> 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 Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum Shapiro & Co., P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127
--	--

Services Provided by This Firm (<i>describe fully</i>)	
1 Financial Review, Medicaid & Medicare Cost Report	\$ 27,430
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 27,430

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (<i>describe fully</i>)	
1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Schedule of Resident Statistics

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243			Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	40	40			40	40			40	40		
B. On last day of THIS report period	40	40			40	40			40	40		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	38	38			38	38			39	39		
B. As of midnight of THIS report period	40	40			39	39			40	40		
3. Total Number of Days Care Provided During Period												
A. Medicare	734	734			640	640			94	94		
B. Medicaid (Conn.)	13,651	13,651			10,104	10,104			3,547	3,547		
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	14,385	14,385			10,744	10,744			3,641	3,641		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	14,385	14,385			10,744	10,744			3,641	3,641		

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243		Report for Year Ended 9/30/2016			Page 9		of 37				
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days							CCNH	RHNS	(Specify)				
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	1	39											
Per Diem Rate													
a. One bed rm.	PPS	235.80		400.00									
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B							1,211	1,211					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							1,249	1,249					
D. Total Physical Therapy Treatments							2,460	2,460					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							315	315					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							135	135					
D. Total Speech Therapy Treatments							450	450					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							747	747					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							980	980					
D. Total Occupational Therapy Treatments							1,727	1,727					

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	93,893	1,950				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	47,760	2,423				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	80,853	6,703				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	41,257	1,957				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	51,141	3,620				
9. Barber and Beautician Services	21,545	Disallowed				
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	80,330	2,019				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	92,749	1,950				
b. RN						
1. Direct Care	589,998	14,760				
2. Administrative**	119,248	2,742				
c. LPN						
1. Direct Care	137,513	4,182				
2. Administrative**						
d. Aides and Attendants	789,189	44,658				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	51,205	1,950				
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	21,525	926				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	68,263	3,067				
A-13. Total Salary Expenditures	2,286,469	92,907				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Chaplain	\$ 7,270	279				
Seamstress	\$ 11,734	921				
Transportation	\$ 4,298	417				
Medical Records	\$ 44,961	1,450				
Total	\$ 68,263	3,067	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Professional Fees	\$ 4,525	Disallowed				
Professional Fees - Medicare	\$ (329)	Disallowed				
Medical Fees	\$ 894	Disallowed				
Total	\$ 5,090	Disallowed	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Lourdes Health Care Center, Inc.				2243	9/30/2016				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Lourdes Health Care Center, Inc.				2243	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Sobha Lamontagne	93,893			Non-Preferential	Administrator	1,950	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		
Lourdes Health Care Center, Inc.	2243	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	13,992	239				
2. Dentist	5,685	Disallowed				
3. Pharmacist	3,272	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	57,298	1,680				
b. Other						
6. Social Worker	950	57				
7. Recreation Worker	7,455	78				
8. Physicians						
a. Medical Director (entire facility)	25,900	67				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	329	Disallowed				
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	31,757	425				
b. Other						
10. Occupational Therapist						
a. Resident Care	30,375	Disallowed				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	53,315	1,066				
2. Administrative***						
b. LPN						
1. Direct Care	45,487	1,082				
2. Administrative***						
c. Aides	4,918	205				
d. Other						
12. Other (Specify) See Attached Schedule	5,090	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	285,823	4,899				

* 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 Lourdes Health Care Center, Inc.		License No. 2243	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		
GRACE B. AHERN	DIETICIAN	<input type="radio"/>	<input checked="" type="radio"/>		
HEALTHDRIVE DENTAL GROUP	DENTIST	<input type="radio"/>	<input checked="" type="radio"/>		
OMNICARE OF CT	PHARMACY	<input type="radio"/>	<input checked="" type="radio"/>		
PREFERRED THERAPY SOLUTIONS	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
NICOLE MCENERNEY	SOCIAL SERVICES	<input type="radio"/>	<input checked="" type="radio"/>		
ALTHEA ERICSSON	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
COOKIE MARTIN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
DAYLE FRIEDMAN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
DIANE BENNETT	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
EULALIA MADRIGUERE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
GARY KAHN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JANE MARINO	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN BANKER	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JONELLE SEDGWICK	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JOSEPH A. PISANI	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
LARRY AYCE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
LARRY BATTER	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
NIMI CLARENCE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
ROGER HART	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
ROGER YOUNG	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
SHAWN TAYLOR	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
THIRZAH BENDOKAS	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
TOM SANSONE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
ROBERT YASNER, M.D	MEDICAL DIRECTOR	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN SVOGUN, M.D.	MEDICAL DIRECTOR	<input type="radio"/>	<input checked="" type="radio"/>		
ANESTHESAI ASSOC-SOUTHERN CONNECTICUT	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
SOUND FOOD CARE OF CT	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
JOINT ACTIVE SYSTEMS	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
ARCH FOOTWARE	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
ST. VINCENTS MULTISPECIALITY GROUP	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
HEALTHDRIVE EYE CARE GROUP	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
ORTHOCONNECTICUT, PC	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
AMERICAN MEDICAL RESPONSE OF CT	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
SPECTOR EYE CARE	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
HOLY NAME MEDICAL CENTER	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
SOUNDVIEW MEDICAL ASSOCIATES, INC.	MEDICAL DIRECTOR / PROFESSIONAL FEES - MEDICARE/ RESIDENT CARE	<input type="radio"/>	<input checked="" type="radio"/>		
DANBURY AMBULANCE SERVICES, INC.	PROFESSIONAL FEES	<input type="radio"/>	<input checked="" type="radio"/>		
GRIFFIN PATHOLOGY CONSULTANTS	MEDICAL FEES	<input type="radio"/>	<input checked="" type="radio"/>		
REHABILITATION CONSULTANTS	MEDICAL FEES	<input type="radio"/>	<input checked="" type="radio"/>		
BRIDGEPORT HOSPITAL	MEDICAL FEES	<input type="radio"/>	<input checked="" type="radio"/>		
DEPENDABLE CARE	RN, LPN, AIDES	<input type="radio"/>	<input checked="" type="radio"/>		

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 51,125	51,125		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 165,239	165,239		
5. Health Insurance	\$ 413,818	413,818		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,065	2,065		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 86,206	86,206		
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*	\$			
d. Accounting and Auditing	\$ 27,430	27,430		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 9,338	9,338		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 7,037	7,037		
2. Cellular Phones	\$ 2,592	2,592		
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	\$ 286,945	286,945		
Subtotal	\$ 1,051,795	1,051,795		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,051,795	1,051,795			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 126	126			
2. Holiday Parties for Staff	\$ 46	46			
3. Gifts to Staff and Residents	\$ 5,773	5,773			
4. Employee Travel	\$ 152	152			
5. Education Expenses Related to Seminars and Conventions	\$ 7,337	7,337			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 246	246			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** 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	\$ 618	618			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,471	4,471			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 3,089	3,089			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 25	25			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 44,134	44,134			
C-14 Total Administrative & General Expenditures	\$ 1,117,812	1,117,812			

* 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)
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues	\$ 4,471		
Total Dues	\$ 4,471	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Forms Expense	\$ 1,093		
Miscellaneous	\$ 1,450		
Payroll Services	\$ 18,291		
AR Solutions	\$ 1,563		
Purchased Services - Croker Fire Drill Corporation	\$ 1,200		
Data Processing Fees	\$ 15,266		
Licenses	\$ 845		
Computer Equip R&M	\$ 556		
Malpractice Insurance	\$ 3,660		
Bank Charges	\$ 210		
Total Other Administrative and General	\$ 44,134	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	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 #
See page 4 and 21			

*** 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) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility		License No.	Report for Year Ended		Page	of
Lourdes Health Care Center, Inc.		2243	9/30/2016		19	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. \$	1,122	1,122		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Supplies		\$	131	131		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	1,253	1,253		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Lourdes Health Care Center, Inc.		2243	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. \$	22,280	22,280		
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. \$	16,736	16,736		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	39,016	39,016		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Medicare A	\$	28,923	28,923		
b.	Medicine Cabinet Drugs	\$	25,134	25,134		
c.	Medical and Therapeutic Supplies	\$	77,513	77,513		
d.	Ambulance/Limousine****	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	12,317	12,317		
f.	X-rays and Related Radiological Procedures****	\$	2,348	2,348		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	3,436	3,436		
i.	Recreation	\$	1,807	1,807		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	7,358	7,358		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	158,836	158,836		

* 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)
Supplies	\$ 2,725		
Mattresses/Furniture	\$ 699		
Medical Supplies	\$ 1,803		
Supplies Rental	\$ 600		
Nursing Equipment	\$ 295		
Supplies	\$ 1,236		
Total Other Resident Care	\$ 7,358	\$ -	\$ -

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

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243		Report for Year Ended 9/30/2016			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Maintenance Services	36,487			22	6f
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Dietary Services	491,933			18	2b
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Housekeeping Services	16,736			20	4b
Paychex	120; Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	18,291			16	m13
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 4,598	4,598				
b. Heat	\$ 31,624	31,624				
c. Light & Power	\$ 32,955	32,955				
d. Water	\$ 11,327	11,327				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 86,933	86,933				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 167,437	167,437				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 46,682	46,682				
c. Non-Movable Equipment	\$ 3,451	3,451				
d. Movable Equipment	\$ 7,785	7,785				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 57,918	57,918				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 4,623	4,623				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 4,623	4,623				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 13,333	13,333				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 75,874	75,874				

* 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)
Garbage	\$ 5,090		
Supplies	\$ 3,985		
Purchased Services - Exterminator	\$ 1,965		
Purchased Services - Fire Alarm	\$ 11,771		
Purchased Services - Generator	\$ 3,195		
Purchased Services - Hazard Waste Removal	\$ 1,224		
Purchased Services - Building & Equipment	\$ 15,722		
Plant Operations and Maintenance SSND	\$ 36,847		
Purchased Services - Cable TV	\$ 6,718		
Purchased Services - Heating	\$ 416		
Total Other Repairs and Maintenance	\$ 86,933	\$ -	\$ -

Depreciation Schedule

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243			Report for Year Ended 9/30/2016			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			400000	*Initial capit									
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			1,430,921		1,430,921	709,488	SL	30	46,682				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										46,682			
C. Non-Movable Equipment													
1. Acquired prior to this report period			53,024		53,024	33,851	SL	Various	3,451				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										3,451			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						289,669		289,669	259,796	SL	Various	7,692	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						1,706		1,706		SL	3	93	
D-3. Subtotal													7,785
E. Total Depreciation													57,918

Lourdes Health Care Center, Inc.
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*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:				
Total additions for Building Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/27/2016	VIS Integration	\$ 1,666	3	\$ 93
	Plug to agree to balance sheet	\$ 40		
Total additions for Movable Equipmen		\$ 1,706		\$ 93 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/31/2016	Walkway/Fencing - Province	\$ 49,480	15	\$ 1,100
Total additions for Leasehold Improvemer		\$ 49,480		\$ 1,100 *
Deletions:				
Total deletions for Leasehold Improvemer		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

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Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Lourdes Health Care Center, Inc.			2243		9/30/2016			24	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.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				45,638	26,658			3,523	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				49,480				1,100	
C-4. Subtotal									4,623
D. Total Amortization									4,623

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Lourdes Health Care Center, Inc.		2243	9/30/2016			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2016	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	638	638	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$	6,502	6,502	
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	7,140	7,140	
15. Total All Expenditures (A-13 thru C-14)	\$	4,631,663	4,631,663	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.				2243	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 21,545	21,545		
Page 13 - Professional Fees							
5.	13	B8a	Resident Care Physicians **	\$ 329	329		
6.	13	B10a	Occupational Therapy	\$ 30,375	30,375		
7.			Other - See attached Schedule	\$ 29,122	29,122		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	1h	Cellular Telephone	\$ 1,152	1,152		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 10,312	10,312		
Page 18 - Dietary Expenditures							
24.	18	2B	Meals to employees, guests and others who are not residents	\$ 185,289	185,289		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 278,124	278,124		

* 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	A9	Barber/Beauty Salary	\$ 21,545		
Total Other Salaries Adjustment			\$ 21,545	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 5,685		
13	B3	Pharmacy Consultant	\$ 3,272		
13	B8a	Medical Director - over the limit	\$ 15,075		
13	B12	Professional Fees	\$ 4,525		
13	B12	Professional Fees - Medicare	\$ (329)		
13	B12	Medical Fees	\$ 894		
Total Other Fees Adjustments			\$ 29,122	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Employee Gifts	\$ 5,773		
16	M13	Miscellaneous	\$ 1,450		
16	M9	Newspaper	\$ 3,089		
Total Other A&G Adjustments			\$ 10,312	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.				2243	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 278,124	278,124		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 28,923	28,923		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,348	2,348		
30.	20	5h	Laboratory	\$ 3,436	3,436		
31.	20	5c	Medical Supplies	\$ 3,944	3,944		
32.	20	5e 2	Oxygen (non emergency)	\$ 12,317	12,317		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 4,338	4,338		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			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.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 25,241	25,241		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 358,671	358,671		

*** 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.

Lourdes Health Care Center, Inc.
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Mattresses/Furniture	\$ 699		
20	5j	Medical Supplies	\$ 1,803		
20	5j	Supplies Rental	\$ 600		
20	5j	Supplies	\$ 1,236		
Total Other Ancillary Costs			\$ 4,338	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Income	\$ 16,967		
30	IV5	Interest Income	\$ 1,556		
22	6f	Cable TV	\$ 6,718		
Total Other Adjustments			\$ 25,241	\$ -	\$ -

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
Lourdes Health Care Center, Inc.	2243	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>)	\$ 5,509,343	5,509,343				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,292,941)	(2,292,941)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 286,344	286,344				
b. Medicare Room and Board Contractual Allowance **	\$ 54,611	54,611				
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 53,042	53,042				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (53,042)	(53,042)				
c. Prescription Drugs - Non-Medicare	\$ 2,679	2,679				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (2,679)	(2,679)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 86,247	86,247				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (49,103)	(49,103)				
c. Physical Therapy - Non-Medicare	\$ 211	211				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (211)	(211)				
4. a. Speech Therapy - Medicare	\$ 44,274	44,274				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (13,696)	(13,696)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 63,320	63,320				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (38,425)	(38,425)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 3,649,974	3,649,974				
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>)	\$ 1,556	1,556				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 16,590	16,590				
8. Other (<i>Specify</i>)	\$ 816,967	816,967				
V. Total Other Revenue (1 thru 8)	\$ 835,113	835,113				
VI. Total All Revenue (III +V)	\$ 4,485,087	4,485,087				

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Bank Interest		\$ 1,556		
Total Interest Income			\$ 1,556	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	Subsidy Donation	\$ 800,000		
30	Misc Other Item Revenue	\$ 16,967		
Total Other Revenue		\$ 816,967	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	40,025
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	276,333
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	150,000
4. Inventories			\$	
5. Prepaid Expenses			\$	33,974
a. Employee Health Insurance	33,060			
b. Dues	914			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	500,332
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
3. Buildings	*Historical Cost <u>1,430,921</u>		\$	674,751
	Accum. Depreciation <u>756,170</u> Net			
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
5. Non-Movable Equipment	*Historical Cost <u>53,024</u>		\$	15,722
	Accum. Depreciation <u>37,302</u> Net			
6. Movable Equipment	*Historical Cost <u>291,375</u>		\$	23,794
	Accum. Depreciation <u>267,581</u> Net			
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	714,267

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,214,599
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost <u>49,480</u>		
	Accum. Depreciation	1,100	Net	\$ 48,380
3. Buildings		*Historical Cost <u>11,404</u>		
	Accum. Depreciation	6,840	Net	\$ 4,564
4. Non-Movable Equipment		*Historical Cost <u>34,234</u>		
	Accum. Depreciation	23,341	Net	\$ 10,893
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)			\$	63,837
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____		
	Accum. Depreciation		Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,278,436

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

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G. Balance Sheet (cont'd)

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	176,855
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	138,785
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	101,958
Accrued Accounting Fees		27,400			
Accrued User Fee		74,558			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	417,598

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				417,598	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 417,598	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	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			\$	4,564
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	10,893
4. Reserve for leasehold real properties on which fair rental value is based			\$	48,380
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	63,837
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	943,577
6. Gain or Loss for Period	10/1/2015	thru 9/30/2016	\$	(146,576)
7. Total Net Worth			\$	797,001
C. Total Reserves and Net Worth			\$	860,838
D. Total Liabilities, Reserves, and Net Worth			\$	1,278,436

H. Changes in Total Net Worth

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	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			\$	957,934
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	4,485,087
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	4,631,663
D. Net Income or Deficit			\$	(146,576)
E. Balance			\$	811,358
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
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>			\$	14,357
Purpose		Amount		
Reclass of Reserve for Related Party Equity removed from Net		14,357		
3. Total Deductions			\$	14,357
H. Balance at End of Period			\$	797,001

I. Preparer's/Reviewer's Certification

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>	Title	Date Signed 1/24/17		
Printed Name of Preparer Blum Shapiro & Company, P.C.				
Address 2 Enterprise Drive, Shelton, CT 06484		Phone Number 203-944-2100		