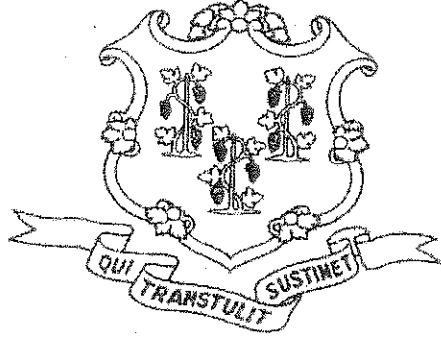


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Westside Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 349 Bidwell Street, Manchester, CT 06040	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2151-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5252
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Medicaid Provider Numbers:	CCNH 7807	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) Westside Care Center LLC	License No. 2151-C	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Westside Care Center LLC [facility name], for the cost report period beginning Oct. 1, 2015 and ending Sep. 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) <i>David M. Sones</i>		Date 2/14/17	Signed (Owner) <i>Chris S. Wright</i>		Date 02-14-17
Printed Name (Administrator) David M. Sones			Printed Name (Owner) CHRIS WRIGHT		
Subscribed and Sworn to before me: <i>Sandra M. Hollis</i>	State of CT	Date 02-14-17	Signed (Notary Public) <i>Sandra M. Hollis</i>		Comm. Expires
Address of Notary Public 341 BOWELL STREET, MANCHESTER, CT 06040			SANDRA M. HOLLIS NOTARY PUBLIC MY COMMISSION EXPIRES APR. 30, 2019		

(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 Westside Care Center, LLC		Period Covered: From 10/1/2015	To 9/30/2016
Address of Facility 349 Bidwell Street, Manchester, CT 06040			
Report Prepared By iCare		Phone Number 860-570-2140	Date 2/15/2016
Item	Total	CCNH	RHNS NurseFac- Aids
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 860-647-9191		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Westside Care Center, LLC		Address (No. & Street, City, State, Zip) 349 Bidwell Street, Manchester, CT 06040		
License Numbers:	CCNH 2151-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5252
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator David Sones		Nursing Home Administrator's License No.:	1704	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

Related Parties*

Name of Facility		License No.	Report for Year Ended	Page	of	
Westside Care Center, LLC		2151-C	9/3/2016	4	37	
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 #	Actual Cost to the Related Party
		Yes	No			
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees		1,869 (1,869)
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees		-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19 3	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees		2,040 (2,040)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16 M	768 (768)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees		6,145 (6,145)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19 3	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		13,034 (13,034)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		484 (484)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees		48,316 (48,316)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees		-
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees		626 (626)
Secure Care Center, LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees		2,966 (2,966)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	375,025 (375,025)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	758,203 (758,203)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15 M,E	27,396 (27,396)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EE's not part of mgmt		194,480 (194,480)
				Management Services, Direct	20 51	172,434 (172,434)
				Management Services, Indirect	20 51	39,392 (39,392)
				Management Services, Administrative	16 M12	428,598 (428,598)
						-
						-
						-
						-
All 9 Care Centers, mgmt co, really cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services		-

* 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 Westside Care Center, LLC	License No. 2151-C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Westside Care Center, LLC		License No. 2151-C	Report for Year Ended 9/30/2016		Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Accelerated Care Plus Corp. 4850 Joutle Street, Suite A-1 Reno, ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment Time Clocks and Payroll Punch Equip	05/18/10	1 yr with automatic	8,303	8,303
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/01/10	60 Months	8,817	8,817
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/10/12	48 months (Lease Ended	2,297	2,297
Mail Finance/Neopost New England, 25881 Newtwork Place, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter Rental	11/20/14	48 months	8,137	8,137
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier		Monthly 48 months (Lease	479	479
	<input type="radio"/>	<input checked="" type="radio"/>				3,914	3,914
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input type="radio"/> No
Total ***							31,947

Is a Mileage Log Book Maintained for All Leased Vehicles ?

* 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 6c.

General Information and Questionnaire
Accounting Basis

Name of Facility Westside Care Center, LLC	License No. 2151-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period?				
		<input checked="" type="radio"/> Yes If "No," explain. <input type="radio"/> No		
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	O'Connor, Davies LLP	100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Taxes, financial statements, accounting support	\$	3,533	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 3,533	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	iCare Health Management, LLC		860-570-2140	
2	Starble and Harris		860-678-7775	
3	Durant Nichols / Robinson & Cole, LLP		860-275-8200	
4	Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis))			
5	Starble and Harris, iCare Health Management LLC		860-678-7775 & 860-570-2140	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	341 Bidwell Street, Manchester CT			
2	32 Main Street, Avon, CT			
3	280 Trumbull St, Hartford, CT			
4				
5	32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT			
Services Provided by This Firm (<i>describe fully</i>)				
1	Lease and contract issues, general legal advice, Labor Law	\$	21,778	
2	Lease and contract issues, general legal advice, union funds advice	\$	7,895	
3	Employment law, arbitrations, contract negotiations	\$	9,266	
4	Employment Arbitrations, healthcare law	\$	3,849	
5	Collections	\$	4,407	
			Charge for Services Provided	
			\$ 47,193	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15E				

Schedule of Resident Statistics

Name of Facility Westside Care Center, LLC	License No. 2151-C	Report for Year Ended 9/30/2016						Page 8	of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	NurseFac- Aids		
		Total CCNH Level	Total RHNS Level	Total CCNH	Total RHNS				
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period		162				162			
B. On last day of THIS report period		162				162			
2. Number of Residents									
A. As of midnight of PREVIOUS report period		154				154			
B. As of midnight of THIS report period		155				155			
3. Total Number of Days Care Provided During Period									
A. Medicare		2,471				1,641			
B. Medicaid (Conn.)		52,294				39,691			
C. Medicaid (other states)									
D. Private Pay		1,060				846			
E. State SSI for RCH									
F. Other (Specify) Insurance		64				27			
G. Total Care Days During Period (3A thru F)		55,889				42,205			
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)		55,889				42,205			
						42,205			
						13,684			
						13,684			

Schedule of Resident Statistics (Cont'd)

Name of Facility Westside Care Center, LLC			License No. 2151-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(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	NurseFac-Aids			
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	NurseFac-Aids	R.C.H.	ICF-MR				
No. of Residents	5		145		5								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	439.00		243.00		459.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	NurseFac-Aids		
A. Medicare - Part B								2,057	2,057				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,371	2,371				
C. Other								2,227	2,227				
D. Total Physical Therapy Treatments								6,655	6,655				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								474	474				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								417	417				
C. Other								359	359				
D. Total Speech Therapy Treatments								1,250	1,250				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,677	3,677				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,618	2,618				
C. Other								2,878	2,878				
D. Total Occupational Therapy Treatments								9,173	9,173				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Westside Care Center, LLC	2151-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	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)	144,262	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	124,795	5,928				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	75,466	2,653				
c. Dietary Workers	488,777	28,014				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	59,901	2,035				
b. Other Maintenance Workers	39,318	2,032				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	211,022	4,228				
b. RN						
1. Direct Care	338,738	7,626				
2. Administrative**	232,840	5,741				
c. LPN						
1. Direct Care	1,522,536	51,563				
2. Administrative**						
d. Aides and Attendants	2,473,338	132,795				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	167,306	8,620				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	150,810	5,281				
n. Marketing						
o. Other (Specify) See Attached Schedule	71,977	3,698				
<i>A-13. Total Salary Expenditures</i>	6,101,086	262,306				

* 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		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 34	3			\$ -	-
MEDICAL RECORDS SALARIES	\$ 40,965	2,093			\$ -	-
CENTRAL SUPPLY SALARIES	\$ 30,977	1,602			\$ -	-
Total	\$ 71,977	3,698	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ (23,268)	(971)			\$ -	-
ADMISSIONS C/S LABOR	\$ 46,729	762			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 15,869	472			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 157,869	4,511			\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 3,521	78			\$ -	-
Total	\$ 200,720	4,852	\$ -	-	\$ -	-

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***

Name of Facility Westside Care Center, LLC	License No. 2151-C	Report for Year Ended 9/30/2016	Page 11	of 37	Name and Address of All Other Employment**	Line Where Claimed on Page 10	Total Hours Worked	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Total Hours Worked	Compensation Received
Name	CCNH	RHNS	NurseFac- Aids										
Section I - Operators/Owners													
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).													

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Westside Care Center, LLC		License No. 2151-C		Report for Year Ended 9/30/2016		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
David Sones	144,262		same as employees less union funds	Administrator	2,091	A2			
			same as employees less union funds	Administrator		A2			
			same as employees less union funds	Administrator		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		
Westside Care Center, LLC	2151-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	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	17,607	382				
2. Dentist						
3. Pharmacist	11,464	207				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	137,249	1,805				
b. Other						
6. Social Worker	2,542	16				
7. Recreation Worker	16,392	53.50+Cable				
8. Physicians						
a. Medical Director (entire facility)	33,600	237				
b. Utilization Review (Title 18 and 19 only) monthly meeting	200	2				
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) Physician Care Contract Services	5,370	60				
9. Speech Therapist						
a. Resident Care	48,415	616				
b. Other						
10. Occupational Therapist						
a. Resident Care	186,461	2,449				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	125,425	1,974				
2. Administrative***	52,988	1,128				
b. LPN						
1. Direct Care	13,183	254				
2. Administrative***						
c. Aides	23,203	1,138				
d. Other						
12. Other (Specify) See Attached Schedule	200,720	4,852				
B-13 Total Fees Paid in Lieu of Salaries	874,818	15,118				

* 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 Westside Care Center, LLC		License No. 2151-C		Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Omnicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Tocuhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>			
IPC Hospitalists	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<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
Westside Care Center, LLC	2151-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 83,749	83,749		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 589,447	589,447		
5. Health Insurance	\$ 1,093,035	1,093,035		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 374,840	374,840		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 46,427	46,427		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 90,000	90,000		
d. Accounting and Auditing	\$ 3,533	3,533		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 47,193	47,193		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 26,122	26,122		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 25,127	25,127		
2. Cellular Phones	\$ 1,505	1,505		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ (0)	(0)		
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	\$ 1,174,787	1,174,787		
Subtotal	\$ 3,555,764	3,555,764		

* 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**

Westside Care Center, LLC
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 46,427		\$ -
Total	\$ 46,427	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac-Aids
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Westside Care Center, LLC	2151-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:		3,555,764	3,555,764		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	514	514		
5. Education Expenses Related to Seminars and Conventions	\$	3,543	3,543		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$	372	372		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	6,689	6,689		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	4,646	4,646		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	7,637	7,637		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	11,397	11,397		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	380	380		
10. Contributions*** See Attached Schedule	\$	932	932		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	137,882	137,882		
12. Administrative Management Services**	\$	428,598	428,598		
13. Other (<i>Specify</i>) See Attached Schedule	\$	35,521	35,521		
C-14 Total Administrative & General Expenditures	\$	4,193,874	4,193,874		

* 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	NurseFac-Aids
MEALS	\$ 372		\$ -
Total Other Travel and Entertainment	\$ 372	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 4,646		\$ -
Total Other Advertising	\$ 4,646	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAHCF Dues	\$ 11,397.00		\$ -
OTHER DUES			
Total Dues	\$ 11,397	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
contributions	\$ 932		\$ -
Total Contributions	\$ 932	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ 100		\$ -
SOC.SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,591		\$ -
EMPLOYEE RELATIONS	\$ 7,722		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 282		\$ -
PERMITS & LICENSES	\$ 1,190		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 11,945		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 3,392		\$ -
INTERNET EXPENSES	\$ 9,299		\$ -
Rounding	\$ 1		\$ -
Total Other Administrative and General	\$ 35,521	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Westside Care Center, LLC	2151-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 #
iCare Management, LLC/iCare Health Management, LLC	428,598	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	172,434	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	39,392	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

* 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		License No.	Report for Year Ended		Page	of
Westside Care Center, LLC		2151-C	9/30/2016		18	37
Item		Total	CCNH	RHNS	NurseFac-Aids	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 331,275	331,275			
2.	Non-Food Supplies	\$ 37,801	37,801			
3.	Other (<i>Specify</i>) _____ DIETARY SUPPLEMENTS	\$ 30,389	30,389			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 9,786	9,786			
c. Management Services**		\$				
d. Other (<i>Specify</i>) _____ DIETARY MINOR EQUIPMENT		\$ 9,725	9,725			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 418,975	418,975			
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids	
G. Resident Meals: Total no. of meals served per day:*		459	459			
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" 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 Westside Care Center, LLC		License No. 2151-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
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. \$	176	176	
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)		\$	451,022	451,022	
c. Management Services**		\$			
d. Other (Specify) LAUNDRY SUPPLIES		\$	313	313	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	451,511	451,511	
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
Westside Care Center, LLC		2151-C	9/30/2016		20	37
Item			Total	CCNH	RHNS	NurseFac-Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	29,474	29,474		
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. \$	533,744	533,744		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
HOUSEKEEPING MINIR EQUIPMENT						
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	563,218	563,218		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from OMNICARE PHARMACY	\$	98,035	98,035		
b.	Medicine Cabinet Drugs	\$	18,616	18,616		
c.	Medical and Therapeutic Supplies	\$	78,673	78,673		
d.	Ambulance/Limousine***	\$	2,622	2,622		
e.	Oxygen					
1.	For Emergency Use	\$	6,909	6,909		
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$	5,130	5,130		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	9,210	9,210		
i.	Recreation	\$				
j.	Other (Specify)**** See Attached Schedule	\$	344,071	344,071		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	563,265	563,265		

* 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	NurseFac- Aids
NURSING ADMIN SUPPLIES	\$ 763		\$ -
NURSING MINOR EQUIP	\$ 7,642		\$ -
MEDICAL RECORDS SUPPLIES	\$ 129		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 172,434		\$ -
NON-COVERED PPS DR. VISITS	\$ 470		\$ -
RESIDENT CARE SUPPLIES	\$ 317		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 10,371		\$ -
PERSONAL CARE SUPPLIES	\$ 8,492		\$ -
INCONTINENCY SUPPLIES	\$ 26,718		\$ -
VACCINE RESIDENTS	\$ 3,580		\$ -
PATIENT SPECIAL NEEDS	\$ 378		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 32,685		\$ -
EQUIPMENT RENTAL- AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 87		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 30,399		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 2,053		\$ -
ACTIVITIES SUPPLIES	\$ 6,515		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 39,392		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ 1,645		\$ -
Total Other Resident Care	\$ 344,071	\$ -	\$ -

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

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

Name of Facility Westside Care Center, LLC		License No. 2151-C		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	NurseFac-Aids	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Housekeeping Services	514,289			20	4b
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Laundry Services	452,628			19	3b
Eagle Elevator		<input type="radio"/>	<input type="radio"/>	VENDOR	Elevator Contract	6,126			22	6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	VENDOR	Medical Waste	2,053			22	6F
The Brickman Group/ A1 Landscaping		<input type="radio"/>	<input type="radio"/>	VENDOR	Snow Removal/Landscaping	18,425			22	6F
CWPM - Recycling		<input type="radio"/>	<input type="radio"/>	VENDOR	Trash removal	21,759			22	6F
American HealthTech		<input type="radio"/>	<input type="radio"/>	VENDOR	Software Maintenance Contract	10,866			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	VENDOR	Payroll Services	53,318			16	M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	VENDOR	Resident Trust Software	4,770			16	M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>	VENDOR	Computer Consulting Services	20,218			16	M11
Priorty Express		<input type="radio"/>	<input type="radio"/>	VENDOR	Courier Services	5,853			16	M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Nursing Software	4,680			16	M11
		<input type="radio"/>	<input type="radio"/>	VENDOR						
		<input type="radio"/>	<input type="radio"/>	VENDOR						

* 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
Westside Care Center, LLC	2151-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 79,405	79,405				
b. Heat	\$ 52,586	52,586				
c. Light & Power	\$ 166,044	166,044				
d. Water	\$ 68,292	68,292				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 31,947	31,947				
f. Other (<i>itemize</i>)	\$ 107,980	107,980				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 506,255	506,255				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 26,472	26,472				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 57,501	57,501				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 83,973	83,973				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 34,688	34,688				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 34,688	34,688				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 569,000	569,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 122,952	122,952				
c. Personal property taxes	\$ 10,765	10,765				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 821,378	821,378				

* 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	NurseFac-Aids
PLANT SUPPLIES	\$ 13,793		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 14,786		\$ -
ELEVATOR CONTRACT SERVICE	\$ 6,126		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 7,633		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 8,637		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 9,787		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 21,759		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 14,438		\$ -
PLANT MINOR EQUIPMENT	\$ 11,021		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 107,980	\$ -	\$ -

Depreciation Schedule

Name of Facility Westside Care Center, LLC		License No. 2151-C	Report for Year Ended 9/30/2016				Page 23	of 37		
Property Item	Is a mileage logbook maintained?	Date of Acquisition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period			324,620		324,620	11,156			23,856	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)			18,197		18,197				2,616	
B-4. Subtotal										26,472
C. Non-Movable Equipment										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. Van Repair, Hillside Automotive Care			2,306		2,306	2,306				
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)									56,375	
c. Acquired during this report period (attach schedule)										
D-3. Subtotal									1,125	
E. Total Depreciation										
										57,501
										83,973

Westside Care Center, LLC
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:				
6/9/2016	Air Conditioning Units: HD Supply	\$ 1,363	120	\$ 68
6/11/2016	Smoke Detectors: HD Supply	\$ 2,211	120	\$ 111
11/19/2015	Second Floor Renovation Paint	\$ 14,623	60	\$ 2,437
Total additions for Building Improvements		\$ 18,197		\$ 2,616
Deletions:				
Total deletions for Building Improvements		\$ -		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/15/2016	Generator Ins Claim: Electric Beds: Various Vendors	\$ 3,932	120	\$ 262
5/23/2016	Signs - Indoor Designation: Direct Supply	\$ 3,513	60	\$ 234
5/4/2016	Install Ice Machine: Proline	\$ 4,201	120	\$ 140
7/22/2016	Steam Table: Direct Supply	\$ 2,956	180	\$ 33
8/31/2016	Furniture: Various Vendor	\$ 11,847	120	\$ 395
9/30/2016	Furniture: Various Vendor	\$ 2,454	120	\$ 61
Total additions for Movable Equipment		\$ 28,902		\$ 1,125 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*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:				
1/15/2016	Generator Ins Claim: Various Vendors	\$ 10,368	120	691
2/5/2016	Replaced Locks: S&S Wired	\$ 2,499	60	292
8/9/2015	Sprinkler Break: Various Vendors	\$ 2,965	240	148
8/9/2015	Sprinkler Break: Various Vendors	\$ 1,860	300	74
5/5/2016	New Toilets & Parts: HD Supply	\$ 5,593	120	186
5/20/2016	Metal Doors: Accurate Comm. Door & Hardware	\$ 3,892	240	49
6/30/2016	Repair Water Heater & Boiler: Crest Mechanical	\$ 5,424	120	136
8/16/2016	Walls & Window: Sahar, Shalom	\$ 2,760	120	23
9/1/2016	Strom Drain Proj: Bergeron Excavation	\$ 8,200	300	-
Total additions for Leasehold Improvement		\$ 43,561		\$ 1,599 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Westside Care Center, LLC	License No. 2151-C	Report for Year Ended 9/30/2016		Page 24	of 37							
		Item	Date of Acquisition Month Year			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
A. Organization Expense												
1.												
2.												
3.												
A-4. Subtotal												
B. Mortgage Expense												
1.												
2.												
3.												
B-4. Subtotal												
C. Leasehold Improvements and Other												
1. Acquired prior to this report period							409,502		207,648			33,089
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)							43,561				1,599	
C-4. Subtotal												34,688
D. Total Amortization												34,688

* 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 Westside Care Center, LLC	License No. 2151-C	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	04/01/1999				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	162				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	fixed HUD				
b. Date Mortgage Obtained	05/30/13				
c. Interest Rate for the Cost Year	3.19%				
d. Term of Mortgage (number of years)	24				
e. Amount of Principal Borrowed	3,519,700				
f. Principal balance outstanding as of 9/30/2016	3,166,241				
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
Westside Care Center, LLC		2151-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	NurseFac-Aids
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
Westside Care Center, LLC		2151-C		9/30/2016		27	37
Item				Total	CCNH	RHNS	NurseFac-Aids
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) INTEREST				\$	51,003	51,003	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	51,003	51,003	
14. Insurance							
a. Insurance on Property (buildings only)				\$	9,048	9,048	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	61,047	61,047	
2. Fire and Extended Coverage				\$			
3. Other (Specify) Crime Bond, employment practices,				\$	3,487	3,487	
14d. Total Insurance Expenditures (14a + b + c)				\$	73,582	73,582	
15. Total All Expenditures (A-13 thru C-14)				\$	14,618,965	14,618,965	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Westside Care Center, LLC			2151-C	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
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	\$ 90,000	90,000		
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.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 4,646	4,646		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 54,155	54,155		
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)				\$ 148,801	148,801		

* 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	NurseFac-Aids
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16		Management fee over cost	\$ -		\$ -
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 3,392		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	0		
		Provider User Fee for Medicare days	50,763.58		
Total Other A&G Adjustments			\$ 54,155	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Westside Care Center, LLC			2151-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 148,801	148,801		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 2,622	2,622		
29.			X-rays, etc	\$ 5,130	5,130		
30.			Laboratory	\$ 9,210	9,210		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 470	470		
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	\$			
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)				\$ 166,233	166,233		

*** 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.

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Westside Care Center, LLC
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	470.48		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST-Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 470	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Westside Care Center, LLC	2151-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 12,638,750	12,638,750			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 951,526	951,526			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 514,231	514,231			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 92,922	92,922			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (92,922)	(92,922)			
c. Prescription Drugs - Non-Medicare	\$ 9,086	9,086			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (9,086)	(9,086)			
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	\$ 147,267	147,267			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (80,920)	(80,920)			
c. Physical Therapy - Non-Medicare	\$ 81,854	81,854			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (81,854)	(81,854)			
4. a. Speech Therapy - Medicare	\$ 70,742	70,742			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (28,046)	(28,046)			
c. Speech Therapy - Non-Medicare	\$ 26,936	26,936			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (26,936)	(26,936)			
5. a. Occupational Therapy - Medicare	\$ 236,006	236,006			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (102,584)	(102,584)			
c. Occupational Therapy - Non-Medicare	\$ 103,727	103,727			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (72,186)	(72,186)			
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$ 227,263	227,263			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,605,776	14,605,776			
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 (Specify)	\$ 586	586			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$ 2,423	2,423			
V. Total Other Revenue (1 thru 8)	\$ 3,009	3,009			
VI. Total All Revenue (III + V)	\$ 14,608,785	14,608,785			

* 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	Nurse/Pac-Aids
	Lab Medicare	\$ 41,577		
	Lab Medicare CA	\$ (41,577)		
	Oxygen Medicare	\$ 219		
	Oxygen Medicare CA	\$ (219)		
	Equipment rental	\$ 839		
	Equipment rental CA	\$ (839)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 5,192		
	Radiology Medicare CA	\$ (5,192)		
	IV Therapy	\$ 30,023		
	IV Therapy CA	\$ (30,023)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	Lab	4,143.71		
	Lab CA	(4,143.71)		
	Oxygen	\$ 504		\$ -
	Oxygen CA	\$ (504)		\$ -
	Equipment rental	\$ 9,258		
	Equipment rental CA	\$ (9,258)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 330		
	Radiology CA	\$ (330)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 14,206		\$ -
	IV therapy CA	\$ (14,206)		\$ -
	Flu shot revenue	\$ 437		
	Outpatient therapy	\$ -		
	PROR YEAR ADJ - ANCILLARY & OTHER	\$ 226,627		
	rounding	\$ -		
	Total Other Resident Revenue	\$ 227,263	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Nurse/Pac-Aids
	INTEREST INCOME		\$ 586		
	Total Interest Income		\$ 586	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ 2,423		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ -		
	Total Other Revenue	\$ 2,423	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Westside Care Center, LLC	2151-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(217,916)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,200,739
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(20,532)
4 Inventories			\$	
5. Prepaid Expenses			\$	682,288
a. Prepaid Insurance	675,110			
b. Prepaid Property Taxes	2,496			
c. Prepaid Expenses Other	4,682			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	13,868
Due From (to) Related Parties	(47,112)			
Other Owners reserves	60,980			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,658,447
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	342,818	\$	305,189
	Accum. Depreciation	37,628	Net	
4. Leasehold Improvements	*Historical Cost	453,063	\$	210,727
	Accum. Depreciation	242,336	Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	997,150	\$	184,444
	Accum. Depreciation	812,706	Net	
7. Motor Vehicles	*Historical Cost	2,306	\$	
	Accum. Depreciation	2,306	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	14,623
Construction in Progress	14,623			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	714,983

* 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
Westside Care Center, LLC	2151-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	3,373,430
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			\$	
3. Buildings			*Historical Cost _____ Net	
			\$	
4. Non-Movable Equipment			*Historical Cost _____ Net	
			\$	
5. Movable Equipment			*Historical Cost _____ Net	
			\$	
6. Motor Vehicles			*Historical Cost _____ Net	
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____ Net	
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	69,898
Patient Trust Funds				67,343
Long Term Deposit - primecare				2,555
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	69,898
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,443,328

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Westside Care Center, LLC		2151-C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	832,971
2. Notes Payable (<i>itemize</i>)				\$	1,386,336
Working Capital Line of Credit			1,386,336		
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>)				\$	408,327
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>)				\$	3,390,260
Related Party Payables		2,817,309			
Accrued Expenses		(63,475)			
Accrued Resident User Fees		272,104			
Accrued Workers Comp Expense		364,322			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	6,017,894

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Westside Care Center, LLC		License No. 2151-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				6,017,894	
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>)					\$
Patient Trust Funds		67,343			67,343
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 67,343
C. Total All Liabilities (Lines A-13 + B-5)					\$ 6,085,237

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

Name of Facility	License No.	Report for Year Ended	Page	of
Westside Care Center, LLC	2151-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,656,730)
6. Gain or Loss for Period			\$	(10,179)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	(2,641,909)
C. Total Reserves and Net Worth			\$	(2,641,909)
D. Total Liabilities, Reserves, and Net Worth			\$	3,443,328

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Westside Care Center, LLC	2151-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,608,785
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,618,965
D. Net Income or Deficit			\$	(10,179)
E. Balance			\$	(10,179)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/16	\$	(10,179)

I. Preparer's/Reviewer's Certification

Name of Facility Westside Care Center, LLC	License No. 2151-C	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 checked="" type="checkbox"/> NurseFac-Aids		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>iCare Health Management LLC</i>		Title		Date Signed <i>2/14/17</i>
Printed Name of Preparer iCare Health Management LLC				
Address Address 341 Bidwell Street, Manchester, CT 06040			Phone Number 860-570-2140	