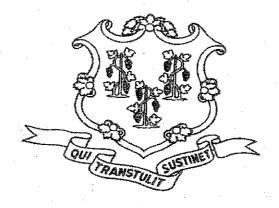
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2016

Name of Facility (as	licensed)						
Park Place							
Address (No. & Stree	et, City, State, Z	Zip Code)					-
5 Greenwood Street,	Hartford CT 06	5106					
Type of Facility					,		
Chronic and C	Convalescent		Rest Home wit	h Nursing	5		
☑ Nursing Home	e only		Supervision on	ly		(Specify)	
(CCNH)			(RHNS)				
Report for Year Begi	nning		Report for Yea	r Ending			
10/1/2015			9/30/2016	1	4		
			:			· .	
License Numbers:		CCNH	RHNS		(Specify)	Me	edicare Provider
		2195-C					07-5250A
	-						
" " " " " " " " " " " " " " " " " " "	1		NATET .	mi	TNTO I	10	ar HD
Medicaid Provider N	umbers:	20081	CNH	Kf	INS	IC	CF-IID
						•	
For Department Use	e Only						
Sequence Number	Signed and	Date	Sequence N	umber	Signed	nd Notarized	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notarized	Date Received

			•			4 - 4	•

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General Information

Name of Facility (as licensed) License No. Report for Year Ended Page of		 		
Park Place 2195_C 0/30/2016 1 37	Name of Facility (as licensed)		Page	
1275-0 97502010 1 1 37		 9/30/2016	1	3/

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 Park Place [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 ///7
Printed Name (Administrator) Doug Melanson			Printed Name (Owner) Sean Murphy	
Subscribed and Sworn to before me:	State of Connecticut	Date 2/1/17	Signed (Notary Public) Konsuds Casse)	Comm. Expires
Address of Notary Public しち ロメFORD DR	NEWINGTON	S CT	06/11	

(Notary Seal)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

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
Park Place				10/1/2015	9/30/2016
Address of Facility					
5 Greenwood Street, Hartford CT 06106				_	
Report Prepared By		Phone Nun		Date	
Gennaro Evangelista		860-871-54	154	2/1/2017	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				1 2.2
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

Annual Report of Long-Term Care Facility

CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

				cility	Report for Ye	ear Ended	_		of
		860	-236-2901		9/30/2016		2	3	7
Name of Facility (as shown on license)			1		Street, City, St	- /			
Park Place	CCNH	T .	RHNS	od Sti	reet, Hartford (JI 06106	Medicare F		
License Numbers:	2195-C		KIINS		(Specify)		07-5250A	Tovide	T NO.
Type of Facility (Check appropriate box(es		<u>. </u>		1			07-3230A		
Chronic and Convalescent Nursing Home only (CCNH)			Home with ervision only			(Specify))		
Type of Ownership (Check appropriate box	()								
O Proprietorship ① LLC O	Partnership	0	Profit Corp.	0	Non-Profit Co	rp. O	Government	0 7	Trust
If this facility opened or closed during repo	rt year provid	e:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership									
or operation during this report year?		0	Yes	<u> </u>	No	If "Yes,"	explain fully	у.	
Administrator									
Name of Administrator					Nursing Ho	T T			
Doug Melanson					Administrat	1	1689		
040	. 1 1 . 1 . 4	(C 11		C (1	License N	Vo::			
Other Operators/Owners who are assistant a Name	administrators	(IIII)	or part time)	01 tr	License N	Ja			
Temic					License i	NO			
		-							
						1			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility	•	License No.	Report for Y	Year Ended	Page of
Park Place		2195-C	9/30/2016		3 37
			•	State(s) and/	or Town(s) in
Legal Name of Par	tnership/LLC	Busines	s Address		Registered
Spectrum Healthcare Hartford	i, LLC DBA	27 Naek Road	l, Vernon, CT	Hartford, CT	
Greenwood		06066			
Name of Partners/Members	Business A	Address		Title	% Owned
Howard Dickstein	27 Naek Road, Verno	n, CT 06066	President &	CEO	65
Brian Dickstein	27 Naek Road, Verno	n, CT 06066	VP, Operati	on	17.5
Sean Murphy	27 Naek Road, Verno	n, CT 06066	CFO		17.5
				14	
	-				
				•	
	:				
111111111111111111111111111111111111111					

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

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	r Ended	Page of
Park Place	2195-C	9/30/2016		3A 37
If this facility is owned or operated as a corp	oration, provide	the following info	rmation:	
Legal Name of Corporation		ness Address		hich Incorporated
				<u> </u>
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares		at .		,

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Park Place	2195-C	9/30/2016	3B	37
If this facility is owned or operated as	an individual proprietorship,	provide the following inform	ation:	
	Owner(s) of Facility			
	// /// *//			

- V- (A-1				

		19.5 Marie 1		v
***************************************	, WAA 1			
	· voltanio-i			•

1 17 200				
*men.ii				

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

General Information and Questionnaire Related Parties*

Name of Facility Park Place		License N 219	e No. 2195-C	Report for Year Ended 9/30/2016		Page 4	of 37
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	g compensation from the frownership, family or busin	acility reess asso	lated through	Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	ne Name/Add nation on Pa	dress and ge 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?	anies which provide goods rty or the loaning of funds iation, common ownership ters, operators, or officials	or servito this far, control of this far	ces, teility, or business acility?	O Yes © No	If "Yes," provide the following information:	e following	information:
		Als	Also Provides Goods/Services to		Indicate Where Costs are Included		
Name of Related Individual or Company	Business Address	Non-R Yes	Non-Related Parties Yes No %**	Description of Goods/Services Provided	in Annual Report Page #/Line#	Cost Reported	Actual Cost to the Related Party
Spectrum Healthcare, LLC 27 Na	27 Naek Rd., Vernon, CT 06066	0	•	Home office costs consisting of admin., cleri Page 16, line m 12	Page 16, line m 12	360,000	360,000
Spectrum Healthcare Derby 211 Chatfield St Derby, CT 06418	Chatfield St Derby, CT 06418	0	o _	Social Services	Page 10 Line a12m	4,741	4,741
		0	o O				
		0	0				
		0	0				
		O-	0				
		0	o O				
		0	0				
		0	0				
Transfer of the state of the second state of t							

^{*} 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
Park Place	2195-0	3	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 Medicai	d rates, costs
must be allocated to CCNH and RHNS as follo-			•	
Item			Method of Allocation	· · · · · · · · · · · · · · · · · · ·
Dietary		Number of	meals served to residents	
Laundry			pounds processed	
Housekeeping		Number of	square feet serviced	
			hours of routine care provided	-
Nursing			lassification, i.e., Director (or	• ,,
		_	Nurses, Licensed Practical Nur	rses, Aides and
		Attendants		
Direct Resident Care Consultants		Number of	hours of resident care provided	l by EACH
			See listing page 13)	
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salar		
Management services			e cost center involved	
All other General Administrative expenses			rect and Allocated Costs	
The preparer of this report must answer the following	owing quest	tions applies	able to the cost information pro	vided.
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why sucl	allocation was
costs allocated as required?	O 103	0 110	not made.	
			•	
et a			d	ct.
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data	
, , , , , , , , , , , , , , , , , , ,				
•			•	
3. Did the Facility appropriately allocate and se				me cost centers?
(e.g., Assisted Living, Home Health, Outpation	ent Services	, Adult Day	Care Services, etc.)	
	• Yes	O 140	If "No," explain fully why such not made.	allocation was
	,			

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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.

anound not be included in these almounts.							
Name of Facility	•		License No.	Report for Year Ended	ear Ended		Page of
Park Place	·		2195-C	9/30/2016			
	Relate	Related * to					-
	Owners,	iers,					
	Oper	Operators,		, ,		Annual	
Name and Address of Lessor	Vec	S S	Description of Least	Date of	Lerm of	Amount	Amount
TOPPO TO TOPPO OF TOPPO	3	2	Description of thems Leased	Lease	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0	The state of the s				
	0	0					
	0	0					
	0	0					
ALIE CONTROL OF THE PARTY OF TH							

Is a Mileage Log Book Maintained for All Leased Vehicles?

O Yes

o 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	License No.	Report for Year Ended		Page	of
Park Place	2195-C	9/30/2016		7	37
The records of this facility for the pe	eriod covered by this report	were maintained on the following basis:			
_		· ·			
	Modified Cash				•••
Is the accounting basis for this					
^	Yes	If "No," explain.			
previous period? O	No				
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		29 So. Wall St., W Hartford, C1 00127			
3					
4					
Services Provided by This Firm (des	scribe fully)				
Reviewed Financial Statements, Tax re	eturn preparation		\$	2,300	
2 Due Diligence Exam	, , , , , , , , , , , , , , , , , , , ,		\$	14,858	
3			\$	17,030	
4					
<u> </u>			\$ c c		
			Charge for	Services Pro	vided
			\$	17,158	
		es, Specify Expense Classification and Line No.			
	Page15, Line 1.d.				
Legal Services Information	A	100			
Name of Legal Firm or Independent	Attorney		Telephone	Number	
1 Treasurer, State of CT	M. TID				
 Michalik, Bauer, Silva & Ciccar Marshall Charles Fisher 	illo LLP				
			ļ		
4" State Marshall Jesse Smith	•	u .	,		
5 MidCap Funding Address (No. & Street, City, State, Zi	2 (2. 1.)		<u> </u>		
Address (<i>No. & Street, City, State, Zi</i> 1 250 Constitution Plaza, Hartford	-				
2 35 Pearl St Suite 300 New Brita					
	m, C i				
3 4					
T 5					
Services Provided by This Firm (desc	cribe fully)				
Conservator Fees			\$	1,371	
2 Collections			\$ \$	5,605	
Probate Fees for COE/COP Application					
			\$	172	
Probate Fees for COE/COP Application	n		\$	116	
Loan Amendments			\$	1,889	
			Charge for S	Services Pro	vided
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	9,153	
		es, Specify Expense Classification and Line No.			
• Yes • No	Page 15, Line 1 e				
5 100 5 110					

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

Schedule of Resident Statistics

Name of Facility Park Place			License No. 2195	e No. 2195-C			Report for 9/30/2016	Report for Year Ended 9/30/2016	q		Page 8	of 37
					П	Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHINS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	150	150			150	150			150	150		
B. On last day of THIS report period	150	150			150	150			150	150		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	146	146			146	146			135	135		
B. As of midnight of THIS report period	133	133			135	135			133	133		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,388	1,388			1,079	1,079			309	309		
B. Medicaid (Conn.)	45,110	45,110			33,353	33,353			11,757	11,757		
C. Medicaid (other states)												
D. Private Pay	1,588	1,588			1,341	1,341			247	247		
E. State SSI for RCH												
F. Other (Specify)	1,840.	1,840			1,397	1,397			443	443		
G. Total Care Days During Period (3A thru F)	49,926	49,926			37,170	37,170			12.756	12.756		
Total Number of Days Not Included in Figures in 3G												
												•
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	49,926	49,926			37,170	37,170			12,756	12,756		

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Fac	ility			Lice	nse No.				Repor	t for Year	Ended		Page	of
Park Place				2	195-C					9/30/201	6		9 -	37
			in the certified		apacity d	uring	the rep	ort ye	ar?	0	Yes	•	No	
II ILS	, provid		f Change	LIOII.	C	hange	in Bed	le.		Co	nooity Af	ter Change	1	
Date of	CCNIL	RHNS			Lost	nange		Gaine	J	Ca	pacity At	T Change	1	
	CCNI	KIINS	(Specify)		Lost	Г	<u> </u>	Gaine	a.	1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
	 ` 			ì	, ,	(-)	\		(+)			(=p===5)	11740711	<u> </u>
	<u>i</u>													
1			in certified bed			g the r	eport y	ear (a	s repor	ted in iter	n 4 above	e) provide the m	ımber of	
RESID	ENIDA	XYS for !	90 days followir	ng the	change.					1		T	<u></u>	
			Change in R	esider	nt Days					CC	NH	RHNS	(Spe	ecify)
1st chan	ge												1	
2nd char														
3rd char														
4th chan 6. Number		dents an	d Rates on Septe	mbor	20 of C	vat Va	•							
o. Number	OI IXCSI	dents and	Medicare	111061	Medi		aı			Se	lf-Pay		Other Sta	te Assisted
		ŀ	111111111111111111111111111111111111111							<u> </u>	ar r uy		Other Sta	10 7 10010101
		-												
	Item		CCNH	C	CNH	RI	INS	CC	NH	RI-	INS	(Specify)	R.C.H.	ICF-MR
No. of R		3			125				8					
Per Dier			eralija ses=								-			
a. One b			Various		242.88				415.00					
b. Two			Various		242.88				365.00					
c. Three		2												
UCU 1	11115.		<u>.</u>								11			
7. Total Nu	mber of	Physica	l Therapy Treat	ments	i					ТОТ	ΓAL	CCNH	RHNS	(Specify)
		re - Part				<u> </u>					3,290	3,290		
В.			usive of Part B)											
			Treatments Treatments	····	····-						3,061	3,061		
C.	Other	oranve	ricaments								13	13		<u> </u>
		hysical	Therapy Treatn	nents							6,364	6,364		
8. Total Nu	ımber of	Speech	Therapy Treatn		• • • • • • • • • • • • • • • • • • • •									
		re - Part		4						***************************************	77	77		* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
В.			usive of Part B)											
			Treatments Freatments	.				· · · · · · · · · · · · · · · · · · ·			161	161		
C-	Other	Oracive	reatments											
		peech T	herapy Treatme	ents							238	238		
9. Total Nu	mber of	Occupa	tional Therapy		nents									
		re - Part								200000000000000000000000000000000000000	2,552	2,552	W13100019/422210	
В.			usive of Part B)											
			Treatments								2,839	2,839		
	Other	oranve l	Treatments								32	32		
		ccupatio	onal Therapy T	reatm	ents						5,423	5,423		
			<u></u>								٠, ٠٠٠٠	1 2,142		L

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Report of Expenditures - Salaries & Wages

Report of Ex	cpenantures	- Salari	es & wage	es		
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Park Place	2195-C		9/30/2016		10	37
Are time records maintained by all individuals receiving co	mnoncotion?	Α.	Yes	^	No	
Are time records manifeathed by an individuals receiving co	impensation?				NO	
	<u> </u>	1	Total Cost a	nd Hours	<u> </u>	
_						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I	deben i e c		distinct of			100
of Schedule A1)						
Administrator(s) (Complete also Sec. III						
of Schedule A1)	159,512	2,753				
3. Assistant Administrator (Complete also Sec. IV	100,012	2,733				
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	296,874	14,316				
5. Dietary Service						100
a. Head Dietitian						
b. Food Service Supervisor	117,713					
c. Dietary Workers	428,141	24,158				
Housekeeping Service a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	125,160	4,769				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	-					
Barber and Beautician Services Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
 a. Directors and Assistant Director of Nurses 	191,364	3,888				
b. RN						
1. Direct Care	528,133	12,559				
2. Administrative** c. LPN	288,082	6,667				
1. Direct Care	1,502,742	49,952				
2. Administrative**	1,302,742	* 47,732				
d. Aides and Attendants	1,986,608	114,752				•
e. Physical Therapists					_	
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	93,267	4,423				
i. Physicians 1. Medical Director						
Wedical Director Utilization Review						
3. Resident Care***						
4. Other (Specify)						
		AL-MORENIA VEGE (A) TENES (A)				THE STATE OF THE S
j. Dentists						
k. Pharmacists						
1. Podiatrists	20.515					
m. Social Workers/Case Management n. Marketing	80,617	2,521				
o. Other (Specify)						e la
See Attached Schedule	58,572	3,829				
A-13. Total Salary Expenditures	5,856,784	248,783				
		, ,]				

^{*} 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)

	CCN	ŀΗ	RH	NS	(Spe	cify)
Position	\$	Hours	\$	Hours	\$	Hours
Ward Clerks-Scheduler	\$ 24,501	1,532				
Medical Records	\$ 34,071	2,297	The state of the s	Part of the state		A CONTROL OF THE PROPERTY OF T
	and description and the second	A STATE OF THE STA		Parky to you like the control of the		Manager and the second
				ldaglarahan di		
						A CONTROL OF THE PROPERTY OF T
aliin kiin siin a ja ka siin kan kin hiin kiin kiin kiin kiin kiin kiin		12/14/14/14/14/14/14/14/14/14/14/14/14/14/	www.common.com			
						Balling or was a balling of the con-
			76 (46) (12) (12)	100000000000000000000000000000000000000		
a en material de la companya de la La companya de la co						
						ara-dimakan as
		Chi Antaradera (1970) Chi e Date esservichi in Chica			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
				**************************************	1 14 17 17 17 17 17 17 17 17 17 17 17 17 17	
Total	\$ 58,572	3,829	\$.	en e	S	

Schedule of Other Fees (Page 13)

	cc	CNH	RH	INS	(Spe	eify)
Service	\$	Hours	. \$	Hours	\$	Hours
	Significant situation	a de la constante de la consta	Hariffe and the series of the	eni selen Sel		Alberta I
	STATE OF THE PARTY				tine unit (se escribe	
			100			
					talibi a akada	
randa september 1997 dan 1997 dan 1997 dan 1998 dan 1998 Dan 1998 dan 1998 da						
	Bertalah Bada da Ba					ere ere ere ere
Total		THE PROPERTY CONTINUES OF THE PROPERTY OF THE				
Iva	\$ -	-	\$ -		\$ -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005 Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		7	A ADDAD CHALL A		reministrations and Only Inciator 1 allies	プロTOT T				
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Park Place				2195-C		9/30/2016) [[37
		Salary Paid	q							
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
					17.7					
			d							
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.

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*

		1.	TOTAL VIEWA	TACTITITIES Y	A ASSISTANT A VALIMATE AND SAIN CUID INCIAINA I ALUES	וירומורת	ד מונוב			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Park Place				2195-C		9/30/2016			12	37
		Salary Paid								
			v	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 Worked	Compensation Received
Section III - Administrators***										
Doug Melanson 10/01/15- 9/30/16	130,821					2,115 A2	A2			
Lyndsey Brenes 10/01/15- 9/30/16	28,691					638 A2	A2			
			й							
Section IV - Assistant Administrators										
			14							
		:								
*No office of the solution of	Lo concider	2 mulant	11: n.f	. 1. 1. 1. 1. 1	3: -1 -1 -1 -1 -1					

*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

B. Report of E		res - Fro.				
Name of Facility	License No.		Report for Y	ear Ended	Page	of
Park Place	219	5-C	9/30/2016		13	37
		T	Total Cost	and Hours		
<u> </u>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee					10.00	
for service basis in lieu of salary			100000			
(For all such services complete Schedule B1) 1. Dietitian						
2. Dentist						
3. Pharmacist	21.006	10.4			<u> </u>	
4. Podiatrist	31,996	424				
5. Physical Therapy						
a. Resident Care	255,729	4 264				1
b. Other	233,729	4,264				
6. Social Worker	<u> </u>					
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	59,050	784				
b. Utilization Review	37,030	704				
(Title 18 and 19 only) monthly meeting	23,775	317				
c. Resident Care**	23,770	317				
d. Administrative Services facility						
 Infection Control Committee 						
(Quarterly meetings)						
Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
,						
9. Speech Therapist						
a. Resident Care	20,812	278.				
b. Other						
10. Occupational Therapist						
a. Resident Care	252,271	4,204				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	76,001	1,382				
2. Administrative***					No.	
b. LPN						
1. Direct Care	20,067	576				
2. Administrative***						
c. Aides			····			
d. Other						
12. Other (Specify)						
See Attached Schedule				· .		
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management completeness against a particle of the section management completeness are applied to the section management completeness.	739,702	12,229				

^{*} 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
Park Place	2195-C		9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, ors, Officers	Expla	nation of Rela	itionship
Gilberto Ramirez, MD-701 Cottage Grove Rd.,	Medical Director	Yes	No			
Ste D 230, Bloomfield, CT 06023		0	0			
The Nurse Network-5 Central Ave, E Hartford, CT 06150	Pool Nursing	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	•			
Dr. Joseph Brenes-The Hospitalist Company-PO Box 844929, Los Angles, CA 90084-4929	Medical Director	0	0	4-		····
Dr. David Fenton-Multispecialty Group-2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director	0	0			
Favorite Healthcare Staffing-PO Box 803356, Kansas City, MI 64180-3356	Pool Nursing	0	0			
Ready Nurse-2602 Highlands Blvd. N. Palm Harbor, FL 34684	Pool Nursing	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			
		0	0			
		0	0			
		0	0			
		0	0			.,,
		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Park Place		License No. 2195-C	Report for Y 9/30/2016	Year Ended	Page 15	of 37
		21)3 0	7/30/2010			
	T /					
Administrative as	Item		Total	CCNH	RHNS	(Specify)
			BETTE DE L			
	ealth & Welfare Benefits	,				
	n's Compensation		158,413	158,413		
2. Disability			8			
	yment Insurance		8			
	curity (F.I.C.A.)	S		617,414		
5. Health In			969,098	969,098		
	rance (employees only)					1
	ers and not-operators)					
7. Pensions	(Non-Discriminatory)	\$	307,032	307,032		
	ers and not-operators)				特特特特特	
8. Uniform	Allowance	9	25,859	25,859		
9. Other (Sp	ecify)	9	42,393	42,393		
See Attac	hed Schedule					
b. Personal Reti	rement Plans, Pensions, and	9				
Profit Sharing	Plans for Owners and					
Operators (Di	scriminatory)*			legale (about		a baseman
·				1000000		
c. Bad Debts*		\$	90,000	90,000		
d. Accounting a	nd Auditing	\$		17,158		
	es should be fully described of		·	9,153		
	Lives of Owners and	\$,,,,,,,		
Operators (Sp		~				
g. Office Suppli		\$	17,381	17,381		
	d Cellular Phones	φ	17,501	17,561		
1. Telephone		\$	14,167	14,167		
2. Cellular P		<u> </u>	<u> </u>	14,107		
	ecify purpose and	\$				
attach copy)*		Φ				
unuen copy)						
i Cornoration F	Business Taxes (franchise tax	·)				
	Not related to property - See					
1. Income*	ivoi reiuieu io property - see	9 /				
	ogifu)	\$				
2. Other (Sp.		\$			nya ang kalangan ng paganggan kalanggan ng	
	ned Schedule					
	Day User Fee	\$		1,050,958		
* Facility should sale 4		\$	3,319,024	3,319,024		

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

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

Park Place 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Training Fund	\$ 38,388		
Employee Background Check	\$ 4,005		
		Al alexando de caldado da antercamento a oposición	
		atemperature es race Primarios ada conse	
		en de en	
		enganische but zeich Geboren er einsche	
Balandon con la la companya de la c Balandon de la companya de la compa			
Total-	\$ 42,393	\$	\$

Schedule of Other Taxes

CCNH	RHNS	(Specify)
	and construction of the control of t	anneau de la companya
Alia (Palificana) in antara (Palificana) Cara alia antara (Palificana)		
	meningshout one socionis.	
\$	\$	\$ 100 management described
	\$ -	\$ - \$ -

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Park Place	2195-C		9/30/2016		16	37
Item			Total	CCNH	RHNS	(Specify)
	tals Brought Forw	ard:	3,319,024	3,319,024		
l. Travel and Entertainment						
Resident Travel and Entertainment		\$	4,660	4,660		
2. Holiday Parties for Staff		\$	3,229	3,229		
3. Gifts to Staff and Residents		\$	3,734	3,734		
4. Employee Travel		\$	9,947	9,947		
5. Education Expenses Related to Seminars		\$	2,405	2,405		
6. Automobile Expense (not purchase or dep	preciation)	\$				
7. Other (Specify)		\$	5,255	5,255		
See Attached Schedule						
m. Other Administrative and General Expenses				0.000		
1. Advertising Help Wanted (all such expend	ses)	\$	13,500	13,500		
2. Advertising Telephone Directory (all such	h expenses)***	\$	-			
3. Advertising Other (Specify)***		\$	3,330	3,330		
See Attached Schedule		·		,		
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this servic	e is supplied	\$				
directly and not by contract or fee for serv		·				
7. Postage		\$	5,344	5,344		
* 8. Dues and Membership Fees to Professions	a1	\$	15,403	15,403		
Associations (Specify)		*		10,100		
See Attached Schedule			建酸酶 医电流			医多种性性
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org ***	\$				
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule		Ψ				
11. Services Provided by Contract (Specify an	d Complete	\$	53,227	53,227		
Schedule C-2, Page 21 for each firm or in	-	Ψ	55,221	33,221		
12. Administrative Management Services**		\$	360,000	360,000		
13. Other (Specify)		\$	70,002	70,002		
See Attached Schedule		Ψ	70,002	70,002		
C-14 Total Administrative & General Expenditure	٠	\$	3,869,060	3,869,060		
		Φ	3,003,000	2,002,000		

^{*} 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)
	Mar Chicagonia		NEED OF STREET
Meals	\$ 5,255	ayını sərəni	
		Catalogic Catalogic Catalogic	
itarialo e percusir en il especial de la comparció de la comparció de la comparció de la comparció de la compa	22722222222222222222222222222222222222		
		\$20000 PARTS PARTS	
			2655674124174174174174174174174174174174174174174
		1000 1000 1000 1000 1000 1000 1000 100	
Total Other Travel and Entertainment	5 5,255	\$	S

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Marketing Expenses	\$ 3,330	10000000000000000000000000000000000000	
anda ana di periodia periodia della collega			
Total Other Advertising	\$ 3,330	\$	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
aan dii kaasaa ka maa ka m			
Dues an anneas a taite an teachadh an agus agus an taite an ann an agus agus an air a	\$ 15,403		
Dues .		350.000.000.000	
			THE RESERVE TO SHEET AND ADDRESS OF THE PARTY OF THE PART
Poral Dues.	\$ 15,403	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
		н	
		Section of the section	
Total Contributions	\$ -	s -	\$ -

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
	Salara de Alaces		4.4 5.5	
Bank Fees		S 4,627		
Software Fees-Ivans		\$ 1,616		
Computer Maintenance		\$ 17,973		
Cable Television		\$ 14,346		
Archives		\$ 7,264		
Licenses		\$ 1,214		
Printing:		\$ 5,854		
Copier Equipment		\$ 9,458	150	
Small Equipment Purchase		\$ 713		
Professional Fees		\$ 6,636		
Miscellaneous		\$ 300		de literativa et en
			202000-00119	
Total Other Administrative and General		\$ 70,002	S	is in the constant

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Park Place	2195-C	9/30/2016	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 #
Spectrum Healthcare, LLC	360,000	Home office services, Accounting, Personnel & Benefits admin., Treasury, Operations, QA	Page 16, line m. 12
			·
at in the second			

^{*} 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)

ЪT	Note on Page 5)									
	ne of Facility		Licen			Report for Y		Page	of	
Par	k Place			2	195-C	9/30/2010	5	18	37	
	· •			-						
_	Item			- 1	Total	CCNH	RHNS	(S	pecify)	
2.	Dietary				gram order	Barrier and a		10000	100	
	a. In-House Preparation & Service1. Raw Food			Ţ	000.074	200 574				
	2. Non-Food Supplies			\$	298,274	298,274				
	3. Other (Specify)			\$ \$	65,283	65,283				
	5. Other (Specify)		-	Δ						
	b. Purchased Services (by contract other			\$						
	than through Management Services)			Ψ						
	(Complete Schedule C-2 att. Page 21)						\$40 G F 600			
	c. Management Services**			\$						
	d. Other (Specify)			\$						
			-		n Shahinga Collado	in a manager	n palasatan karasatan bahar			
							umpa partici			
2E.	Total Dietary Expenditures $(2a + b + c + d)$			\$	363,557	363,557				
				T						
2F.	Dietary Questionnaire				Total	CCNH	RHNS	(S	pecify)	
G.	Resident Meals: Total no. of meals served per	da	v:*	T					1	
Н.	Is cost of employee meals included in 2E?		Yes		•	No		I		
I.	Did you receive revenue from employees?	0	Yes		0	No	If yes, specify amt.			
J.	Where is the revenue received reported in the	Cos	st Repo	rt?	(Page/Line	Item)				
	Is cost of meals provided to persons other							···		
K.	than employees or residents (i.e., Board	0	Yes		•	No .	If yes, specify			
	Members, Guests) included in 2E?						cost.			
L.	Is any revenue collected from these people?	0	Yes		•	No	If yes, specify amt.			
M.	Where is the revenue received reported in the	Cos	t Repo	rt?	(Page/Line l	[tem)				
	Is cost of food (other than meals, e.g.,		<u>.</u>			····				
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes		•	No	If yes, specify cost.			
О.	Is any revenue collected from employees?	0	Yes		•	No	If yes, specify amt.			
Р.	Where is the revenue received reported in the	Cos	t Repo	rt?	(Page/Line I	tem)				
					.	<u> </u>				$\overline{}$

^{*} 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	Year Ended	Page	of
Park Place	2	2195-C	9/30/2016	5	19	37
Item		Total	CCNH	RHNS	(S _I	ecify)
3. Laundry						
a. In-House Processing* 1. Bed linens, cubicle curtains, draperies.	Lbs.					
Bed linens, cubicle curtains, draperies, gowns and other resident care items	Amt. \$	9.600	9.00			
washed, ironed, and/or processed.***	Amt. ø	8,600	8,600			
2. Employee items including uniforms,	Lbs.					
gowns, etc. washed, ironed and/or] 203.					
processed.***						
	Amt. \$					
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	A + C					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	•				-
b. Purchased Services (by contract other	\$	343,678	343,678			
than through Management Services)	*	J 10,070	310,070			
(Complete Schedule C-2 att. Page 21)						
c. Management Services**	\$					
d. Other (Specify)	\$	942	942			
Supplies/Small Equipment Purchased				01-0309-039		
3E. Total Laundry Expenditures $(3a+b+c+d)$	\$	353,219	353,219			
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes,		
				specify cost.		
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I. Where is the revenue received reported in the Cos	t Report?		(Page/Line			
Is Cost of laundry provided to persons other				If yes,		
J. than employees or residents included in 3E?	Yes	•	No	specify cost.		
K. Did you receive revenue from these people? O	Yes	6	N.	If yes,		·
		<u> </u>	No	specify amt.		
L. Where is the revenue received reported in the Cost	t 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)

Park Place	pecify)
4. Housekeeping Sq. Ft. Serviced by Personnel a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) Amt. \$ 12,609 12,609 b. Purchased Services (by contract other than through Management Services) Sq. Ft. Serviced by Personnel Sq. Ft. Serviced by Personnel (Complete Schedule C-2 att. Page 21) Amt. \$ 343,678 343,678 c. Management Services* \$ 101 101 d. Other (Specify) Equipment Rental \$ 101 101 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 356,388 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from b. Medicine Cabinet Drugs s 30,705 30,705 30,705 30,705 30,705 b. Medical and Therapeutic Supplies \$ 198,018 198,018	pecify)
4. Housekeeping Sq. Ft. Serviced by Personnel a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) Amt. \$ 12,609 12,609 b. Purchased Services (by contract other than through Management Services) Sq. Ft. Serviced by Personnel Sq. Ft. Serviced by Personnel (Complete Schedule C-2 att. Page 21) Amt. \$ 343,678 343,678 c. Management Services* \$ 101 101 d. Other (Specify) Equipment Rental \$ 101 101 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 356,388 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from s 139,129 s 30,705 s 30,705 s 30,705 s 198,018 s 198,018 b. Medicine Cabinet Drugs \$ 198,018 198,018	pecify)
4. Housekeeping Sq. Ft. Serviced by Personnel a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) Amt. \$ 12,609 12,609 b. Purchased Services (by contract other than through Management Services) Sq. Ft. Serviced by Personnel Sq. Ft. Serviced by Personnel (Complete Schedule C-2 att. Page 21) Amt. \$ 343,678 343,678 c. Management Services* \$ 101 101 d. Other (Specify) Equipment Rental \$ 101 101 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 356,388 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from s 139,129 s 30,705 s 30,705 s 30,705 s 198,018 s 198,018 b. Medicine Cabinet Drugs \$ 198,018 198,018	pecify)
a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services* d. Other (Specify) Equipment Rental 4E. Total Housekeeping Expenditures (4a + b + c + d) Prescription Drugs** 1. Own Pharmacy 2. Purchased from sypersonnel Mmt. \$ 12,609 12,609 Amt. \$ 343,678 Amt. \$ 343,678 343,678 101 101 101 101 101 101 101 1	
1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services* d. Other (Specify) Equipment Rental 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 356,388 5. Resident Care (Supplies)** a. Prescription Drugs** 1. Own Pharmacy 2. Purchased from \$ 30,705 30,705 c. Medical and Therapeutic Supplies \$ 198,018 198,018	
Description Drugs*** Description Desc	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services* d. Other (Specify) Equipment Rental 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 356,388 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from b. Medicine Cabinet Drugs \$ 30,705 30,705 c. Medical and Therapeutic Supplies \$ 198,018 198,018	
than through Management Services) by Personnel (Complete Schedule C-2 att. Amt. \$ 343,678 343,678 Page 21) c. Management Services* \$ d. Other (Specify) \$ 101 101 Equipment Rental \$ 356,388 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 5. Resident Care (Supplies)** \$ a. Prescription Drugs*** \$ 1. Own Pharmacy \$ 2. Purchased from \$ 139,129 b. Medicine Cabinet Drugs \$ 30,705 c. Medical and Therapeutic Supplies \$ 198,018	
(Complete Schedule C-2 att. Page 21) Amt. \$ 343,678 343,678 c. Management Services* \$ 101 101 Equipment Rental \$ 356,388 356,388 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 356,388 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 139,129 139,129 b. Medicine Cabinet Drugs \$ 30,705 30,705 c. Medical and Therapeutic Supplies \$ 198,018 198,018	
Page 21) c. Management Services* \$ d. Other (Specify) \$ 101 Equipment Rental \$ 4E. Total Housekeeping Expenditures (4a+b+c+d) \$ 356,388 5. Resident Care (Supplies)** \$ a. Prescription Drugs*** \$ 1. Own Pharmacy \$ 2. Purchased from \$ 139,129 b. Medicine Cabinet Drugs \$ 30,705 c. Medical and Therapeutic Supplies \$ 198,018	
c. Management Services* \$ d. Other (Specify) \$ 101 Equipment Rental 4E. Total Housekeeping Expenditures (4a+b+c+d) \$ 356,388 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy \$ 2. Purchased from \$ 139,129 b. Medicine Cabinet Drugs \$ 30,705 c. Medical and Therapeutic Supplies \$ 198,018	
d. Other (Specify) \$ 101 101 Equipment Rental 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 5. Resident Care (Supplies)** \$ 356,388 a. Prescription Drugs*** \$ 139,129 1. Own Pharmacy \$ 139,129 2. Purchased from \$ 30,705 b. Medicine Cabinet Drugs \$ 30,705 c. Medical and Therapeutic Supplies \$ 198,018	
Equipment Rental 4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 356,388 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy \$ 139,129 2. Purchased from \$ 139,129 139,129 b. Medicine Cabinet Drugs \$ 30,705 30,705 c. Medical and Therapeutic Supplies \$ 198,018 198,018	
4E. Total Housekeeping Expenditures (4a + b + c + d) \$ 356,388 356,388 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from 3356,388 b. Medicine Cabinet Drugs \$ 30,705 30,705 c. Medical and Therapeutic Supplies \$ 198,018 198,018	1000
5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 139,129 139,129 b. Medicine Cabinet Drugs c. Medical and Therapeutic Supplies \$ 198,018	
a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from 5	
1. Own Pharmacy \$ 2. Purchased from \$ 139,129 b. Medicine Cabinet Drugs \$ c. Medical and Therapeutic Supplies \$ 139,129 30,705 198,018	
2. Purchased from \$ 139,129 139,129 b. Medicine Cabinet Drugs \$ 30,705 30,705 c. Medical and Therapeutic Supplies \$ 198,018 198,018	
b. Medicine Cabinet Drugs \$ 30,705 30,705 c. Medical and Therapeutic Supplies \$ 198,018 198,018	
c. Medical and Therapeutic Supplies \$ 198,018 198,018	
c. Medical and Therapeutic Supplies \$ 198,018 198,018	
	<u> </u>
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
e. Oxygen	
1. For Emergency Use \$	
2. Other*** \$ 27,087 27,087	
f. X-rays and Related Radiological \$ 13,332 13,332	
Procedures***	
g. Dental (Not dentists who should be included under \$	
calcuias ou food	
h. Laboratory*** \$ 10,113 10,113	***
i. Recreation \$ 4,409 4,409	
j. Other (Specify)**** \$ 1,138 1,138	
See Attached Schedule	
5K. Total Resident Care Expenditures (5a - 5j) \$ 424,484 424,484	

^{*} 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	CC	NH	RHNS	(Specify)
			dischillering of the ME with the charge of	
Dues & Subscriptions		45		
IV Therapy	\$	87		
Audiology Services	Microscoping Communication Science	58		Library Labelle
Outside Medical Services		948		
	All the property of the second state of the se			
	All properties of the control of the			
				en der dem platforitiet der Alle George George (1888)
		nancial de la California		
	Supplies the second of the sec			
	The Commission of the Commissi			
		Santana basan		
	The second secon	Manager Co. Later 12		
				orizina beliani s. C
Total Other Resident Care	S	1,138 \$		\$ 14-14

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 Park Place		4		License No. 2195-C	Report for Year Ended 9/30/2016				Page 21	of 37
		Related ** to Oumans	Oumano						1	
		Operators, Officers	Officers			<u>_</u> ,	Potal Cost/	Total Cost/Page Ref.***	av.	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Automatic Data Processing	Waltham, MA 02454	0	0		Payroll Processing	32,378			100	=
MDI	St. Louis, MO 63146	0	0		GL/AR/AP/Clinical Program	20,849			16 M11	
Healthcare Services Group	Bensalem, PA 19020	O	0		Laundry Services	343,678			19 38	م آ
Healthcare Services Group	Bensalem, PA 19020	0	0		Housekeeping Services	343,678			20 4b	ء ا
		0	0							
		0	0							T
		0	0							
		0	0							1
		0	0							
		, O	0							
		0	0							<u> </u>
		0	0							
		0	0							
		0	0							
										7

^{*} 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
Park Place	2195-C	9/30/2016			22	37
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant	·				 	
a. Repairs & Maintenance	\$	48,778	48,778			
b. Heat	\$	18,916	18,916			
c. Light & Power	\$	198,934	198,934			
d. Water	\$	63,859	63,859			
e. Equipment Lease (Provide detail on p	page 6) \$					····
f. Other (itemize)	\$	72,860	72,860			
See Attached Schedule						0.00
6g. Total Maint. & Operating Expense (6a	- 6f) \$	403,345	403,345			
7. Depreciation (complete schedule page 23	3*)			,		
a. Land Improvements	\$	ĺ				
b. Building & Building Improvements	\$	321,987	321,987			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	11,725	11,725			
*7e. Total Depreciation Costs $(7a + b + c + c)$	d) \$	333,712	333,712			
8. Amortization (Complete att. Schedule Pa	age 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$	7,667	7,667			
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + c	d) \$	7,667	7,667	14		
9. Rental payments on leased real property	less					
real estate taxes included in item 10b	\$	300,000	300,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	240,381	240,381			
c. Personal property taxes	\$	8,473	8,473			
11. <i>Total Property Expenses</i> (7e + 8e + 9 +	10) \$	890,233	890,233			

^{*} 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	\$ 14,265		
Hazard Waste Removal	\$ 5,392		
Service Contracts	\$ 21,396		
Supplies	\$ 8,465		
Grounds Maintenance	\$ 6,267		
Grounds Landscaping	\$ 7,444		
Small Equipment Purchase	\$ 1,356		
Equipment Rental	\$ 4,357		
Purchased Services	\$ 3,917	ingingipalipalipalipalipalipalipalipalipalipal	hipe-Paliton
		olonimis Aldres	
		and control of the	
		BERTHARD BY BERTHARD BY	
Total Other Repairs and Maintenance	\$ 72,860	\$	\$

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Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

			Deprec	Depreciation Schedule	hedule					
Name of Facility			License No.			Report for Year Ended	Snded		Page	fo
ז מוא ז ומעט			7.93-0	۲		9/30/2016			23	37
			Historical Cost	Less		Accumulated Depreciation to	Method of			
Property Item		.•	Exclusive of Land	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	T T
A. Land Improvements					nannoarda	Tom a changing	Dept wild in	TILL	IOI TIIIS I CAI	Lotalis
			5,304		5.304	5.304				
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	schedule)									
A-4. Subtotal										
B. Building and Building Improvements										
 Acquired prior to this report period 			6,953,886		6,953,886	4.399.651			320 988	
2. Disposals (attach schedule)									200	
3. Acquired during this report period (attach schedule)	schedule)		19,975		19.975				000	
B-4. Subtotal										221 087
C. Non-Movable Equipment										321,30/
1. Acquired prior to this report period			76,936		76.936	926.92			******	
2. Disposals (attach schedule)						2000				
3. Acquired during this report period (attach schedule)	schedule)									
C-4. Subtotal										
1	Is a mileage logbook	Date of				Accumulated				
<u> </u>	٠.	Acquisition	Historical Cost	Less		Depreciation to	Method of			
	;		Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Mosselle Fast	Yes No Month	h Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. IMOVADIe Equipment										
 Motor Vehicles (Specify name, model 										
and year of each vehicle)										
A.										
· ·										
d.										
2. Movable Equipment										
a. Acquired prior to this report period			1,444,657		1.444.657	1.393.429			9917	
b. Disposals (attach schedule)										
c. Acquired during this report period										
(attach schedule)			22,677		22,677				1,808	
~										11,725
E. Total Depreciation										333,712

Heaful

Schedule of Land Improvements Acquired during this report period

			Useiui	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	· · · · · · · · · · · · · · · · · · ·			
ALTERNATION OF THE PROPERTY OF				
(Marketin dia benderas as sist				
		A		I San all comments
				daghdh ar dei
			10110110111111111111111111111111111111	
A CONTRACTOR OF THE PROPERTY O			The control of the co	
Construction of the Constr			//////////////////////////////////////	
otal additions for Lan	d Improvements			
eletions:	""			***************************************
			121111111111111111111111111111111111111	10 10 10 10 10 10 10 10 10 10 10 10 10 1
in an order to the second second	Control of the Contro	629-144101 APRIL 2007 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
A CONTRACTOR OF THE PROPERTY O				
House emilionistrated at 1221		Total of the second seco		
	d Improvements		rymanos belminas bigibidinidi bililibi rymanos bilminas bigibidinidi bililibi	

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	2 choripaton of rem	Cost	Line	Depreciation
11/18/2015	Hot Water Heater	\$ 6,019	10	\$ 301
01/20/2016	New Transfer Switch for Generator	\$ 9,484	10	\$ 474
06/22/2016	Compressor	\$ 4,472		\$ 224
	issa kimikaran ili jeng permerentian di karantaran penganan kerantaran penganan kerantaran penganan penganan b			
		ri erre er errenen i de		
Potal additions f	or Building Improvements	\$ 19,975	191174 2018 (01170 0170 0170 0170 0170 0170 0170 01	\$ 999
Deletions:				
		en enconcer confinition		
	na a serio de como en el manda de como el manda de			
				0.0000000000000000000000000000000000000
Fotal deletions fo	or Building Improvements	\$ -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of item	Cost	Life	Depreciation
				7.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
All Carlo Discourse and an encourage of			rigone neodicine	Villandini Pilipuloti Karan
otal additions for Non-Mov	ible Equipment	\$		\$
eletions:				
				Courses in the
edicus de balba	ensendi neddelindensis ers a kraja a ja satelensiskaj disklej kraja			
			an decide de C	
otal deletions for Non-Mova	ble Equipment	3		\$ -

^{*}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

A aquidition Data	TD		Useful	
Acquisition Date Additions:	Description of Item	Cost	Life	Depreciation
10/28/2015	Portable AC/Heating Units	\$ 3,021	5	\$ 302
12/31/2015	Portable AC/Hearing Units	\$ 1,812	5	\$ 181
02/26/2016	Portable AC/Heating Units	\$ 3,855	- 5	\$ 386
07/13/2016	Computer	\$ 1,221	3	\$ 204
09/22/2016	Washer	\$ 10,841	10	\$ 542
09/30/2016	Portable AC/Heating Units	\$ 1,927	5	\$ 193
Total additions for	Movable Equipment	\$ 22,677		\$ 1,808
Deletions:				
Marie en aparte de	STRUCK THE STRUCK OF THE STRUCK STRUC			
		ina in series a socieda		
Total deletions for	Movable Equipment	S -		\$ -

^{*}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:				
		over the left of t		
				000000000000000000000000000000000000000
ele cui de discussione de la companya				
	Manager (1996) (
		adicidi (48) E. Eschelledonid	on one to blood ground	
riinni satesii kiilistite la te Anoisii				0.00000000
				State of the state of
Fotal additions for Leasehold I:	pprovement:	3.315533.4553.4553.4553.4553.4553.4553.4		\$ 16 17 17 17
Deletions:				
		233555 Constitution of Section Assessed to Account of Section 1975		
			Antonio (Contractor)	
No. 2 (September 1994) Description				Body States
			njene ir su submission	
				88 (1981)
otal deletions for Leasehold In	provement	\$.		

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

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

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

				-			-		
Nar	Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Par	Park Place		21	2195-C	9/30/2016			24	37
		2			Accumulated			Market Inc.	
		Date of			Amort. to	,			
		Acquisition	_		Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month Year	r Amortization	n Amortized	Operations	Amortization**	%	for This Year	Totals
Ą.	Organization Expense				*				
	1,								
	2.								
	3,					1144			
A-4	A-4. Subtotal								
B.	Mortgage Expense								
	1.								
	2.								
	3. Deferred Financing Costs	07 2013	3 years	30,666	22,999			7,667	
B-4								1006	7997
<u>ن</u>	Leasehold Improvements and Other								300
	1. Acquired prior to this report period		8*07to+						
	2. Disposals (attach schedule)								
	3. Acquired during this report period								
	(attach schedule)								
C-4	. Subtotal								
<u>0</u>	Total Amortization								7.667
"	* Other line mother I want Louis								, , , , ,

* 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 E	Inded		Page of
Park Place	2195-C	9/30/2016			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	ne Facility		•	~ ~	If "Yes," complete Part B.
or leased from a Related Party?*		O Yes	•	No	If "No," complete Part C.
*If any owner or operator of this fa	cility is related by family	y, marriage, ownership, al	oility to control or		, ,
business association to any person	or organization from wh	om buildings are leased, t	hen it is considered	l	
a related party transaction. Description		T-4-1			
Description Date Land Purchased		Total	-		
Date Early Turchased Date Structure Completed				and the obtain	odraka do Collega, so dosta obje
3. If NOT Original Owner, Date	e of Purchase				
4. Date of Initial Licensure					and a construction of the second
5. Total Licensed Bed Capacity	,	15	0		
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building				ata an ilip contration	
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing			0.00		
a. Type of Financing (e.g., f	ixed, variable)				
b. Date Mortgage Obtained	T.				
c. Interest Rate for the Cost d. Term of Mortgage (number					
e. Amount of Principal Born					
f. Principal balance outstand					
Complete if Mortgage was I					
During Current Cost Ye				Additional state	nderhalas, section de la la
g. Type of Financing (e.g., fi					
h. Date of Refinancing	,				
i. New Interest Rate					
j. Term of Mortgage (number	er of years)				
k. Amount of Principal Borro			<u> </u>		
Principal Outstanding on 1					
Part C - Arms-Length Lease	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		
Name and Address of Lesson	r P	roperty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
			İ		
· · · · · · · · · · · · · · · · · · ·					

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 Yo	Page of			
Park Place	2195-C		9/30/2016			26 37
Ite	m		Total	CCNH	RHNS	(Specify)
12. Interest			Total	CCNH	KHNS	(Specify)
A. Building, Land Impro-	vement & Non-Movab	le				
Equipment					į	
1. First Mortgage		\$				
Name of Lender		Rate	18 (#30 00 1) (#2 192 20 20 10 00 01 01 02			
Address of Lender						
2. Second Mortgage		\$				
Name of Lender		Rate		60 (2000 (2) De 2000 (3) De		
Address of Lender						
3. Third Mortgage		\$				
Name of Lender		Rate				
Address of Lender					a podenie Linksije	
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Informa	tion					
1. Original Loan Amo	unt	\$				
2. Loan Origination D	ate					
3. Interest Rate %	· · · · · · · · · · · · · · · · · · ·					
4. Term				0.00		
5. CHEFA Interest Ex	pense					
12 B7. Total Building Interest Ex		\$				
3		Ψ	10	Subtatals f		

(Carry Subtotals forward to next page)

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

Name of Facility	License No.			Report for Y	ear Ended		Page	of
Park Place	2195-			_	9/30/2016			
				1	1		27	37
Ite	em			Total	CCNH	RHNS	(Spec	cify)
		als Brou	ght Forward				\- F -	
12. C. Movable Equipment			<u> </u>					
1. Automotive Equipme	ent		(S				
A. Item		Rate	Amount					
Lender								
Address of Lender				Subtract (S		Section 1		alphab.
Address of Lender								
2. Other (Specify)			9				3	
A. Item		Rate	Amount					
·							100	
Lender				property and	10000000			
Address of Lender								
				建筑型设施				
B. Item		Rate	Amount					
Lender								
London								
Address of Lender					-			
							1961	
12. C. 3. Total Movable Equip	ment Interest							
Expense $(C1 + 2)$			\$	ļ				
12. D. Other Interest Expense (.4	\$	392,941	392,941			
Working Capital and Ven	ndor Interest							
12 Total All Interest F	1207 - 1202	+ 10D)	φ.	20204				
13. Total All Interest Expense (114. Insurance	$12B / \pm 12C3$	+ 12D)	\$	392,941	392,941			
14. Insurancea. Insurance on Property (b)	wildings only)	\$	86,122	06 100			
b. Insurance on Automobile		<u>, </u>	<u> </u>	00,122	86,122			
c. Insurance other than Pro		ified ah						
1. Umbrella (Blanket Co								
2. Fire and Extended Co			<u>\$</u>					
3. Other (Specify)			\$					
							ar kanalis s	
			·					
14d. Total Insurance Expenditure		c)	\$	86,122	86,122			
15. Total All Expenditures (A-13	s thru C-14)		\$	13,735,835	13,735,835			

D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Li	cense No.	Report for Ye	ar Ended	Page	of
Park	Place				2195-C	9/30/2016		28	37
				' -	Total				<u>' </u>
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	alari	es and Wages	•					
1.			Outpatient Service Costs	\$:			
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
	13 - P	rofes	sional Fees						
5.			Resident Care Physicians **	\$	_				
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					- <u>-</u>
	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	90,000	90,000			
10.			Accounting & Legal	\$			-		
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life		511				
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$:		
15.			Education expenditures to colleges or				andress and a		
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
		1	conferences or seminars outside the				4444		
			continental U.S. Other out-of-state				alemana en deserv		1944
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16 r	m3	Unallowable Advertising *	\$	3,330	3,330			
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	300	300			
Page .	18 - Di	ietary	Expenditures			grandinik din kata			
24.			Meals to employees, guests and others	and the same					
			who are not residents	\$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Page .	19 - Lo	aundr	y Expenditures	0.00					
25.			Laundry services to employees, guests						
			and others who are not residents	\$		200000000000000000000000000000000000000			
Page 2	20 - H	ousek	eeping Expenditures	a la					
26.			Housekeeping services to employees, guests	Î	100000000	5.00			0.00
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	93,630	93,630			

^{*} 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)
		CONTROL OF THE PROPERTY OF THE			
			an an an an an an an		
La Per programment programment in the					

			Alliantications of the second	elhugar carago es ust	
Fotal Othe	r Salaries A	Adjustment			\$

Schedule of Fees Adjustments

	Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	(C. 10.10.10.00.00.00.00.00.00.00.00.00.00.0			nadi di marajiya a		
	350000000000000000000000000000000000000	Here to direct				
					5.0 00000000000000000000000000000000000	
Total Other Fees Adjustments \$ - \\$		Fees Adj	ustments	¢ .	o .	\$ 200

Schedule of Other A&G Adjustments

e Ref Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 300		
	[][[][][][[][[][][][][][][][[][][][][]		
		A COLUMN TO THE PARTY OF THE PA	
:G-Adjustments		8 -	s -
	Miscellaneous	Miscellaneous \$ 300.	Miscellaneous \$ 300.

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

			D. Adjustments to Stateme						
	e of Fa	acility		Li	cense No.	Report for Y	Year Ended	Page	of
Park	Place				2195-C	9/30/2016		29	37
					Total				
Item	Page				Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$	93,630	93,630			
	20 - I	Reside	nt Care Supplies***		The Charles Cons				
27.			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				5 6 5 5 5 6		
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.	<u> </u>		Other - See Attached Schedule	\$					
Page.	27 - II	rsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	- Mis	cellar	reous						
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$		10			
44.		ľ	Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.		[:	Expenditures made for the protection,	0.000					
	l		enhancement or promotion of the						
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.		1	Other (include personnel and other						
		Į.	costs unrelated to resident care) - See						
			Attached Schedule	\$	96,756	96,756		and the second	RIAL CONTROL OF THE PARTY OF TH
Not F	or Pro	fit Pr	oviders Only						
50.			Building/Non Movable Eq. Depreciation		100				
			Unallowable Building Interest -		and the second				
			See Attached Schedule	\$					
51. 2	Total 2	4mou	nt of Decrease (Items 1 - 50)	\$	190,386	190,386			

^{***} 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)
			A principal part of the Standard Standa		hit i signification and the second
100000 11700 1277 1700 1700 1700 1700 17					
Mirain of the			A TABLE TO THE PARTY OF THE PAR	michanica é é	
				Marie de la compania del compania de la compania del compania de la compania del la compania de la compania de la compania del la compania de la compania del	XIII XIII XIII XIII XIII XIII XIII XII
					ncorporate constituent
AND ASSESSMENT OF THE PARTY OF				4724442444444444	The state of the s
				Architecture and	The second secon
1 (PL-1 1 PRO 1 (PT) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Fotal Other	Ancillary	Costs	\$ -	\$ -	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref		Description	CCNH	RHNS	(Specify)

				eghadinekkili da d	
				138 621 100 610 60	
		e un autoria de 1701 de companionem de companionem de companionem de companionem de companionem de companionem		erintario en e	
Total Exces	s Movable	Equipment Depreciation	S -	\$ -	

Schedule of Other Property Adjustments

		Description	CCNH	RHNS	(Specify)
000000000000000000000000000000000000000		The state of the s			
			3 0 0 0 0		The real sense was a series
	medica				m managaran
		99 филопония (ССС) и под постоя станова под при при при в настоя в под станова с под при при при под под под п В 1888 г. при			
and a fire state of the last					
Hilleri e			Autotok di		
	operty /		\$ -		on interested to

Page Ref		Description	CCNH	RHNS	(Specify)
27	12d	Vendor Interest	\$ 96,756	diang di mamini	
	en al district			senious musua	hada da Alba
				ana baran	
Total Other	Adjustme	CINGS	\$ 96,756	Š	\$ 10000

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
8 5 6 6					
					Baltic descension
		Control Control of the Control of th			
Total Unall	owable Bu		\$	S -	S .

F. Statement of Revenue

Name of Facility	License No.	CTCII	Report for Y	ear Ended		Page	of
Park Place	2195-C		9/30/2016	ear Efficed		30	37
						1	
	Item		Total	CCNH	RHNS	(Spec	ify)
I. Resident Room, Board	& Routine Care Revenue					(-1	. /
1. a. Medicaid Residen	its (CT only)	\$	16,937,542	16,937,542			an content
b. Medicaid Room a	nd Board Contractual Allowance **	\$	(5,480,091)	(5,480,091)		· · · · · ·	
2. a. Medicaid (All other	er states)	\$					
b. Other States Room	n and Board Contractual Allowance **	\$					
3. a. Medicare Residen	ts (all inclusive)	\$	529,035	529,035			
b. Medicare Room a	nd Board Contractual Allowance **	\$	172,051	172,051			
4. a. Private-Pay Resid	ents and Other	\$	1,345,506	1,345,506			
b. Private-Pay Room	and Board Contractual Allowance **	\$					
II. Other Resident Revenu	le						
1. a. Prescription Drugs	s - Medicare	\$	157,485	157,485			
b. Prescription Drugs	s - Medicare Contractual Allowance **	\$		(157,485)			
c. Prescription Drugs	s - Non-Medicare	\$	54,970	54,970			
d. Prescription Drugs	s - Non-Medicare Contractual Allowance **	\$	(54,970)	(54,970)			
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	\$.	202,770	202,770			
b. Physical Therapy	- Medicare Contractual Allowance **	\$	(118,454)	(118,454)			
c. Physical Therapy	Non-Medicare	\$					
d. Physical Therapy -	Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - I	Medicare	\$	6,304	6,304			
b. Speech Therapy - I	Medicare Contractual Allowance **	\$	(3,070)	(3,070)			
c. Speech Therapy - 1	Non-Medicare	\$					
d. Speech Therapy - l	Non-Medicare Contractual Allowance **	\$					
5. a. Occupational The	rapy - Medicare	\$	210,181	210,181			
b. Occupational The	rapy - Medicare Contractual Allowance **	\$	(144,511)	(144,511)			
c. Occupational The	rapy - Non-Medicare	\$					
d. Occupational The	rapy - Non-Medicare Contractual Allowance **	\$			·		
6. a. Other (Specify) - N	Medicare	\$					
b. Other (Specify) - N	Von-Medicare	\$					
II. Total Resident Revenue	(Section I. thru Section II.)	\$	13,657,264	13,657,264			
V. Other Revenue*				, , ,			
1. Meals sold to guests, o	employees & others	\$					
2. Rental of rooms to not		\$					
3. Telephone		\$					
4. Rental of Television a	nd Cable Services	\$					
5. Interest Income (Speci		\$	2	2			-
6. Private Duty Nurses' F		\$	-				
7. Barber, Coffee, Beauty		\$					
8. Other (Specify)		\$	8,246	8,246			
. Total Other Revenue (1	thru 8)	\$	8,249	8,249			
I. Total All Revenue (III +		\$					
	• /	Ψ	13,665,513	13,665,513			

^{*} 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

	CUNH	RHNS	(Specify)
	ing chinada		
			automicenterii
Potal Other Resident Revenue - Medicare	S -	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

age Ref Description	CCNH	RHNS	(Specify)
	Market Charles and American	53/139 (14/16) (186	dicination in the same
		The Control of the Control	
	5	S	\$

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	(Specify)
			- Frankline Bollin	
Interest Income		\$ 2		Anthrit Chae
idaneen kiri ka maana oo baar ee dagaa ka k				
Total Interest Income		S 2	\$	\$ -

Schedule of Other Revenue

	Description	CCNH	RHNS	(Specify)
See the organic				
	Medical Records	\$ 776	Average State	
	UHC Participation Plan	\$ 7,470		
400000 - T			Serve Entropy of Professional Confession (Professional Confession	Boundor Les Maries de la Companya d
				(Company opens
300000000000000000000000000000000000000	Control of the Contro			
			· · · · · · · · · · · · · · · · · · ·	
m 2 Tow				
LOTAL OTHE	r Reyenue	\$ 8,246	\$ -	\$ -

G. Balance Sheet

Name of Facility Park Place	License No.	Report for Year Ended	Pag	
Park Place	2195-C	9/30/2016	31	37
Assets	Account			Amount
A. Current Assets				
1. Cash (on hand and in b	an ka \		Φ.	(EC 01)
2. Resident Accounts Rec		for Rad Dahta	\$ \$	(56,016
3. Other Accounts Receive				3,381,974
4 Inventories	iole (Excluding Owners	or Related Parties)	\$	(43,261
5. Prepaid Expenses	**************************************		\$	9,582
		1 727	\$	349,621
a. Prepaid-Expenses		1,737		
b. Prepaid-Insurance		347,884		
С	· · · · · · · · · · · · · · · · · · ·			
d.				Š
6. Interest Receivable			\$	
7. Medicare Final Settleme			\$	
8. Other Current Assets (it Deposits	emize)	67,000	\$	143,412
Resident Refunds	**************************************	67,990 74,162		
Due From Prior Owner		1,260		
_				
A-9. Total Current Assets (Line	s A1 thru 8)		\$	3,785,313
B. Fixed Assets				
1. Land	·		\$	
Land Improvements	*Historical Cost		\$	
*****	Accum. Deprecia	tion Net		
3. Buildings	*Historical Cost	4,100,707	\$	2,163,229
	. Accum. Deprecia	tion 1,,937,478 Net	ĺ	o .
Leasehold Improvement	s *Historical Cost	. "	\$	
	Accum. Deprecia	tion Net		
Non-Movable Equipment	t *Historical Cost	39,610	\$	******
	Accum. Deprecia	tion 39,610 Net		
6. Movable Equipment	*Historical Cost	393,529	\$	62,180
	Accum. Deprecia	tion 331,349 Net		ŕ
7. Motor Vehicles	*Historical Cost	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	71 20 0
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not D		7/1 - 1/14/14/14 - 1/14	\$	
9. Other Fixed Assets (item	rize)		\$	(1,956,815
Net Book Value F/S	•	(1,956,815)		() · · ·) · · ·
3-10. Total Fixed Assets (Lin	as R1 then O		<u> </u>	0.00.50.4
1-10. I viui I ixeu Asseis (Lill	3 DI UII (19)		\$	268,594

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

G. Balance Sheet (cont'd)

1		f Facility	License No.	Report for Year Ended		Page		of
Park	Pla	ice	2195-C	9/30/2016		32		37
			Account			Aı	mount	
				Total Brought Forward	: \$		4,0	53,907
C.	Le	asehold or like property record	led for Equity Purpose	es.				
<u> </u>	1.	Land			\$			
	2.	Land Improvements	*Historical Cost	5,304				
			Accum. Depreciation	n 5,304 Net	\$			
	3.	Buildings	*Historical Cost	2,873,154				
			Accum. Depreciatio	n 2,784,160 Net	\$			88,994
	4.	Non-Movable Equipment	*Historical Cost	37,326				
			Accum. Depreciatio		\$			··-
	5.	Movable Equipment	*Historical Cost	1,073,805				
			Accum. Depreciatio	n 1,073,805 Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
		Minor Equipment-Not Depre			\$			
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$		•	88,994
D.		estment and Other Assets						
		Deferred Deposits		<u> </u>	\$			
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	n Net	\$			
		Goodwill (Purchased Only)			\$.,,	
	5.	Investments Related to Resid	ent Care (itemize)		\$		20040000000000000000000000000000000000	William Andrews Andrews
				<u> </u>				
				- PROMAN				
	6.	Loans to Owners or Related I			\$			
		Name and Address	Amount	Loan Date				
						0000		
	7.	Other Assets (itemize)			\$			
			···					

		· · · · · · · · · · · · · · · · · · ·						
		tal Investments and Other Ass			\$			•
D-9.	Lot	tal All Assets (Lines A9 + B10) + C8 + D8)		\$		4,14	42,901

^{*} 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 Fac	cility		License No.	Report for Year	Ended	Page	of
Park Place			2195-C	9/30/2016		33	37
			Account			A	mount
Liabilities							
A.		rrent Liabilities					
	<u>1.</u>	Trade Accounts Payable				\$	1,266,557
	2.	Notes Payable (itemize)				\$	
						544000	alsa dalah dal
					·		
				CHAN			
	3	Loans Payable for Equipme	ent (Current nortion) (itamiza)		\$	4 - 1
	٠,٠	Name of Lender	Purpose	Amount	Date Due	9	
j		Traine of Lender	1 urpose	Amount	Date Due		de ablabas de
				İ			
					İ		
							国政治 安全
	4.	Accrued Payroll (Exclusive	of Owners and/or S	tockholders only)		\$	287,187
	5.	Accrued Payroll (Owners a	nd/or Stockholders	only)		\$	-
	6.	Accrued Payroll Taxes Pay	able			\$.	11,601
	7.	Medicare Final Settlement	Payable			\$	
	8.	Medicare Current Financin	g Payable		se	\$	
	9.	Mortgage Payable (Current	Portion)			\$	
	10.	Interest Payable (Exclusive	of Owner and/or Re	lated Parties)		\$	
	11.	Accrued Income Taxes*				\$	
	12.	Other Current Liabilities (in	temize)			\$	6,122,109
		Prepaid Property Taxes	(230,7	37) Due To Related	2,428,492	0.000	15 10 10 16 16 16 1
		Accrued Expenses	413,6	68 Accrued Rent	115,000		
		Working Capital Line of Credit	2,880,4	89			
	<u>-</u>	Accrued Provider Tax	515,1	97			Services Resident
A-13.	Tot	al Current Liabilities (Line	s A1 thru 12)			\$	7,687,454

^{*} 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	
Park Place	2195-C	9/30/2016		34	J 37	
	Account					
		Total Brougl	nt Forward:		7,687,454	
Liabilities (cont'd)						
B. Long-Term Liabilities						
Loans Payable-Equipment	(itemize)		\$			
Name of Lender	Purpose	Amount	Date Due			
	. " ""					
2. Mortgages Payable			\$			
Loans from Owners or Rela	nted Parties (itemize)		\$			
Name and Address of Lender	Amount	Loan Da	ate			
				-		
a a		-				
			un y		High bridge	
4. Other Long-Term Liabilitie	s (itemize)		\$		D POPULER LOSS ESTAR LIMBRE LINEVEZ PRANTA LIMBRE PARA PRESE	
			i i i			
B-5. Total Long-Term Liabilities (L	ines B1 thru 4)		\$			
C. Total All Liabilities (Lines A-1	3 + B-5)		\$		7,687,454	

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

Name of Facility Park Place		License No.	Report for Y	ear Ended	Pag	
Par	k Place	2195-C	9/30/2016		35	
A.	Reserves	Account				Amount
	Reserve for value of leased	land			\$	
	Reserve for depreciation va to be amortized	alue of leased buildi	ngs and appurte	enances	\$	
	3. Reserve for depreciation va	alue of leased person	nal property (Eq	nuity)	\$	125,382
	4. Reserve for leasehold real	properties on which	fair rental value	e is based	\$	
	5. Reserve for funds set aside	as donor restricted			\$	
	6. Total Reserves				\$	125,382
В.	Net Worth 1. Owner's Capital				\$	
	2. Capital Stock				\$	770.2
	3. Paid-in Surplus	Total I			\$	17 TH 8 SU VIII A SULLA A A A
	4. Treasury Stock			d	\$	
	5. Cumulated Earnings				\$	(3,599,603)
	6. Gain or Loss for Period	10/1/20	15 thru	9/30/2016	\$	(70,332)
·····	7. Total Net Worth		****		\$	(3,669,935)
C.	Total Reserves and Net Worth		, 417-int		\$	(3,544,553)
D.	Total Liabilities, Reserves, and	Net Worth	***************************************		\$	4,142,901

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Park Place	2195-C	9/30/2016		36	37
	Aı	nount			
A. Balance at End of Prior Period				\$	(2,497,810)
B. Total Revenue (From Statemen	nt of Revenue Page 30)			\$	13,665,513
C. Total Expenditures (From Stat	ement of Expenditures .	Page 27)		\$	13,735,835
D. Net Income or Deficit				\$	(70,322)
E. Balance				\$	(2,568,132)
F. Additions					
Additional Capital Contrib	uted (<i>itemize</i>)				
2 04('(:)					
2. Other (itemize)		222 - 1			
Depreciation		333,712	<u>,</u>		
F-3. Total Additions				\$	333,712
G. Deductions				Ψ	333,712
Drawings of Owners/Opera	tors/Partners (Specify)			\$	
Name and Address (No., C	12 7	Title	Amount	9	
(1.0,)	is, state, Esp)	TICIO	2 Milount		e securior e
ч	at				
2. Other Withdrawings (Speci				\$	
Purpose	197	Amo	unt	Ψ	
141000					
	·				
				Signification (
3. Total Deductions				\$	
H. Balance at End of Period	09/30/	 16		<u>\$</u>	(2,234,420)
	02/30/			Ψ	(4,437,740)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Park Place	2195-C	9/30/2016	37	37
	Check appropriate category			
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)		
P	reparer/Reviewer Certificat	tion		
I have read the most recent Federal and appropriate personnel as to the possible	as such in this report on Pages 28 and 2	Facility and have inquired of nich are not reimbursable under to except those expenses known to ling reports, inquiry or other serse? (adjustments to statement of	he be vices	
Signature of Preparer	Title	Date Signed		
Denno Eargeliete	Accounting Manager	2/1/17		
Printed Name of Preparer				
Gennaro Evangelista				
Addres Address		Phone Number		
27 Naek Rd., Vernon, CT 06066		860-871-5454		