

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Tamadge Park Health Care	
Address (No. & Street, City, State, Zip Code) 38 Talmadge Ave, East Haven, CT 06512	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> 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 209951	RHNS	(Specify)	Medicare Provider 07-5294
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Medicaid Provider Numbers:	CCNH 9951	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) Tamadge Park Health Care	License No. 209951	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 Tamadge Park Health Care [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
Printed Name (Administrator) Michael Fiore			Printed Name (Owner) Estate of Donald L Franco		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Tamadge Park Health Care		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 38 Talmadge Ave, East Haven, CT 06512				
Report Prepared By Michael J Lipnicki		Phone Number	Date 1/21/2017	
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 203-469-2316		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Tamadge Park Health Care		Address (No. & Street, City, State, Zip) 38 Talmadge Ave, East Haven, CT 06512		
License Numbers:	CCNH 209951	RHNS	(Specify)	Medicare Provider No. 07-5294
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 checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Owner deceased - December 2016, therefore Ownership now in the Estate of Donald L. Franco. Executor is Lorraine A. Franco.				
Administrator				
Name of Administrator Michael Fiore since November 2016		Nursing Home Administrator's License No.:	876	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Talmadge Park Health Care	License No. 209951	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Talmadge Park Inc	38 Talmadge Ave East Haven CT	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Estate of Donald L Franco	38 Talmadge Ave East Haven CT	President	1	
Lorraine A Franco	38 Talmadge Ave East Haven CT	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Estate of Donald L Franco	38 Talmadge Ave East Haven CT	President	1	

**General Information and Questionnaire
 Related Parties***

Name of Facility Tamadge Park Health Care	License No. 209951	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	%**				
Donald L Franco	38 Talmadge Ave East Haven CT	<input type="radio"/>	<input checked="" type="radio"/>		paid from DLF Associates	P 16 within mgnt fees		
Lorraine A Franco	38 Talmadge Ave East Haven CT	<input type="radio"/>	<input checked="" type="radio"/>		Secretary and Administration	P 10, LA4	64,800	
Deborah Franco	38 Talmadge Ave East Haven CT	<input type="radio"/>	<input checked="" type="radio"/>		IT	P10,LA4	42,952	
Leonard Franco	38 Talmadge Ave East Haven CT	<input type="radio"/>	<input checked="" type="radio"/>		Recreation	P10, L12h	7,121	
Talmadge Park Real Estate Associates LLC	38 Talmadge Ave East Haven CT	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Real Estate	P22,L9	732,000	
DLF Associates LLC	38 Talmadge Ave East Haven CT	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	P16, mgnt fees	172,500	based on State Settlemer
		<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 Tamadge Park Health Care	License No. 209951	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 DLF management fees should be capped during desk audit to an amount per settlement agreement with DSS.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

No other such cost centers

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 Tamadge Park Health Care			License No. 209951			Report for Year Ended 9/30/2016		Page of 6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<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 Talmadge Park Health Care	License No. 209951	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	Address (No. & Street, City, State, Zip Code)
1 DeCaprio, Fazzuoli & D'Augustino PC	500 E Main St Branford, CT
2 MJL LLC	38 Talmadge Ave E Haven CT
3 Jerry Muhl Accounting Consulting	38 Talmadge Ave E Haven CT
4	

Services Provided by This Firm (*describe fully*)

1 tax return and YE acctg for tax filings	\$	4,579
2 cost reports, budgeting, financial analysis and ad hoc fiscal matters	\$	14,000
3 monthly general ledger and FS's and government audits	\$	71,645
4	\$	
Charge for Services Provided		
\$		90,224

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

- Yes No | P 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Voltre & Associates	203-498-0065
2 Beltrano Law	
3 Ryan and Ryan	
4	
5	

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

1 90 Grove ST Ridgefield, CT 06877
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 General corporate matters and litigation and tax matters	\$	45,697
2 Health Survey matters	\$	4,529
3 Personnel matters	\$	56
4	\$	
5	\$	
Charge for Services Provided		
\$		50,282

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

- Yes No p15 L 1e

Schedule of Resident Statistics

Name of Facility Tamadge Park Health Care		License No. 209951			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	90	90			90	90			90	90			
B. On last day of THIS report period	90	90			90	90			90	90			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	78	78			78	78			80	80			
B. As of midnight of THIS report period	81	81			80	80			81	81			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,846	2,846			2,131	2,131			715	715			
B. Medicaid (Conn.)	23,277	23,277			17,443	17,443			5,834	5,834			
C. Medicaid (other states)													
D. Private Pay	2,299	2,299			1,811	1,811			488	488			
E. State SSI for RCH													
F. Other (Specify) managed care	1,084	1,084			811	811			273	273			
G. Total Care Days During Period (3A thru F)	29,506	29,506			22,196	22,196			7,310	7,310			
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)	29,506	29,506			22,196	22,196			7,310	7,310			

Schedule of Resident Statistics (Cont'd)

Name of Facility Tamadge Park Health Care			License No. 209951			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 checked="" type="radio"/> Yes <input 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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	7		74		6								
Per Diem Rate													
a. One bed rm.					375.00								
b. Two bed rms.	varies				345.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,561	3,561				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								72	72				
2. Restorative Treatments								5,354	5,354				
C. Other													
D. Total Physical Therapy Treatments								8,987	8,987				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								638	638				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								824	824				
C. Other													
D. Total Speech Therapy Treatments								1,462	1,462				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,283	3,283				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								422	422				
2. Restorative Treatments								6,166	6,166				
C. Other								2	2				
D. Total Occupational Therapy Treatments								9,873	9,873				

Report of Expenditures - Salaries & Wages

Name of Facility Tamadge Park Health Care	License No. 209951	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input 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)	105,726	2,280				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	359,032	15,785				
5. Dietary Service						
a. Head Dietitian	25,361	730				
b. Food Service Supervisor	58,567	2,120				
c. Dietary Workers	294,019	19,917				
6. Housekeeping Service						
a. Head Housekeeper	25,678	978				
b. Other Housekeeping Workers	152,702	10,990				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,449	2,200				
b. Other Maintenance Workers	13,349	1,055				
8. Laundry Service						
a. Supervisor	24,709	978				
b. Other Laundry Workers	92,310	6,110				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	186,404	4,354				
b. RN						
1. Direct Care	518,221	13,983				
2. Administrative**	83,828	2,120				
c. LPN						
1. Direct Care	703,513	26,312				
2. Administrative**						
d. Aides and Attendants	1,128,808	75,531				
e. Physical Therapists	8,334	108				
f. Speech Therapists	15,458	438				
g. Occupational Therapists	31,945	982				
h. Recreation Workers	108,259	5,546				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify) scheduler and medical records	39,052	1,996				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	60,969	2,948				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,089,693	197,461				

* 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
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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

**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	
Tamadge Park Health Care				209951	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										
Donald Franco (salary paid from DLF Associates, a management company)					president / owner	750				
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).										
Lorraine Franco	64,800			HI	secretary, administrative	1,500	A4			
Deborah Franco	42,952			HI and PTO	IT and medical records	1,474	A4 and 12i4			
Leonard Franco	7,121				recreation	200	12h			

* 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	
Tamadge Park Health Care				209951	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***										
Theodore Vinci	105,726			HI and PTO	licensed administrator	2,280	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		
Tamadge Park Health Care	209951	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						
2. Dentist	4,000	34				
3. Pharmacist	4,715	121				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	215,014	2,495				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	39,000	180				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	41,684	876				
b. Other						
10. Occupational Therapist						
a. Resident Care	138,403	3,025				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	442,816	6,731				

* 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 Tamadge Park Health Care		License No. 209951	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		
Partners Pharmacy	prescription drugs	<input type="radio"/>	<input type="radio"/>	none	
All Star therapy	PT OT and ST	<input type="radio"/>	<input type="radio"/>	none	
Dr Wallyiyadda	Medical Director	<input type="radio"/>	<input type="radio"/>	none	
Fusion Therapy	PT OT and ST	<input type="radio"/>	<input type="radio"/>	none	
Health Pro Therapy	PT OT and ST	<input type="radio"/>	<input type="radio"/>	none	
Prime Choice Dental	Dental consulting	<input type="radio"/>	<input type="radio"/>	none	
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Tamadge Park Health Care	209951	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 302,217	302,217			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 117,915	117,915			
4. Social Security (F.I.C.A.)	\$ 307,817	307,817			
5. Health Insurance	\$ 444,169	444,169			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,161	1,161			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 691	691			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 13,974	13,974			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ (49,386)	(49,386)			
d. Accounting and Auditing	\$ 90,224	90,224			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 50,282	50,282			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 13,515	13,515			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 6,472	6,472			
2. Cellular Phones	\$ 5,431	5,431			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
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	\$ 537,692	537,692			
Subtotal	\$ 1,842,424	1,842,424			

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

(Carry Subtotals forward to next page)

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

Tamadge Park Health Care
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
401k adm	\$ 7,400		
employee background screens	\$ 1,904		
employee drug screens	\$ 112		
employee welfare	\$ 1,558		
other employee benefits	\$ 3,000		
Total	\$ 13,974	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Tamadge Park Health Care	209951	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,842,424	1,842,424		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,044	2,044		
5. Education Expenses Related to Seminars and Conventions	\$	3,045	3,045		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	3,472	3,472		
7. Other (<i>Specify</i>)	\$	5,229	5,229		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	2,366	2,366		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	1,080	1,080		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	2,080	2,080		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	6,572	6,572		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,495	1,495		
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>)	\$	21,655	21,655		
12. Administrative Management Services**	\$	172,500	172,500		
13. Other (<i>Specify</i>)	\$	229,887	229,887		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,293,849	2,293,849		

* 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)
T and E	\$ 981		
business meals	\$ 20		
employee christmas party	\$ 4,228		
Total Other Travel and Entertainment	\$ 5,229	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
public relations	\$ 2,366		
Total Other Advertising	\$ 2,366	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,492		
LTCFM	\$ 80		
Total Dues	\$ 6,572	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
delivery costs	\$ 1,849		
arbitration fees	\$ 6,795		
admin minor equip	\$ 1,648		
penalties related to taxes	\$ 93,707		
employee meals	\$ 212		
interior decorating	\$ 35		
interest	\$ 475		
finance charges	\$ 43,817		
bank charges	\$ 2,618		
user fee penalties	\$ 78,731		
Total Other Administrative and General	\$ 229,887	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Tamadge Park Health Care	License No. 209951	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 #
DLF Associates LLC	pursuant to State	Overall Operational Management	P 16 M12
	ement agreement.	Also some acctg. Services.	

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

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

Name of Facility Tamadge Park Health Care		License No. 209951	Report for Year Ended 9/30/2016	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 204,082	204,082			
2. Non-Food Supplies	\$ 33,787	33,787			
3. Other (Specify) _____ minor equipment	\$ 2,851	2,851			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 240,720	240,720			
2F. Dietary Questionnaire					
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Tamadge Park Health Care		License No. 209951	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	4,393	4,393	
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		\$	9,431	9,431	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	13,824	13,824	
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	
Tamadge Park Health Care	209951	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. \$	28,666	28,666		
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. \$	531	531		
c. Management Services*	\$				
d. Other (<i>Specify</i>) minor equipment	\$	85	85		
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	29,282	29,282		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Partners Pharmacy	\$	139,598	139,598		
b. Medicine Cabinet Drugs	\$	32,779	32,779		
c. Medical and Therapeutic Supplies	\$	34,345	34,345		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	13,273	13,273		
f. X-rays and Related Radiological Procedures***	\$	4,547	4,547		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	19,088	19,088		
i. Recreation	\$	3,322	3,322		
j. Other (Specify)**** See Attached Schedule	\$	171,298	171,298		
5K. Total Resident Care Expenditures (5a - 5j)	\$	418,250	418,250		

* 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)
resident tele and tv	\$ 4,063		
social service supplies	\$ 667		
resident personal needs	\$ 525		
nursing supplies	\$ 48,476		
nursing non med supplies	\$ 4,661		
incontinent supplies	\$ 70,911		
nursing equip rental	\$ 30,265		
nursing minor equipment	\$ 5,586		
PT supplies	\$ 1,252		
PT minor equip	\$ 1,778		
OT supplies	\$ 107		
IV supplies	\$ 3,007		
Total Other Resident Care	\$ 171,298	\$ -	\$ -

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

Name of Facility Tamadge Park Health Care			License No. 209951	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
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<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
Tamadge Park Health Care	209951	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 18,992	18,992				
b. Heat	\$ 28,620	28,620				
c. Light & Power	\$ 116,583	116,583				
d. Water	\$ 40,965	40,965				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 132,110	132,110				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 337,270	337,270				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 6,643	6,643				
b. Building & Building Improvements	\$ 173,461	173,461				
c. Non-Movable Equipment	\$ 617	617				
d. Movable Equipment	\$ 35,758	35,758				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 216,479	216,479				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,051	6,051				
c. Leasehold Improvements	\$ 6,376	6,376				
d. Other (<i>Specify</i>)	\$ 35,467	35,467				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 47,894	47,894				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 732,000	732,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 135,104	135,104				
c. Personal property taxes	\$ 7,146	7,146				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,138,623	1,138,623				

* 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)
purch service maintenance	\$ 24,717		
oil	\$ 269		
purch service repairs	\$ 32,837		
snow removal	\$ 12,762		
grounds keeping	\$ 713		
fire system maint	\$ 5,633		
sprinkler system maint	\$ 1,315		
waste removal	\$ 19,096		
pest control	\$ 713		
water and sewer expenses paid by lessor	\$ 34,055		
Total Other Repairs and Maintenance	\$ 132,110	\$ -	\$ -

Tamadge Park Health Care
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 Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
	misc. adjustment	\$ 1,465		
Total deletions for Building Improvements		\$ 1,465		\$ - **

*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:				
5/1/2016	new payroll software and maint fee	\$ 29,118		\$ 9,897
7/1/2016	hoyer lift	\$ 2,123		
9/1/2016	MS software updates and license	13,235		
9/1/2016	hoyer lift	2,818		
	depr. for above not allocated			
Total additions for Movable Equipment		\$ 47,294		\$ 9,897 *
Deletions:				
	misc. adjustment	\$ 1,651		
Total deletions for Movable Equipment		\$ 1,651		\$ - **

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Tamadge Park Health Care			License No. 209951		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. financing cost					61,247	211,786		6,051	
2.									
3.									
B-4. Subtotal									6,051
C. Leasehold Improvements and Other									
1. Acquired prior to this report period					267,002	532,000		35,467	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									35,467
D. Total Amortization									41,518

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Tamadge Park Health Care	License No. 209951	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		01/01/78		
2. Date Structure Completed		01/01/79		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		12/01/78		
5. Total Licensed Bed Capacity		90		
6. Square Footage		42,000		
7. Acquisition Cost				
a. Land		5,000		
b. Building		75,000		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD fixed		
b. Date Mortgage Obtained		10/01/15		
c. Interest Rate for the Cost Year		3.67%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		5,984,000		
f. Principal balance outstanding as of 9/30/16		5,219,000		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Tamadge Park Health Care		209951	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
Tamadge Park Health Care		209951		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)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	78,429	78,429	
prop. Insurance paid by lessor							
14d. Total Insurance Expenditures (14a + b + c)				\$	78,429	78,429	
15. Total All Expenditures (A-13 thru C-14)				\$	9,082,756	9,082,756	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Tamadge Park Health Care				209951	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	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$	(49,385)	(49,385)	
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	15	L6	Automobile Expense (e.g. personal use)	\$ 3,472	3,472		
18.	16	M3	Unallowable Advertising *	\$ 2,366	2,366		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 172,500	172,500		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 224,526	224,526		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 353,479	353,479		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L7	business meals	\$ 20		
16	M13	arbitration fees	\$ 6,795		
16	M13	penalties	\$ 93,707		
16	M13	penalties	78,731		
16	M13	interest and finance charges	44,292		
16	L7	trav and entertainment	981		
Total Other A&G Adjustments			\$ 224,526	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Tamadge Park Health Care			209951	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 353,479	353,479		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 139,597	139,597		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 4,547	4,547		
30.			Laboratory	\$ 19,088	19,088		
31.			Medical Supplies	\$ 34,345	34,345		
32.			Oxygen (non emergency)	\$ 13,273	13,273		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
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	\$ (9,016)	(9,016)		
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)			\$ 555,313	555,313		

*** 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.

Tamadge Park Health Care
9/30/2016

Schedule of Other Ancillary Costs

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

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)
10	12d	retro wage enhancement related to prior year July to Sept 2015	\$ (9,016)		
Total Other Adjustments			\$ (9,016)	\$ -	\$ -

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
Tamadge Park Health Care	209951	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>)	\$ 7,814,373	7,814,373				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,587,082)	(2,587,082)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 956,512	956,512				
b. Medicare Room and Board Contractual Allowance **	\$ 1,030,854	1,030,854				
4. a. Private-Pay Residents and Other	\$ 986,475	986,475				
b. Private-Pay Room and Board Contractual Allowance **	\$ (53,530)	(53,530)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 94,035	94,035				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 36,970	36,970				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 720,400	720,400				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 178,900	178,900				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 166,700	166,700				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 38,000	38,000				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 763,000	763,000				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 221,700	221,700				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 33,496	33,496				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 11,531	11,531				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,412,334	10,412,334				
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>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (2,036,744)	(2,036,744)				
V. Total Other Revenue (1 thru 8)	\$ (2,036,744)	(2,036,744)				
VI. Total All Revenue (III +V)	\$ 8,375,590	8,375,590				

* 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)
II6a	radiology	\$ 3,300		
II6a	lab	\$ 13,038		
II6a	IV	\$ 9,154		
II6a	Oxygen	\$ 8,004		
Total Other Resident Revenue - Medicare		\$ 33,496	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II6b	radiology	\$ 1,197		
II6b	lab	\$ 5,634		
II6b	IV	\$ 3,171		
II6b	Oxygen	\$ 1,529		
Total Other Resident Revenue		\$ 11,531	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV8	contractual allowances ancillaries	-2036744		
Total Other Revenue		\$ (2,036,744)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Tamadge Park Health Care	209951	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	178,475
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	776,957
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	22,916
5. Prepaid Expenses			\$	
a. _____				
b. _____				
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)			\$	978,348
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>486,214</u>		\$	59,640
	Accum. Depreciation <u>426,574</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>672,429</u>		\$	45,148
	Accum. Depreciation <u>627,281</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)			\$	104,788

* 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
Tamadge Park Health Care	209951	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,083,136
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	112,045		
	Accum. Depreciation	89,125	Net	\$ 22,920
3. Buildings				
	*Historical Cost	6,692,435		
	Accum. Depreciation	3,020,584	Net	\$ 3,671,851
4. Non-Movable Equipment				
	*Historical Cost	9,938		
	Accum. Depreciation	5,745	Net	\$ 4,193
5. Movable Equipment				
	*Historical Cost	321,775		
	Accum. Depreciation	268,233	Net	\$ 53,542
6. Motor Vehicles				
	*Historical Cost			
	Accum. Depreciation		Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	3,752,506
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>)			\$	229,531
	bed license purchase 532,000-302,469	229,531		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	266,971
	related party loans-			
	owners, DLF, Astoria, Realties	122,483		
	Mortgage Expense 211,786-67,298	144,488		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	496,502
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,332,144

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

G. Balance Sheet (cont'd)

Name of Facility Tamadge Park Health Care		License No. 209951	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,355,548
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>)				\$	73,428
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>)				\$	857,081
accrued PTO		167,042			
payroll taxes		432,844			
provider taxes		244,670			
accrued expenses		12,525			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,286,057

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Tamadge Park Health Care		License No. 209951	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,286,057	
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>)				\$ 657,117	
note payable- pharmacy		80,000			
DSS medicaid settlement		424,342			
DSS- HMS audit		152,775			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 657,117	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,943,174	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Tamadge Park Health Care	209951	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	5,528,788
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	5,528,788
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,344,333)
6. Gain or Loss for Period			\$	(796,485)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(4,139,818)
C. Total Reserves and Net Worth			\$	1,388,970
D. Total Liabilities, Reserves, and Net Worth			\$	5,332,144

H. Changes in Total Net Worth

Name of Facility Tamadge Park Health Care	License No. 209951	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			\$	(3,343,333)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,375,590
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,082,756
D. Net Income or Deficit			\$	(707,166)
E. Balance			\$	(4,050,499)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Net Deficit is not reflective of actual operating re Expenses include rent to related lessor and severa expenses of related lessor as required by cost rep line instructions.				
2. Other (<i>itemize</i>)				
federal tax penalties - pr period (80,304) retro wage to prior year for wage enhancement (9,015)				
F-3. Total Additions			\$	(89,319)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(4,139,818)

I. Preparer's/Reviewer's Certification

Name of Facility Talmadge Park Health Care	License No. 209951	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	Title	Date Signed		
Printed Name of Preparer				
Michael J Lipnicki				
Address Address			Phone Number	
38 Talmadge Ave, East Haven, CT 06512			203-469-2316	

Error Check

Level Item

Reported as