## **State of Connecticut**



# **Annual Report of Long-Term Care Facility**Cost Year 2017

Name of Facility (as	licensed)							
Autumn Lake Health	care At New Bi	ritain						
Address (No. & Stree	et, City, State, Z	(ip Code)						
400 Brittany Farms R	Rd., New Britair	n, CT 06053						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	h Nursing				
✓ Nursing Home	e only		Supervision on	ly		(Specify)		
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2016			9/30/2017					
License Numbers:		CCNH	RHNS		(Specify)		Med	dicare Provider
		2402					07-5292	
						-		
Medicaid Provider N	umbers:		CNH	RH	INS		ICI	F-IID
		0000	10520					
For Department Us	Ţ		,					
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	nd Notarize	ed	Date Received
Assigned	Notarized	Received	Assign	ed	Digited a	ila i (Otaliz)	cu	Date Received
			ı					

## **Table of Contents**

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C. C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

#### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2017	1	37

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Autumn Lake Healthcare At New Britain [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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) Krista Wagner			Printed Name (Owner) Aryeh Stern	
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 Adjus	Page	of		
	1A	37		
Name of Facility	Period Cov	ered:	From	То
Autumn Lake Healthcare At New Britain			10/1/2016	9/30/2017
Address of Facility				
400 Brittany Farms Rd., New Britain, CT 06053				
Report Prepared By	Phone Nun		Date	
CJLC LLC	860-610-90	009	3/26/2018	
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**

								_
			cility	Report for Ye 9/30/2017	ar Ended	•	of	
Name of Facility (as shown on license)	800	-244-3111	2 de (	Street, City, Sta	uta Zin)	2	37	=
Autumn Lake Healthcare At New Britain				ns Rd., New B		06053		
CCNF	1	RHNS	1 411	(Specify)	Tituin, CI	Medicare Provider No.		-
	2402			(~F**-J)		07-5292		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)	1 1	t Home with ervision only		- 11	(Specify)	)		
Type of Ownership (Check appropriate box)								-
O Proprietorship O LLC O Partnership	рО	Profit Corp.	0	Non-Profit Con	rp. O	Government	O Trust	
If this facility opened or closed during report year pro	ovide:		Date	Opened	Date Clo	sed		
Has there been any change in ownership					<u> </u>			_
or operation during this report year?	0	Yes	•	No	If "Yes,"	explain full	y.	
Administrator								
Name of Administrator				Nursing Ho				
Krista Wagner				Administrat		00175	50	
Other Organitors/Ossurers who are assistant administra	Acres (full		of 41	License I	No.:			_
Other Operators/Owners who are assistant administration Name	itors (rur	or part time,	) OI II.	License I	No ·			_
Tunic				License 1				
								_
								_
								_
					1			

# **General Information and Questionnaire Partners/Members**

Name of Facility Autumn Lake Healthcare At N	lew Britain	License No.	Report for Y 9/30/2017	Year Ended	Page of 3   37
Autumii Lake Heatmeare At N	CW Britain	2402	19/30/2017	State(s) and/o	or Town(s) in
Legal Name of Part	nership/LLC	Business A	Address		egistered
New Britain Parent LLC		4260 RT 9 Sout NJ 07731	h, Howell,	NJ	
Name of Partners/Members	Business Ac	ddress		Title	% Owned
New Britain Parent LLC	4260 RT 9 South, How	vell, NJ 07731			100%

# **General Information and Questionnaire Corporate Owners**

Name of Facility	License No.	Report for Year	Ended	Page of				
Autumn Lake Healthcare At New Britain	2402	9/30/2017		3A 37				
If this facility is owned or operated as a corp								
Legal Name of Corporation	Busin	ness Address	State(s) in Wh	State(s) in Which Incorporated				
Name of Directors, Officers	Busir	ness Address	Title	No. Shares Held by Each				
N/A								
Names of Stockholders Owning at Least 10% of Shares								

CSP-3B Rev. 10/2005

## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2017	3B	37
If this facility is owned or operated as an individua	al proprietorship, p	provide the following informat	ion:	
	ner(s) of Facility			
	•			
N/A				

### **General Information and Questionnaire Related Parties\***

Name of Facility		License	e No.		Report for Year Ended		Page	of
Autumn Lake Healthcare At Ne	w Britain		2402		9/30/2017		4	37
Are any individuals receiving co	ompensation from the facility related	through				If "Yes," provide th	e Name/Ad	dress and
marriage, ability to control, own	ership, family or business association	n?		0	Yes • No	complete the inform	nation on Pa	ge 11 of the report.
Are any individuals or companie	es which provide goods or services,							
including the rental of property	or the loaning of funds to this facility	<b>'</b> ,						
related through family association	on, common ownership, control, or be	usiness			⊙ Yes O No			
association to any of the owners	, operators, or officials of this facility	y?				If "Yes," provide th	e following	information:
		Al	so Provi	ides		Indicate Where		
		Good	ds/Servi	ces to		Costs are Included		
Name of Related	Business	Non-I	Related	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Autumn Lake Healthcare LLC	4260 RT 9 South, Howell, NJ 07731				Management Company	16/m12	234,663	234,663
		0	•					
Ultimate Therapy LLC	4260 RT 9 South, Howell, NJ 07731				Therapy Company (ST, PT, OT)	13/5a, 9a, 10a	985,000	965,300
		•	0					
New Britain Realty	4260 RT 9 South, Howell, NJ 07731				Lease of Building	22/9	1,265,400	1,265,400
New Bittain Realty	4200 KT ) Bouth, Howell, 143 07731	0	•		Lease of Building	22/)	1,203,400	1,203,400
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					
		0	0					
		1	ı	1			1	

<sup>\*</sup> 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				Page	of
Autumn Lake Healthcare At New Britain	2402		9/30/2017	5	37
If the facility is licensed as CDH and/or RCH or	r provides A	AIDS or TB	services with special Medica	id rates,	costs
must be allocated to CCNH and RHNS as follow	ws:		-		
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provided	l by EAG	CH
Nursing		employee c	classification, i.e., Director (or	Charge	Nurse),
		Registered	Nurses, Licensed Practical Nu	ırses, Ai	des and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EA	CH
		specialist (	(See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	ies		
Management services		Appropriat	e cost center involved		
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the following	owing quest	tions applica	able to the cost information pr	ovided.	
1. In the preparation of this Report, were all	O V	O N-	If "No," explain fully why suc	ch alloca	tion was
costs allocated as required?	• Yes	O No	not made.		
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting dat	a.	
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing he	ome cost	t centers?
(e.g., Assisted Living, Home Health, Outpati	ent Services	s, Adult Day	y Care Services, etc.)		
	• Ves O No. If "No," explain fully why such allocati				tion was
	• Yes	O 110	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			License No.	Report for Y	ear Ended		Page	of
Autumn Lake Healthcare At New Britain			2402	9/30/2017	6	37		
	Relate	ed * to						
		ners,						
		ators,				Annual		
		icers		Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease		med
ACPL Hanger Company 4850 Joule Street, Suite A-1, Reno, NV 89502	0	•	Omnistim, Omnisound, Megapulse, Omnistim, Omnicycle, Printer, OC, Martel	01/01/15	12 months	2,540		2,54
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for All I	eased V	ehicles	? • Yes	0	No	Total ***		2,54

<sup>\*</sup> Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

# General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At New B	2402	9/30/2017		7	37
The records of this facility for the p	eriod covered by this report v	were maintained on the following basis:			
Accrual	Modified Cash				
Is the accounting basis for this					
period the same as for the •	Yes	If "No," explain.			
previous period?	No	_			
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 CJLC LLC		225 Pitkin Street, East Hartford, CT 0610	08		
2 Brand Sonnenchine		299 Broadway, Suite 600, New York, NY	7 10007		
3 David Fisch & Company		3854 Flatlands Avenue, Brooklyn, NY 11	1234		
4					
Services Provided by This Firm (de	scribe fully)				
<ol> <li>Medicaid and Medicare Cost Report a</li> </ol>	and Accounting Services		\$	19,152	
2 Financial Statements Preparation & R	Regular Accounting Work		\$	31,415	
3 401K Audit Report			\$	1,000	
4			\$		
			Charge for S	Services Pr	ovided
			\$	51,567	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		7	
	Pg 15/1d				
Legal Services Information					
Name of Legal Firm or Independent	t Attorney		Telephone I	Number	
1 Jasinski	·		•		
2 Martin LLP					
3 Goldman, Gruder & Woods LL	.C				
4 Luskin Stern & Eisler					
5 McGuire, Watson					
Address (No. & Street, City, State, 2	Zip Code)				
1 60 Park Pl, Newark, NJ 07102					
2 262 Harbor. Dr, Stamford, CT					
3 200 Connecticut Ave, Norwalk					
4 11 Times Square, New York N	Y				
5 Various	.1 6.11				
Services Provided by This Firm (de	scribe fully )				
1 Contract negotiations, properties nego	otiations		\$	5,252	
2 Litigation lawsuits			\$	19,564	
3 Probate hearings			\$	1,703	
4 Loan agreements			\$	6,823	
5 Audit & deposition			\$	1,740	
			Charge for S	Services Pr	ovided
			\$	35,081	
Are These Charges Reflected in the Expend					
	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O Vac		es, Specify Expense Classification and Line No.			
⊙ Yes O No	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			

### **Schedule of Resident Statistics**

Name of Facility			License N				Report for Year Ended				Page	of	
Autumn Lake Healthcare At New Britain			2	402			9/30/2017				8	37	
						Period 10	/1 Thru 6/	30		Period 7/	eriod 7/1 Thru 9/30		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
Certified Bed Capacity     A. On last day of PREVIOUS report period	282	282			282	282			282	282			
B. On last day of THIS report period	282	282			282	282			282	282			
Number of Residents     A. As of midnight of PREVIOUS report period	217	217			217	217			227	227			
B. As of midnight of THIS report period	241	241			227	227			241	241			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,367	7,367			5,600	5,600			1,767	1,767			
B. Medicaid (Conn.)	63,181	63,181			46,306	46,306			16,875	16,875			
C. Medicaid (other states)													
D. Private Pay	5,750	5,750			3,774	3,774			1,976	1,976			
E. State SSI for RCH													
F. Other (Specify) HMO, private insurance & hosp	6,132	6,132			5,007	5,007			1,125	1,125			
G. Total Care Days During Period (3A thru F)	82,430	82,430			60,687	60,687			21,743	21,743			
Total Number of Days Not Included in Figures in 3G 4. 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)	82,430	82,430			60,687	60,687			21,743	21,743			

## Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Report	t for Year	Ended		Page	of						
Autumn Lake	Health	care At 1	New Britain	:	2402					9/30/201	7		9	37						
	•	-	in the certified b		pacity du	ring tl	he repo	rt yea	r?	0	Yes	•	No							
II TES	1			1011.	Cl		: D. J	_		C.		Chanas								
			f Change			nange	in Bed			Ca	pacity Afte	er Change								
Date of	CCNH	RHNS	(Specify)		Lost		(	Gaine	d	-										
Change	(1)	(2)	(2)	(1)	(2)	(2)	(1)	(2)	(2)	CCNIII	DIING	(C:f)	D f	Cl						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason 1	or Change						
5 If there y		ahanaa	in contified had		itro domina	tha m		(		ad in itan	1 abova)	muorido tha mum	show of							
	-	_	in certified bed	-		me re	eport ye	ear (as	героп	ea iii iteii	1 4 above)	provide the num	iber of							
RESIDE	ENI DA	YS for	90 days following	ig the	change.					I										
			<i>a</i>		_					~		D.T. 10	/C							
1.4.1			Change in R	esider	nt Days					CC	CNH	RHNS	(Spe	ecify)						
1st chang 2nd char																				
3rd chan																				
4th chan																				
		lents an	d Rates on Septe	ember	30 of Co	st Yea	ar			ı										
			Medicare		Medi					Se	elf-Pay		Other State Assiste							
	Item		CCNH	C	CCNH	RI	HNS	CC	CNH	RF	INS	(Specify)	R.C.H.	ICF-IID						
No. of R	esidents																			
Per Dien																				
a. One b	ed rm.																			
b. Two l																				
c. Three																				
bed r	ms.																			
7. Total Nu	ımber of	Physic	al Therapy Treat	ments	3					то	TAL	CCNH	RHNS	(Specify)						
	Medica	-			,						6,287	6,287	1111110	(Specify)						
			lusive of Part B)								,	,								
			e Treatments								429	429								
		torative	Treatments								3,864	3,864								
	Other	., . ,	TOTAL OF A																	
			Therapy Treatm								10,580	10,580								
	ımber oı Medica	•	Therapy Treatn	nents							1 105	1 105								
			lusive of Part B)								1,195	1,195								
Б.	Maintenance Treatments										65	65								
			Treatments								582	582								
	Other																			
D.	Total S		Therapy Treatm								1,842	1,842								
			ational Therapy	Treati	nents															
	Medica										5,130	5,130								
B.			lusive of Part B)																	
			e Treatments								331	331								
		torative	Treatments								2,982	2,982								
	Other Total (	)aaunat	ional Therapy T	waatr-	ante						0 442	0.442								
υ.	10iui C	• сирин	ыни тиегиру Т	ıvum	icilis					1	8,443	8,443		1						

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
Autumn Lake Healthcare At New Britain	2402		9/30/2017		10	37
			Yes		No	
Are time records maintained by all individuals receiving co	mpensation?				NO	
			Total Cost a	ind Hours		1
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*					(-1 - 2)	
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)	12,000	195				
2. Administrator(s) (Complete also Sec. III	155.000	2.122				
of Schedule A1)  3. Assistant Administrator (Complete also Sec. IV	157,809	2,133				
of Schedule A1)						
Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	429,615	12,261				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor c. Dietary Workers	957,423	64,556				
6. Housekeeping Service	957,423	04,330				
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	206 520	12 172				
8. Laundry Service	206,539	12,172				
a. Supervisor						
b. Other Laundry Workers						
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						
b. RN						
1. Direct Care						
2. Administrative** c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants						
e. Physical Therapists						
f. Speech Therapists g. Occupational Therapists						
h. Recreation Workers	197,216	10,121				
i. Physicians	23.1,220					
Medical Director						
2. Utilization Review						
3. Resident Care*** 4. Other (Specify)						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	217,102	7,974				
n. Marketing o. Other (Specify)						
See Attached Schedule	84,662	4,821				
A-13. Total Salary Expenditures	2,262,364	114,233				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)

	CCNH			RH	INS			
Position		\$	Hours	\$	Hours	\$	Hours	
Medical Records	\$	84,662	4,821					
Total	\$	84,662	4,821	\$ -	-	\$ -	-	

#### Schedule of Other Fees (Page 13)

	CC	NH	RH	INS			
Service	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

\_\_\_\_\_

CSP-11 Rev. 10/2005

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

Name of Facility			100100011	License No.		1	Year Ended		D	- £
-	<b>D</b> • •					•	Year Ended		Page	of
Autumn Lake Healthcare At New	Britain			2402	1	9/30/2017	•		11	37
Name	CCNH	Salary Paid	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Aryeh Stern	12,000				Oversees buildings; high level executive decisions	195	A1	See Other Related Cost Reports		
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).										

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all employment worked during the cost year.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	Year Ended		Page	of
Autumn Lake Healthcare At New	Britain			2402		9/30/2017			12	37
Name	CCNH	Salary Paid	d (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
Krista Wagner (10/1/16 to 9/30/17)	157,809			Standard	Administrator	2,133	A2			
Section IV - Assistant Administrators										

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include <u>all</u> other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees** 

Name of Facility	License No.	C5 - 1101	Report for Y		Page	of
Autumn Lake Healthcare At New Britain	24	02	9/30/2017	cai Liided	13	37
		<u> </u>	Total Cost	and Hours	10	
			Total Cost	lina Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee					(*F** J)	
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	74,880	2,496				
2. Dentist	21,084	224				
3. Pharmacist	24,458	Contracted				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	499,463	Contracted				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	100,500	Contracted				
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)						
<ol> <li>Staff Development Committee</li> </ol>						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	86,958	Contracted				
b. Other						
10. Occupational Therapist						
a. Resident Care	398,579	Contracted				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,850,600	29,585				
2. Administrative***	1,147,800	Contracted				
b. LPN						
1. Direct Care	4,000,800	93,792				
2. Administrative***						
c. Aides	5,550,800	225,847				
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	13,755,922	351,944				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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 Autumn Lake Healthcare At New Britain	License No. 2402		Report for Y	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		9/30/2017 * to Owners, ors, Officers	Expla	nation of Rel	
		Yes	No			
United Dental Resources 411 Highland Ave, Waterbury, CT 06708	Dentist	0	•			
Pinnacle 410 Monmouth Ave., Lakewood, NJ 08701	Pharmacy Consultant	0	•			
Ultimate Therapy 4260 RT 9 South, Howell, NJ 07731	Physical Therapist, Occupational Therapist, Speech Therapist	•	0			
Accurate Staffing, Inc. (ASI) 14 53rd St. Suite 220, Brooklyn, NY 11232	Nurse Services	0	•			
Barochi Internal Medicine 60 Cedar St., Newington, CT 06111	Medical Director	0	•			
CT Mutispeciality 2110 Silas Deane HW, Rocky Hill, CT 06067	Medical Director	0	•			
Grove Hill Medical 300 Kensington Ave., New Britain, CT 06051	Medical Director	0	•			
Healthdrive Eye Care 888 Worcester St., Wellesley, MA 02482	Medical Director	0	•			
ProHealth Physicians of Farmington 21 South Rd., Farmington, CT 06032	Medical Director	0	•			
Surgi Care Inc. PO Box 845352, Boston, MA 02284	Medical Director	0	•			
Healthdrive Podiatry Group 888 Worcester St., Wellesley, MA 02482	Medical Director	0	•			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

## C. Expenditures Other Than Salaries - Administrative and General

Autumn Lake Healthcare At New Britain   2402   9/30/2017   15   37	Name of	Facility	License No.		Report for Y	ear Ended	Page	of
Item		<del>-</del>	2402		•			37
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 1. Workmen's Compensation \$ 2. Disability Insurance \$ 3. Unemployment Insurance \$ 42,575 \$ 42,575 \$ 42,505al Security (F.I.C.A.) \$ 164,479 \$ 164,479 \$ 5. Health Insurance \$ 269,204 \$ 269,204 \$ 269,204  6. Life Insurance (employees only) (not-owners and not-operators) \$ 7. Pensions (Non-Discriminatory) (not-owners and not-operators)  8. Uniform Allowance \$ 7,212  9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts* \$ 66,883 \$ 66,88								
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 1. Workmen's Compensation \$ 2. Disability Insurance \$ 3. Unemployment Insurance \$ 42,575 \$ 42,575 \$ 42,505al Security (F.I.C.A.) \$ 164,479 \$ 164,479 \$ 5. Health Insurance \$ 269,204 \$ 269,204 \$ 269,204  6. Life Insurance (employees only) (not-owners and not-operators) \$ 7. Pensions (Non-Discriminatory) (not-owners and not-operators)  8. Uniform Allowance \$ 7,212  9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts* \$ 66,883 \$ 66,88								
a. Employee Health & Welfare Benefits  1. Workmen's Compensation \$ 66,819   66,819    2. Disability Insurance \$ 42,575   42,575    4. Social Security (F.I.C.A.)   \$ 164,479   164,479    5. Health Insurance   \$ 269,204   269,204    6. Life Insurance (employees only)   (not-owners and not-operators)   \$ 4,387   4,387    7. Pensions (Non-Discriminatory)   \$ 72,464   72,464   (not-owners and not-operators)    8. Uniform Allowance   \$ 7,212   7,212    9. Other (Specify)   \$ 5,952   5,952    See Attached Schedule    b. Personal Retirement Plans, Pensions, and   \$ Profit Sharing Plans for Owners and Operators (Discriminatory)*    c. Bad Debts*   \$ 66,883   66,883    d. Accounting and Auditing   \$ 51,567   51,567    e. Legal (Services should be fully described on Page 7)   \$ 35,081    f. Insurance on Lives of Owners and Operators (Specify)*    g. Office Supplies   \$ 82,399   82,399    h. Telephone and Cellular Phones   \$ 21,591   21,591    2. Cellular Phones   \$ 5,261   5,261    i. Appraisal (Specify purpose and attach copy)*    j. Corporation Business Taxes (franchise tax)   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Item			Total	CCNH	RHNS	(Specify)
1. Workmen's Compensation   S   66,819   66,819	1. Adm	inistrative and General						
2. Disability Insurance   S   3. Unemployment Insurance   S   42,575   42,575     4. Social Security (F.I.C.A.)   S   164,479   164,479     5. Health Insurance   S   269,204   269,204     6. Life Insurance (employees only)   (not-owners and not-operators)   S   4,387   4,387     7. Pensions (Non-Discriminatory)   S   72,464   72,464     (not-owners and not-operators)   S   5,952   5,952     8. Uniform Allowance   S   7,212   7,212     9. Other (Specify)   S   5,952   5,952     See Attached Schedule   S   5,952   5,952     See Attached Schedule   S   5,952   5,952     C. Bad Debts*   S   66,883   66,883     d. Accounting and Auditing   S   51,567     e. Legal (Services should be fully described on Page 7)   S   35,081     f. Insurance on Lives of Owners and Operators (Discriminatory)*   S   82,399     g. Office Supplies   S   82,399   82,399     h. Telephone and Cellular Phones   1. Telephone & Pagers   S   21,591   21,591     2. Cellular Phones   S   5,261   5,261     i. Appraisal (Specify purpose and attach copy)*   S     j. Corporation Business Taxes (franchise tax)   S     k. Other Taxes (Not related to property - See Page 22)   1. Income*   S   1,142,133   1,142,133     3. Resident Day User Fee   S   1,142,133   1,142,133	a. E	mployee Health & Welfare Benefits		- 1				
3. Unemployment Insurance \$ 42,575 42,575 4. Social Security (F.I.C.A.) \$ 164,479 164,479 164,479 5. Health Insurance \$ 269,204 269,204 269,204 6. Life Insurance (employees only) (not-owners and not-operators) \$ 4,387 4,387 7. Pensions (Non-Discriminatory) \$ 72,464 72,464 (not-owners and not-operators) \$ 1,212 7,212 7. Pensions (Non-Discriminatory) \$ 5,952 5.952 \$ 1,000	1	. Workmen's Compensation		\$	66,819	66,819		
4. Social Security (F.I.C.A.)  5. Health Insurance  6. Life Insurance (employees only) (not-owners and not-operators)  7. Pensions (Non-Discriminatory) (not-owners and not-operators)  8. Uniform Allowance  9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies  h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. See Page 22) 1. Income*  8. Little, 142,133 1,142,133 1,142,133 1,142,133 1,142,133 1,142,133 1,142,133	2	. Disability Insurance		\$				
5. Health Insurance	3	. Unemployment Insurance		\$	42,575	42,575		
6. Life Insurance (employees only)	4	. Social Security (F.I.C.A.)		\$	164,479	164,479		
(not-owners and not-operators)       \$ 4,387       4,387         7. Pensions (Non-Discriminatory)       \$ 72,464       72,464         (not-owners and not-operators)       8. Uniform Allowance       \$ 7,212       7,212         9. Other (Specify)       \$ 5,952       5,952         See Attached Schedule       \$ 5,952       5,952         b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*       \$ 66,883       66,883         d. Accounting and Auditing       \$ 51,567       51,567         e. Legal (Services should be fully described on Page 7)       \$ 35,081       35,081         f. Insurance on Lives of Owners and Operators (Specify)*       \$ 82,399       82,399         g. Office Supplies       \$ 82,399       82,399         h. Telephone and Cellular Phones       \$ 21,591       21,591         1. Telephone & Pagers       \$ 21,591       21,591         2. Cellular Phones       \$ 5,261       5,261         i. Appraisal (Specify purpose and attach copy)*       \$ 5,261       5,261         j. Corporation Business Taxes (franchise tax)       \$ 8         k. Other Taxes (Not related to property - See Page 22)       1. Income*       \$ 5,261         2. Other (Specify)       \$ 5,261       5,261         3. Resident	5	. Health Insurance		\$	269,204	269,204		
7. Pensions (Non-Discriminatory)	6	. Life Insurance (employees only)						
(not-owners and not-operators)  8. Uniform Allowance \$ 7,212 7,212 9.  9. Other (Specify) \$ 5,952 5,952 5.95		(not-owners and not-operators)		\$	4,387	4,387		
8. Uniform Allowance \$ 7,212 7,212 9. Other (Specify) \$ 5,952 5,952 5.952	7	. Pensions (Non-Discriminatory)		\$	72,464	72,464		
9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies f. Telephone and Cellular Phones f. Telephone & Pagers f. Telephone & Pagers f. Telephone and Cellular Phones f. Telephone and Cellular Phones f. Telephone and Cellular Phones f. Telephone & Pagers f. Cellular Phones f. Cellular Phones f. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) f. Other Taxes (Not related to property - See Page 22) f. Income* f. Corporation Business Taxes (franchise tax) f. Other (Specify) f. See Attached Schedule f. Telephone for the first purpose for the first page 22 f. Telephone for the first purpose 22 f. Telephone for the first purpose 35 f. Other (Specify) f. See Attached Schedule f. Telephone for the first purpose 35 f. Telephone for the first purpo		(not-owners and not-operators)						
See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  d. Accounting and Auditing  e. Legal (Services should be fully described on Page 7)  f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies  f. Telephone and Cellular Phones  1. Telephone & Pagers  2. Cellular Phones  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax)  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee  \$ 1,142,133 1,142,133	8	. Uniform Allowance		\$	7,212	7,212		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  d. Accounting and Auditing  e. Legal (Services should be fully described on Page 7)  f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies  h. Telephone and Cellular Phones  1. Telephone & Pagers  2. Cellular Phones  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax)  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee  \$ 1,142,133 1,142,133	9	. Other (Specify)		\$	5,952	5,952		
Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts* \$ 66,883 66,883 66,883		See Attached Schedule						
Operators (Discriminatory)*	b. P	ersonal Retirement Plans, Pensions, and		\$				
c. Bad Debts*       \$ 66,883       66,883         d. Accounting and Auditing       \$ 51,567       51,567         e. Legal (Services should be fully described on Page 7)       \$ 35,081       35,081         f. Insurance on Lives of Owners and Operators (Specify)*       \$ 82,399       82,399         g. Office Supplies       \$ 82,399       82,399         h. Telephone and Cellular Phones       \$ 21,591       21,591         2. Cellular Phones       \$ 5,261       5,261         i. Appraisal (Specify purpose and attach copy)*       \$ 5,261       5,261         j. Corporation Business Taxes (franchise tax)       \$ 1,100me*       \$ 2,00me*         2. Other (Specify)       \$ 2,00me*       \$ 3,081         8. Resident Day User Fee       \$ 1,142,133       1,142,133	P	rofit Sharing Plans for Owners and						
d. Accounting and Auditing       \$ 51,567       51,567         e. Legal (Services should be fully described on Page 7)       \$ 35,081       35,081         f. Insurance on Lives of Owners and Operators (Specify)*       \$ 82,399       82,399         g. Office Supplies       \$ 82,399       82,399         h. Telephone and Cellular Phones       \$ 21,591       21,591         1. Telephone & Pagers       \$ 5,261       5,261         2. Cellular Phones       \$ 5,261       5,261         i. Appraisal (Specify purpose and attach copy)*       \$ 4         j. Corporation Business Taxes (franchise tax)       \$ 5         k. Other Taxes (Not related to property - See Page 22)       \$ 5         1. Income*       \$ 5         2. Other (Specify)       \$ 5         See Attached Schedule       \$ 1,142,133       1,142,133	C	perators (Discriminatory)*		- 1				
d. Accounting and Auditing       \$ 51,567       51,567         e. Legal (Services should be fully described on Page 7)       \$ 35,081       35,081         f. Insurance on Lives of Owners and Operators (Specify)*       \$ 82,399       82,399         g. Office Supplies       \$ 82,399       82,399         h. Telephone and Cellular Phones       \$ 21,591       21,591         1. Telephone & Pagers       \$ 5,261       5,261         2. Cellular Phones       \$ 5,261       5,261         i. Appraisal (Specify purpose and attach copy)*       \$ 4         j. Corporation Business Taxes (franchise tax)       \$ 5         k. Other Taxes (Not related to property - See Page 22)       \$ 5         1. Income*       \$ 5         2. Other (Specify)       \$ 5         See Attached Schedule       \$ 1,142,133       1,142,133				- 1				
e. Legal (Services should be fully described on Page 7) \$ 35,081 35,081    f. Insurance on Lives of Owners and	c. B	ad Debts*		\$	66,883	66,883		
f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies \$ 82,399 82,399  h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 21,591 21,591  2. Cellular Phones \$ 5,261 5,261  i. Appraisal (Specify purpose and attach copy)*   j. Corporation Business Taxes (franchise tax)  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee  \$ 1,142,133 1,142,133	d. A	accounting and Auditing		\$	51,567	51,567		
Operators (Specify)*  g. Office Supplies \$82,399 82,399  h. Telephone and Cellular Phones  1. Telephone & Pagers \$21,591 21,591  2. Cellular Phones \$5,261 5,261  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) \$  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee \$1,142,133 1,142,133	e. L	egal (Services should be fully described	on Page 7)	\$	35,081	35,081		
g. Office Supplies \$82,399 82,399  h. Telephone and Cellular Phones  1. Telephone & Pagers \$21,591 21,591  2. Cellular Phones \$5,261 5,261  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify) \$ See Attached Schedule  3. Resident Day User Fee \$1,142,133 1,142,133	f. In	nsurance on Lives of Owners and		\$				
h. Telephone and Cellular Phones  1. Telephone & Pagers  2. Cellular Phones  3. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax)  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee  \$ 1,142,133 1,142,133	C	perators (Specify)*						
1. Telephone & Pagers       \$ 21,591       21,591         2. Cellular Phones       \$ 5,261       5,261         i. Appraisal (Specify purpose and attach copy)*       \$         j. Corporation Business Taxes (franchise tax)       \$         k. Other Taxes (Not related to property - See Page 22)       \$         1. Income*       \$         2. Other (Specify)       \$         See Attached Schedule       \$         3. Resident Day User Fee       \$ 1,142,133	g. C	Office Supplies		\$	82,399	82,399		
2. Cellular Phones \$ 5,261 5,261  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) \$	h. T	elephone and Cellular Phones						
i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) \$  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee \$ 1,142,133 1,142,133	1	. Telephone & Pagers		\$	21,591	21,591		
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income*  2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 1,142,133 1,142,133	2	. Cellular Phones		\$	5,261	5,261		
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 1,142,133 1,142,133	i. A	ppraisal (Specify purpose and		\$				
k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify) See Attached Schedule  3. Resident Day User Fee  \$ 1,142,133 1,142,133	a	ttach copy)*						
k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify) See Attached Schedule  3. Resident Day User Fee  \$ 1,142,133 1,142,133								
1. Income*       \$         2. Other (Specify)       \$         See Attached Schedule       \$         3. Resident Day User Fee       \$ 1,142,133       1,142,133	j. C	Corporation Business Taxes (franchise ta	<i>x</i> )	\$				
2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 1,142,133 1,142,133	k. C	Other Taxes (Not related to property - Se	e Page 22)					
See Attached Schedule 3. Resident Day User Fee \$ 1,142,133 1,142,133	1	. Income*		\$				
3. Resident Day User Fee \$ 1,142,133 1,142,133	2	. Other (Specify)		\$				
		See Attached Schedule		Ī				
Subtotal \$ 2,038,007   2,038,007	3	. Resident Day User Fee		\$	1,142,133	1,142,133		
	Subtotal			\$	2,038,007	2,038,007		

 $<sup>^{\</sup>ast}~$  Facility should self-disallow the expense on Page 28 of the Cost Report.

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

Autumn Lake Healthcare At New Britain 9/30/2017

Attachment Page 15

### **Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Union Training & Upgrade	\$ 5,952		
Total	\$ 5,952	\$ -	\$ -

### **Schedule of Other Taxes**

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

\_\_\_\_\_\_

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Autumn Lake Healthcare At New Britain	2402		9/30/2017		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forwar	rd:	2,038,007	2,038,007		
Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	3,495	3,495		
4. Employee Travel		\$	12,087	12,087		
5. Education Expenses Related to Seminars ar	nd Conventions	\$	7,950	7,950		
6. Automobile Expense (not purchase or depr	reciation)	\$				
7. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	(s)	\$				
2. Advertising Telephone Directory (all such of	expenses )***	\$				
3. Advertising Other (Specify)***		\$	60,206	60,206		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for service	ce)***					
7. Postage		\$				
* 8. Dues and Membership Fees to Professional		\$				
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	4,500	4,500		
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$				
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$	234,663	234,663		
13. Other ( <i>Specify</i> )		\$	722,426	722,426		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	3,083,334	3,083,334		

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

#### Schedule of Other Travel and Entertainment

CCNH	RHNS	(Specify)
\$ -	\$ -	\$ -
	CCNH	CCNH RHNS

Schedule of Other Advertising

Description	(	CCNH	R	HNS	(Spe	cify)
OFFICE MARKETING	\$	30,783				
Advertising	\$	29,423				
Total Other Advertising	\$	60,206	\$	-	\$	-

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	•		
Total Dues	\$ -	\$ -	\$ -

Schedule of Contributions

Description	C	CNH	RHN	S	(Spec	cify)
Contributions	\$	4,500				
Total Contributions	\$	4,500	\$	-	\$	-

Schedule of Other Administrative and General

Description	CCNH	R	HNS	(Spec	ify)
Gain On Proceeds-insuranc	\$ (343)				
Fiscal Services	\$ 584,733				
Licenses	\$ 2,739				
Employee Background Check	\$ 4,773				
Data Processing	\$ 59,353				
Consultants	\$ 47,352				
Consultant - Insurance	\$ 1,595				
Bank Charges	\$ 6,521				
Penalties	\$ 15,027				
Employee Physical	\$ 677				
Total Other Administrative and General	\$ 722,426	\$	-	\$	-

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## **Schedule C-1 - Management Services\***

License No.	Report for Year Ended 9/30/2017	Page of 17   37
Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs are Included in Annual Report Page #/Line #
		16/m12
	Cost of Management Service	2402 9/30/2017  Cost of Management Service Provided  Provided

<sup>\*</sup> 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)

Nan	ne of Facility		License	No.	Report for Y	ear Ended	Page of
Aut	umn Lake Healthcare At New Britain			2402	9/30/2017		18   37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$	890,151	890,151		
	2. Non-Food Supplies		\$	32,864	32,864		
	3. Other ( <i>Specify</i> )		\$				
	b. Purchased Services (by contract other		\$	243,216	243,216		
	than through Management Services)						
	(Complete Schedule C-2 att. Page 21)						
	c. Management Services**		\$				
	d. Other (Specify)		\$				
2E.	<b>Total Dietary Expenditures</b> $(2a + b + c + d)$		\$	1,166,231	1,166,231		
	<u> </u>		<u> </u>	1,100,201	1,100,201		
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per	r dav	v:*				` 1
H.	Is cost of employee meals included in 2E?		Yes	•	No	I	1
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		
**	Is cost of meals provided to persons other	$\overline{}$	* 7	0		If yes, specify	
K.	than employees or residents (i.e., Board Members, Guests) included in 2E?	O	Yes	•	No	cost.	
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.	
M	Where is the revenue received reported in the	Cos	st Renor	t? (Page/Line	Item)		
171.	Is cost of food (other than meals, e.g.,		, repor	. (Tugo/Line	100111)		
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	•	No	If yes, specify cost.	
O.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		

<sup>\*</sup> Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

<sup>\*\*</sup> 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			e No.	Report for Y		Page of
Auti	umn Lake Healthcare At New Britain		2402	9/30/2017	T	19   37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.				
	washed, ironed, and/or processed.***  2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs. Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. \$	549,376	549,376		
	c. Management Services**	\$				
	d. Other (Specify )  Laundry Supplies	\$	234	234		
3E.	<b>Total Laundry Expenditures</b> $(3a + b + c + d)$	\$	549,610	549,610		
3F. G.	Laundry Questionnaire  Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.	
H.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost	t Report?	ı	(Page/Line	Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	
K.	Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost	t Report?		(Page/Line	Item)	

<sup>\*</sup> 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.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> 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.	Repo	ort for Year E	nded	Page	of
Autumn Lake Healthcare At New Britain	Autumn Lake Healthcare At New Britain 2402 9/30/2017				20	37
T.			T 1	CCMI	DIDIG	(C
Item	T		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel	Ф				
1. Supplies - Cleaning ( <i>Mops</i> , pails, brooms, etc.)	Amt.	\$				
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	\$	880,589	880,589		
c. Management Services*	L	\$				
d. Other (Specify)		\$	63,787	63,787		
Hskpng Supply		- 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4E. Total Housekeeping Expenditures (4a +	b+c+d	\$	944,375	944,375		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	398,479	398,479		
Pharmacy Mcare Part A Ppd		- 1				
b. Medicine Cabinet Drugs		\$	32,169	32,169		
c. Medical and Therapeutic Supplies		\$	304,542	304,542		
d. Ambulance/Limousine***		\$	7,010	7,010		
e. Oxygen						
1. For Emergency Use		\$	1,382	1,382		
2. Other***		\$	23,477	23,477		
f. X-rays and Related Radiological		\$				
Procedures***						
g. Dental (Not dentists who should be inc	cluded under	\$				
salaries or fees)						
h. Laboratory***		\$	31,928	31,928		
i. Recreation		\$	34,528	34,528		
j. Other (Specify)****		\$	234,532	234,532		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	5j)	\$	1,068,046	1,068,046		

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*</sup> Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

### **Schedule of Other Resident Care**

Description	(	CCNH	RHNS	(Specify)
DIAPERS	\$	74,882		
Resident Pd. Claims (cb)	\$	199		
Medical Waste	\$	3,980		
Mattresses	\$	42,106		
M'caid - I/v	\$	50,386		
Medical Equipment (Minor)	\$	62,528		
Therapy Supplies	\$	450		
Total Other Resident Care	\$	234,532	\$ -	\$ -

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

Name of Facility	· · · · · · · · · · · · · · · · · · ·				Report for Year Ended				Page	
Autumn Lake Healthcare At	New Britain			2402	9/30/2017				21	37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
All Waste, Inc.	PO Box 2473, Hartford, CT 06146	0	•	Relationship	Garbarage	23,059	Kints	(Specify)		6a
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	0	•		Dietary Services	108,536				3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	0	•		Laundry Services	549,376			19	3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	0	•		Housekeeping Services	880,589			20	4b
Waste Wanted Solutions	178 Route 59, Ste. 303, Monsey, NY 10952	0	•		Garbarage	21,443			22	6a
Accurate Staffing LLC	14 53rd St., Ste 220, Brooklyn, NY 11232	0	•		Nursing  Computer IT Service	12,400,000			13	
Computer Associates  Future Care Consultants	600 Sylvan Ave., Englewood Cliffs, NY 14 53rd St., Ste 220,	0	•		Billing and A/R	144,145			16	
Shred-It	Brooklyn, NY 11232 PO BOX 13574, Newark	0	•		Shredding	420,000			16	m13
Expedia Expedia	NJ 07188 PO BOX 2459 Monroe	0	•		Telephone	14,602			22	6a
Point Click Care	NY 10949 PO BOX 674802 Detroit	0	•		Data Processing	11,139			15	1h1
Mobile Mini Inc.	MI 48267 PO BOX 740773,	0	•			44,013			16	m13
	Cincinnati OH 45274	0	•		Storage	15,836			22	6a
Collaborative Laboratory	114 WOODLAND STREET, Hartford CT	0	•		Labs	30,215			20	5h
		0	0							

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Y	ear Ended		Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2017			22	37
Item		Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	189,139	189,139			
b. Heat	\$	73,840	73,840			
c. Light & Power	\$	195,633	195,633			
d. Water	\$	96,801	96,801			
e. Equipment Lease (Provide detail on p	age 6) \$	2,540	2,540			
f. Other (itemize)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	6f) \$	557,952	557,952			
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$	363,634	363,634			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	230,617	230,617			
*7e. <i>Total Depreciation Costs</i> $(7a + b + c + d)$	) \$	594,251	594,251			
8. Amortization (Complete att. Schedule Page	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	20,407	20,407			
d. Other ( <i>Specify</i> )	\$					
*8e. Total Amortization Costs $(8a + b + c + d)$	) \$	20,407	20,407			
9. Rental payments on leased real property l	ess					
real estate taxes included in item 10b	\$	1,270,896	1,270,896			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	330,882	330,882			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. <i>Total Property Expenses</i> (7e + 8e + 9 +	10) \$	2,216,436	2,216,436			

<sup>\*</sup> 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)
Tallou Paris IM's	¢.	¢.	Φ
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

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

**Depreciation Schedule** 

Name of Facility Autumn Lake Healthcare At New Britain			License No.	)2		Report for Year F 9/30/2017	Ended		Page 23	of 37		
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
<ol> <li>Acquired prior to this report period</li> </ol>					10,909,021		10,909,021	636,360	SL	30	363,634	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												363,634
C. Non-Movable Equipment												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												
	logt	nileage book ained?		e of	Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes	No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment												
Motor Vehicles (Specify name, model and year of each vehicle)     a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	1,097,749		1,097,749	383,801	SL	Var	221,096	
b. Disposals (attach schedule)								, ,			,	
c. Acquired during this report period												
(attach schedule)					47,606						9,521	
D-3. Subtotal					.,						- 7-	230,617
E. Total Depreciation												594,251

#### Schedule of Land Improvements Acquired during this report period

-	s required during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
T. 4-1 - 114 C. T 17		\$ -		\$ -
Total additions for Land Impro	vements	\$ -		\$ -
Deletions:				
Total deletions for Land Impro		\$ -		\$ -
Total defending for Land Impro	venients	\$ -		Ψ -

<sup>\*</sup>Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

			Useful					
Acquisition Date	Description of Item	Cost	Life	Depreciation				
Additions:								
					1			
					1			
					1			
					1			
					1			
Total additions for	Building Improvements	\$ -		\$ -	*			
Deletions:					1			
					1			
					1			
					l			
					1			
					1			
					1			
Total deletions for	Building Improvements	\$ -		\$ -	*			

<sup>\*</sup>Ties to Page 23, Line B3

#### Schedule of Non-Movable Equipment Acquired during this report period

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

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

Acquisition Date	Description of Item	Cost	Useful Life	Depi	reciatio
dditions:	•				
11/16/2016		\$ 3,367	5	\$	67
	Night Stands Dressers	\$ 9,830	5	\$	1,90
	Stanley-signaling device	\$ 361	5	\$	
	Daniels Equipment company - laundry equip	\$ 490	5	\$	
	Stanley-signaling device	\$ 361	5	\$	
	Arjohuntleigh - Minuet 2 mattresses	\$ 283	5	\$	
	Stanley-signaling device	\$ 552	5	\$	1
	Direct Supply- handset for beds	\$ 502	5	\$	1
	Hill-Rom - pendants & control box	\$ 882	5	\$	1
	Aladdin Temp-Rite - equip	\$ 1,538	5	\$	3
2/28/2017	Raintech- patient call station	\$ 1,197	5	\$	2
3/31/2017	Getinge Group - handset	\$ 356	5	\$	
3/31/2017	Getinge Group- 4 function handset	\$ 394	5	\$	
3/31/2017	Hill-Rom- actuator	\$ 626	5	\$	1
3/31/2017	Raintech- call cord	\$ 447	5	\$	
3/31/2017	Stanley-signaling device	\$ 552	5	\$	1
3/31/2017	Hobart- caddy steam table	\$ 780	5	\$	1
3/31/2017	Hobart- serving counter	\$ 2,731	5	\$	5
3/31/2017	Hobart- Convection oven	\$ 1,784	5	\$	3
4/30/2017	Getinge Group - kneebreak & backrest Actuators	\$ 365	5	\$	
4/30/2017	Getinge Group- equip for medical beds	\$ 319	5	\$	
4/30/2017	Hobart- food cutter	\$ 2,695	5	\$	5
4/30/2017	Allstate medical- electric hand control for bed	\$ 517	5	\$	1
4/30/2017	Getinge Group - kneebreak & backrest Actuators	\$ 723	5	\$	1
	Getinge Group - kneebreak & backrest Actuators	\$ 363	5	\$	
	Getinge Group - actuator	\$ 398	5	\$	
	Santec- curtains	\$ 275	5	\$	
	Stanley Healthcare- signaling device	\$ 524	5	\$	1
	Direct Supply - Actuator motorhead, control box	\$ 1,024	5	\$	
	Getinge Group- Handset for beds	\$ 356	5	\$	
	Grainger- wallmount fan	\$ 303	5	\$	
	Raintech- dual jack patient station	\$ 1,065	5	\$	2
	Direct Supply- Reliant lift Actuator	\$ 521	5	\$	1
	Direct Supply-Achian int Actuator  Direct Supply-handset for bed	\$ 319	5	\$	
	Stanley healthcare- control unit	\$ 1,749	5	\$	3
	New Britain Plumbing Supply- Gerber Kit flusher, tank & bowl]	\$ 398	5	\$	
	Direct Supply- Head motor/actuator	\$ 318	5	\$	
	Hobart - new motor and blower for convection oven	 1.416			
		\$ 	5	\$	2
	Direct Supply- Gap Guard	\$ 716		\$	1
	Stanley- Signaling Device	\$ 372	5	\$	
	Allstate medical- Head & foot bed motors	\$ 635	5	\$	1
	Allstate medical- Head & foot bed motors	\$ 535	5	\$	1
	Essential Services- anti rollback device	\$ 271	5	\$	
7/1/2017		\$ 1,609	5	\$	3
7/1/2017	Heated warmer	\$ 2,786	5	\$	5
otal additions for	Movable Equipment	\$ 47,606		\$	9,5
eletions:	1 1	,			/-
tal deletions for	Movable Equipment	\$ -		\$	

<sup>\*</sup>Ties to Page 23, Line D2c

<sup>\*\*</sup>Ties to Page 23, Line D2b

Acquisition Date Additions:	Description of Item	Cost	Life	Depreciation
10/1/2016	HVAC	\$ 23,822	15	\$ 1,588
10/14/2016		\$ 7,445	10	\$ 744
10/1/2016		\$ 4,996	10	\$ 500
10/1/2016		\$ 1,912	15	\$ 127
8/17/2017		\$ 2,207	20	\$ 110
7/17/2017		\$ 4,531	20	\$ 227
5/1/2017		\$ 1,088	20	\$ 54
5/1/2017	Nurse Call System	\$ 13,467	15	\$ 898
5/1/2017	Nurse Call System	\$ 2,122	15	\$ 141
5/1/2017	Nurse Call System	\$ 3,737	15	\$ 249
5/1/2017	Security System	\$ 1,363	15	\$ 91
5/1/2017	Nurse Call System	\$ 5,433	15	\$ 362
3/2/2017	Ice Maker - Fixed to plumbing	\$ 2,748	5	\$ 550
12/1/2016	Western Environmental Solutions - faucets	\$ 785	10	\$ 78
12/1/2016	Mountain Air- new motor for walk-in freezer	\$ 921	5	\$ 184
12/1/2016	Brand Services- ceiling	\$ 4,520	10	\$ 452
12/1/2016	Western Environmental Solutions - toilet flusher and tank	\$ 328	10	\$ 33
	Lindquist security technologies - door	\$ 430	5	\$ 86
	Mountain Air- control valve actuators	\$ 2,793	10	\$ 279
	Santec - pump assembly	\$ 1,555	10	\$ 155
	Santec- tank booster, heater bstr	\$ 2,835	10	\$ 284
	R Eriksson Electric - new outlets	\$ 771	10	\$ 77
	Mountain Air- primary control for boiler	\$ 5,148	10	\$ 515
	Daniels Equipment Company	\$ 807	10	\$ 81
	Tyco- mapnet card system	\$ 5,702	10	\$ 570
	R Eriksson Electric- add circuit for nurses station	\$ 266	10	\$ 27
11/1/2017	Weber & Associates- floor plans	\$ 578	10	\$ 58
m		Φ 105.55		Φ
	Leasehold Improvement	\$ 102,309		\$ 8,521
Deletions:				

Attachment Pages 23 24

Total deletions for Leasehold Improvement		\$ -	\$ -	

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 24, Line C2

### **Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

## **Amortization Schedule\***

Nam	e of Facility			License No.		Report for Yea	r Ended	Page	of	
Autu	mn Lake Healthcare At New Britain			240	02	9/30/2017			24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	<b>Leasehold Improvements and Other</b>									
	1. Acquired prior to this report period	Ver	Var		158,372	18,479			11,886	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)				102,309				8,521	
C-4.	C-4. Subtotal									20,407
D.	Total Amortization									20,407

<sup>\*</sup> Straight-line method must be 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.

<sup>\*\*</sup> Specify which of the following bases were used:

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

Name of Facility Autumn Lake Healthcare At New Brits	License No. 2402		Report for Year Er 9/30/2017	Page of 25   37		
11. Property Questionnaire						
Part A						
Is the property either owned by the or leased from a Related Party?*	e Facility	•	Yes	0	No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this far business association to any person a related party transaction.						
Description			Total			
<ol> <li>Date Land Purchased</li> </ol>			1/1/2015			
2. Date Structure Completed						
3. If <b>NOT</b> Original Owner, Date	of Purchase		1/1/2015			
4. Date of Initial Licensure			1/1/2015			
5. Total Licensed Bed Capacity			282	_		
6. Square Footage						
7. Acquisition Cost						
a. Land b. Building				_		
Part B - Owner and Related Pa	4		1-4 M	2-1M	21.14	441- 14
1. Financing	rues		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
a. Type of Financing (e.g., fi	ived variable)					
b. Date Mortgage Obtained	ixed, variable)					
c. Interest Rate for the Cost	Year					
d. Term of Mortgage (number						
e. Amount of Principal Borro						
f. Principal balance outstand						
Complete if Mortgage was 1	Refinanced					
During Current Cost Ye						
g. Type of Financing (e.g., fi	ixed, variable)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number						
k. Amount of Principal Borr						
Principal Outstanding on						
Part C - Arms-Length Leas					T	T
Name and Address of Lesso	r	Prop	perty 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 Ye	ear Ended		Page of
Autumn Lake Healthcare At New Brit 2402		9/30/2017			26   37
Item		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Movab Equipment 1. First Mortgage	le \$				
Name of Lender					
Address of Lender	Į.				
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					
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 I Autumn Lake Healthcare At New I 24	No. 102		Report for Y 9/30/2017	ear Ended		Page 27	of 37
Item			Total	CCNH	RHNS	(Spec	cify)
Subt	otals Brou	ight Forward:					
12. C. Movable Equipment							
Automotive Equipment		\$					
A. Item	Rate	Amount					
Lender		I					
Address of Lender							
2. Other (Specify)		\$					
A. Item	Rate						
Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Inter	rest	Φ.					
Expense (C1 + 2)		<u> </u>		11.060			
12. D. Other Interest Expense (Specify) Interest Expense		Ф	11,860	11,860			
13. <b>Total All Interest Expense</b> (12B7 + 12	C3 + 12D	) \$	11,860	11,860			
14. Insurance							
a. Insurance on Property (buildings o	nly)	\$		246,400			
b. Insurance on Automobiles		\$				<u> </u>	
c. Insurance other than Property (as s	specified a	(bove) \$					
1. Umbrella (Blanket Coverage)				1			
2. Fire and Extended Coverage				1			
3. Other (Specify)							
14d. Total Insurance Expenditures (14a +	(h+c)	\$	246,400	246,400			
15. Total All Expenditures (A-13 thru C-1		<u> </u>		25,862,530		1	

## **D.** Adjustments to Statement of Expenditures

Name	e of Fa	cility		Lic	ense No.	Report for Yea	r Ended	Page of
Autu	mn La	ke He	althcare At New Britain		2402	9/30/2017		28   37
	Page				Total Amount of			
	No.		Item Description		Decrease	CCNH	RHNS	(Specify)
Page	10 - S	alarie	es and Wages					
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
	13 - F	rofes	sional Fees					
5.			Resident Care Physicians **	\$				
6.	13	B10a	Occupational Therapy	\$	398,579	398,579		
7.			Other - See attached Schedule	\$				
	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$	66,883	66,883		
10.			Accounting & Legal	\$				
11.			Telephone	\$				
12.	15	1h2	Cellular Telephone	\$	3,461	3,461		
13.			Life insurance premiums on the life					
			of Owners, Partners, Operators	\$				
14.	16	L3	Gifts, flowers and coffee shops	\$	3,495	3,495		
15.			Education expenditures to colleges or					
			universities for tuition and related costs					
			for owners and employees	\$				
16.	16	L4	Travel for purposes of attending					
			conferences or seminars outside the					
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$	2,242	2,242		
17.			Automobile Expense (e.g. personal use)	\$				
18.	16	m3	Unallowable Advertising *	\$	60,206	60,206		
19.			Income Tax / Corporate Business Tax	\$				
20.	16	m10	Fund Raising / Contributions	\$	4,500	4,500		
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	15,027	15,027		
Page	18 - I	)ietar	y Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$				
Page	19 - I	aund	ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - I	Iouse	keeping Expenditures					
26.			Housekeeping services to employees, guests					
1			and others who are not residents	\$				
	1	1	Subtotal (Items 1 - 26)		554,393	554,393		
			Wantad"	•		arry Subtotal fo		

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> 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)
<b>Total Othe</b>	r Salaries A	Adjustment	\$ -	\$ -	\$ -

.....

#### **Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	er Fees Adji	ıstments	\$ -	\$ -	\$ -

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
16	m13	Penalties	\$	15,027		
<b>Total Othe</b>	Total Other A&G Adjustments				\$ -	\$ -

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

			D. Adjustments to Statemen					Τ_	
	e of Fa	-		Lic	cense No.	Report for Y	ear Ended	Page	of
Autu	mn La	ke He	ealthcare At New Britain		2402	9/30/2017		29	37
					Total				
	Page				Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
			Subtotals Brought Forward	\$	554,393	554,393			
Page			ent Care Supplies***						
27.			Prescription Drugs	\$	398,479	398,479			
28.	20	5d	Ambulance/Limousine	\$	7,010	7,010			
29.			X-rays, etc	\$					
30.		5h	Laboratory	\$	31,928	31,928			
31.		5c	Medical Supplies	\$	55,122	55,122			
32.		5e2	Oxygen (non emergency)	\$	23,477	23,477			
33.	20	5j	Occupational Therapy	\$	450	450			
34.			Other - See Attached Schedule	\$	50,585	50,585			
Page	22 - N	Maint	enance 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 - I	nsura	ince						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mis	scella							
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 I	For Pr	ofit P	roviders Only	4					
50.			Building/Non Movable Eq. Depreciation						
55.			Unallowable Building Interest -						
			See Attached Schedule	\$					
51	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,121,444	1,121,444			
J 1.	_ out	4 A1110	of Decrease (Items I Do)	Ψ	1,121,777	1,121,777			

<sup>\*\*\*</sup> Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

#### **Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
20	5j	M'caid - I/v	\$	50,386		
20	5j	Resident Pd. Claims (cb)	\$	199		
				•		
<b>Total Othe</b>	Total Other Ancillary Costs			50,585	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Exce</b>	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

\_\_\_\_\_

#### **Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	r Property	Adjustments	\$ -	\$ -	\$ -

\_\_\_\_\_

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	er Adjustm	ents	\$ -	\$ -	\$ -

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unal</b>	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

#### CSP-30 Rev.10/2005

#### F. Statement of Revenue

	r. Statement of Ke	, 0111		- F 1 1		ln c
Item			_			
I. Medicaid Residents (CT only)   \$   15,637,945   15,6	Autumii Lake fleathicate At New Diffaill 2402		7/30/2017			30   37
I. Medicaid Residents (CT only)   \$   15,637,945   15,6	Itom		Total	CCNH	DUNC	(Specify)
1. a. Medicaid Residents (CT only) b. Medicaid Room and Board Contractual Allowance ** b. Other States Room and Board Contractual Allowance ** c. Medicair Residents (all inclusive) c. Medicare Residents (all inclusive) c. Medicare Room and Board Contractual Allowance ** c. Prescription Drugs - Medicare c. Prescription Drugs - Medicare Contractual Allowance ** c. Prescription Drugs - Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare c. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare c. Medical Supplies - Non-Medicare d. Physical Therapy - Medicare Contractual Allowance ** d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Sepech Therapy - Non-Medicare d. Occupational Therapy - Non-Me			Total	CCNII	KIINS	(Specify)
b. Medicaid Room and Board Contractual Allowance **   S   S   S   S   S   S   S   S   S		¢	15 627 045	15 627 045		
2. a. Medicaid (All other states) b. Other States Room and Board Contractual Allowance ** 5 b. Other States Room and Board Contractual Allowance ** 5 c. Allowance Residents (all inclusive) 5 d. 409,891 d. 4. a. Private-Pay Rosidents and Other 6 b. Private-Pay Rosidents and Other 7 b. Private-Pay Rosidents and Other 8 b. Private-Pay Rosidents and Other 8 c. Prescription Drugs - Medicare 8 c. Prescription Drugs - Medicare 9 d. Prescription Drugs - Medicare Contractual Allowance ** 8 c. Prescription Drugs - Non-Medicare S. d. Prescription Drugs - Non-Medicare Contractual Allowance ** 9 d. Prescription Drugs - Non-Medicare S. d. Prescription Drugs - Non-Medicare Contractual Allowance ** 9 d. Medical Supplies - Medicare Contractual Allowance ** 9 d. Medical Supplies - Medicare Contractual Allowance ** 9 d. Medical Supplies - Non-Medicare S. d. Medical Supplies - Non-Medicare S. d. Medical Supplies - Non-Medicare Contractual Allowance ** 9 d. Medical Supplies - Non-Medicare Contractual Allowance ** 10 d. Physical Therapy - Medicare Contractual Allowance ** 11 d. Physical Therapy - Medicare Contractual Allowance ** 12 d. Physical Therapy - Medicare Contractual Allowance ** 13 d. Physical Therapy - Non-Medicare Contractual Allowance ** 14 d. Speech Therapy - Non-Medicare S. d. Physical Therapy - Non-Medicare S. d. Speech Therapy - Medicare Contractual Allowance ** 15 d. Speech Therapy - Non-Medicare Contractual Allowance ** 16 d. Speech Therapy - Non-Medicare Contractual Allowance ** 17 d. Speech Therapy - Non-Medicare Contractual Allowance ** 18 d. Speech Therapy - Non-Medicare Contractual Allowance ** 19 d. Speech Therapy - Non-Medicare Contractual Allowance ** 20 d. Speech Therapy - Non-Medicare Contractual Allowance ** 21 d. Speech Therapy - Non-Medicare Contractual Allowance ** 22 d. Speech Therapy - Non-Medicare Contractual Allowance ** 23 d. Speech Therapy - Non-Medicare Contractual Allowance *			15,637,945	15,637,945		
D. Other States Room and Board Contractual Allowance **   S						
3. a. Medicare Residents (all inclusive) b. Medicare Room and Board Contractual Allowance ** c. Private-Pay Room and Board Contractual Allowance ** c. Prescription Drugs - Medicare b. Prescription Drugs - Medicare Contractual Allowance ** c. Prescription Drugs - Medicare Contractual Allowance ** c. Prescription Drugs - Medicare Contractual Allowance ** d. Prescription Drugs - Non-Medicare Contractual Allowance ** c. Prescription Drugs - Non-Medicare Contractual Allowance ** c. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Mon-Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare Contractual Allowance ** d. Medical Supplies - Non-Medicare Contractual Allowance ** d. Medical Supplies - Non-Medicare Contractual Allowance ** b. Physical Therapy - Medicare Contractual Allowance ** d. Physical Therapy - Medicare Contractual Allowance ** d. Physical Therapy - Medicare Contractual Allowance ** d. Physical Therapy - Non-Medicare d. Physical Therapy - Medicare Contractual Allowance ** d. Speech Therapy - Medicare Contractual Allowance ** d. Occupational Therapy - Non-Medicare Co						
b. Medicare Room and Board Contractual Allowance ** \$ (9,164) (9,164)  4. a. Private-Pay Residents and Other \$ 1,976,133   1,9			6 400 001	6 400 001		
4. a. Private-Pay Residents and Other b. Private-Pay Room and Board Contractual Allowance ** \$ 1. Other Resident Revenue 1. a. Prescription Drugs - Medicare b. Prescription Drugs - Medicare Contractual Allowance ** \$ c. Prescription Drugs - Non-Medicare d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ c. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Medical Supplies - Medicare Contractual Allowance ** \$ d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ d. Physical Therapy - Medicare S d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ d. Physical Therapy - Medicare Contractual Allowance ** \$ d. Speech Therapy - Non-Medicare S d. Speech Therapy - Non-Medicare S d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medica						
1. Other Resident Revenue   1. a. Prescription Drugs - Medicare   5   5   5   5   5   5   5   5   5						<u> </u>
1. a. Prescription Drugs - Medicare			1,976,133	1,976,133		<u> </u>
1. a. Prescription Drugs - Medicare   5	·	\$				
b. Prescription Drugs - Medicare Contractual Allowance **   \$						
c. Prescription Drugs - Non-Medicare         \$           d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$         \$           2. a. Medical Supplies - Medicare Contractual Allowance ** \$         \$           b. Medical Supplies - Medicare Contractual Allowance ** \$         \$           c. Medical Supplies - Non-Medicare Contractual Allowance ** \$         \$           d. Medical Supplies - Non-Medicare Contractual Allowance ** \$         \$           3. a. Physical Therapy - Medicare Contractual Allowance ** \$         \$           b. Physical Therapy - Medicare Contractual Allowance ** \$         \$           c. Physical Therapy - Non-Medicare Contractual Allowance ** \$         \$           d. Physical Therapy - Non-Medicare Contractual Allowance ** \$         \$           4. a. Speech Therapy - Non-Medicare Contractual Allowance ** \$         \$           b. Speech Therapy - Non-Medicare Contractual Allowance ** \$         \$           c. Speech Therapy - Non-Medicare Contractual Allowance ** \$         \$           5. a. Occupational Therapy - Medicare Contractual Allowance ** \$         \$           6. a. Occupational Therapy - Medicare Contractual Allowance ** \$         \$           6. a. Other (Speecify) - Medicare \$         \$           6. a. Other (Speecify) - Medicare \$         \$           6. a. Other (Speecify) - Non-Medicare \$         \$           1. Meals sold to gues						
d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$  2. a. Medical Supplies - Medicare Contractual Allowance ** \$  b. Medical Supplies - Mon-Medicare Contractual Allowance ** \$  c. Medical Supplies - Non-Medicare \$  d. Medical Supplies - Non-Medicare Contractual Allowance ** \$  3. a. Physical Therapy - Medicare Contractual Allowance ** \$  b. Physical Therapy - Medicare Contractual Allowance ** \$  c. Physical Therapy - Medicare Contractual Allowance ** \$  d. Physical Therapy - Non-Medicare Contractual Allowance ** \$  d. Physical Therapy - Non-Medicare Contractual Allowance ** \$  4. a. Speech Therapy - Medicare Contractual Allowance ** \$  6. Speech Therapy - Non-Medicare Contractual Allowance ** \$  c. Speech Therapy - Non-Medicare Contractual Allowance ** \$  d. Speech Therapy - Non-Medicare Contractual Allowance ** \$  5. a. Occupational Therapy - Medicare Contractual Allowance ** \$  6. a. Occupational Therapy - Medicare Contractual Allowance ** \$  d. Occupational Therapy - Medicare Contractual Allowance ** \$  6. a. Other (Specify) - Non-Medicare \$  d. Occupational Therapy - Non-Medicare \$  f. Occupational Therapy - Non-Medicare \$  g. Oc						
2. a. Medical Supplies - Medicare b. Medical Supplies - Non-Medicare c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare 3. a. Physical Therapy - Medicare Contractual Allowance ** 5. b. Physical Therapy - Medicare Contractual Allowance ** 6. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** 5. 342,544 342,544 b. Speech Therapy - Medicare Contractual Allowance ** 6. Speech Therapy - Medicare Contractual Allowance ** 6. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare f. Speech Therapy - Non-Medicare d. Occupational Therapy - Medicare d. Occupational Therapy - Non-Medicare d. Occupa						
b. Medical Supplies - Medicare Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	· · · · · · · · · · · · · · · · · · ·					
c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare Contractual Allowance **  3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare contractual Allowance ** s	a. Medical Supplies - Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 916,645 916,645 916,645 9. Physical Therapy - Medicare Contractual Allowance ** \$ (739,107) (739,107) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (739,107) (739,107) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (739,107) (739,107) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (739,107) (739,107) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (739,107) (739,107) c. Physical Therapy - Medicare Contractual Allowance ** \$ (739,107) (739,1	b. Medical Supplies - Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare contractual Allowance ** s	c. Medical Supplies - Non-Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance ** \$ (739,107) (739,107)  c. Physical Therapy - Non-Medicare \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare         \$           d. Physical Therapy - Non-Medicare Contractual Allowance **         \$           4. a. Speech Therapy - Medicare         \$ 342,544           b. Speech Therapy - Medicare Contractual Allowance **         \$ (65,087)           c. Speech Therapy - Non-Medicare         \$           d. Speech Therapy - Non-Medicare Contractual Allowance **         \$           5. a. Occupational Therapy - Medicare         \$ 264,256           b. Occupational Therapy - Medicare Contractual Allowance **         \$ (311,165)           c. Occupational Therapy - Non-Medicare         \$ (311,165)           d. Occupational Therapy - Non-Medicare         \$ (311,165)           d. Occupational Therapy - Non-Medicare         \$ (35,051)           b. Other (Specify) - Medicare         \$ (35,051)           b. Other (Specify) - Non-Medicare         \$ (35,051)           b. Other (Specify) - Non-Medicare         \$ (35,051)           b. Other (Specify) - Non-Medicare         \$ (35,051)           c. Revenue*         \$ (35,051)           d. West of the Revenue (Section I. thru Section II.)         \$ (24,457,941)           IV. Other Revenue*         \$ (35,051)           1. Meals sold to guests, employees & others         \$ (35,051)           2. Rental of Tolevision and Cable Services         \$ (35,051)      <	3. a. Physical Therapy - Medicare	\$	916,645	916,645		
d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ 342,544       342,544         4. a. Speech Therapy - Medicare       \$ 342,544       342,544         b. Speech Therapy - Medicare Contractual Allowance **       \$ (65,087)       (65,087)         c. Speech Therapy - Non-Medicare       \$ (65,087)       \$ (65,087)         d. Speech Therapy - Non-Medicare Contractual Allowance **       \$ (65,087)       \$ (65,087)         5. a. Occupational Therapy - Medicare       \$ (264,256)       \$ (264,25	b. Physical Therapy - Medicare Contractual Allowance **	\$	(739,107)	(739,107)		
4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare c. Speech Therapy - Non-Medicare d. Speech Therapy - Medicare Contractual Allowance ** 5. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare speech Therapy - Medicare d. Occupational Therapy - Non-Medicare speech Therapy - Non-Medicare speech Therapy - Medicare Contractual Allowance ** speech Therapy - Medicare speech Therapy - Medicare Speech	c. Physical Therapy - Non-Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **  c. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare Contractual Allowance **  s. 264,256 b. Occupational Therapy - Medicare Contractual Allowance **  b. Occupational Therapy - Medicare Contractual Allowance **  c. Occupational Therapy - Non-Medicare d. Octor (Specify) - Medicare b. Other (Specify) - Non-Medicare State of the Specify - Non-Medi	d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare         \$           d. Speech Therapy - Non-Medicare Contractual Allowance **         \$           5. a. Occupational Therapy - Medicare         \$ 264,256         264,256           b. Occupational Therapy - Medicare Contractual Allowance **         \$ (311,165)         (311,165)           c. Occupational Therapy - Non-Medicare         \$         (311,165)         (311,165)           d. Occupational Therapy - Non-Medicare         \$         35,051         35,051           b. Other (Specify) - Medicare         \$ 35,051         35,051         35,051           b. Other (Specify) - Non-Medicare         \$         24,457,941         24,457,941           IV. Other Revenue*         \$         24,457,941         24,457,941           IV. Other Revenue*         \$         \$         24,457,941           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)         \$         2,413         2,413           6. Private Duty Nurses' Fees         \$         \$           7. Barber, Coffee, Beauty and Gift shops	4. a. Speech Therapy - Medicare	\$	342,544	342,544		
d. Speech Therapy - Non-Medicare Contractual Allowance **       \$         5. a. Occupational Therapy - Medicare       \$       264,256       264,256         b. Occupational Therapy - Medicare Contractual Allowance **       \$       (311,165)       (311,165)         c. Occupational Therapy - Non-Medicare       \$       (311,165)       (311,165)         d. Occupational Therapy - Non-Medicare       \$       (311,165)       (311,165)         d. Occupational Therapy - Non-Medicare       \$       (35,051) <td>b. Speech Therapy - Medicare Contractual Allowance **</td> <td>\$</td> <td>(65,087)</td> <td>(65,087)</td> <td></td> <td></td>	b. Speech Therapy - Medicare Contractual Allowance **	\$	(65,087)	(65,087)		
5. a. Occupational Therapy - Medicare       \$ 264,256       264,256         b. Occupational Therapy - Medicare Contractual Allowance **       \$ (311,165)       (311,165)         c. Occupational Therapy - Non-Medicare       \$ (311,165)       (311,165)         d. Occupational Therapy - Non-Medicare Contractual Allowance **       \$ (311,165)       (311,165)         6. a. Other (Specify) - Medicare       \$ (35,051)       (35,051)       (35,051)         b. Other (Specify) - Non-Medicare       \$ (35,051)       (35,051) </td <td>c. Speech Therapy - Non-Medicare</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td>	c. Speech Therapy - Non-Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance ** \$ (311,165) c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (311,165) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowance ** \$ (35,051) d. Occupational Therapy - Non-Medicare contractual Allowanc	d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare Contractual Allowance **  6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare  8. 35,051  8. 35,051  9. Other (Specify) - Non-Medicare  9. 24,457,941  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)  6. Private Duty Nurses' Fees  7. Barber, Coffee, Beauty and Gift shops  8. Other (Specify)  8. Other (Specify)  8. Other (Specify)  9. Search Allowance **  \$ 2. Ali	5. a. Occupational Therapy - Medicare	\$	264,256	264,256		
c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare Contractual Allowance **  6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare  1. 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) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 8. Oth	b. Occupational Therapy - Medicare Contractual Allowance **	\$	(311,165)	(311,165)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **  6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare b. Other (Specify) - Non-Medicare  III. Total Resident Revenue (Section I. thru Section II.)  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) 5. Interest Income (Specify) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 8. Other (Specif		\$				
b. Other (Specify) - Non-Medicare  III. Total Resident Revenue (Section I. thru Section II.)  \$ 24,457,941	d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
b. Other (Specify) - Non-Medicare  III. Total Resident Revenue (Section I. thru Section II.)  \$ 24,457,941	6. a. Other (Specify) - Medicare	\$	35,051	35,051		
III. Total Resident Revenue (Section I. thru Section II.)  \$ 24,457,941						
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)  6. Private Duty Nurses' Fees  7. Barber, Coffee, Beauty and Gift shops  8. Other (Specify)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	III. Total Resident Revenue (Section I. thru Section II.)		24.457.941	24.457.941		
2. Rental of rooms to non-residents \$ 3. Telephone \$ 4. Rental of Television and Cable Services \$ 5. Interest Income (Specify) \$ 2,413 2,413 6 6. Private Duty Nurses' Fees \$ 7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ \$	IV. Other Revenue*		21,101,121	21,101,511		
2. Rental of rooms to non-residents \$ 3. Telephone \$ 4. Rental of Television and Cable Services \$ 5. Interest Income (Specify) \$ 2,413 2,413 6 6. Private Duty Nurses' Fees \$ 7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ \$	1 Meals sold to guests, employees & others	\$				
3. Telephone \$ 4. Rental of Television and Cable Services \$ 5. Interest Income (Specify) \$ 2,413 2,413 6. Private Duty Nurses' Fees \$ 5 7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ \$ 2.413 2,413 5 6 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						
4. Rental of Television and Cable Services \$ 5. Interest Income (Specify) \$ 2,413 2,413 \$ 6. Private Duty Nurses' Fees \$ 7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ \$						
5. Interest Income (Specify) \$ 2,413 2,413 6. Private Duty Nurses' Fees \$ \$ 7. Barber, Coffee, Beauty and Gift shops \$ \$ 8. Other (Specify) \$ \$	-					
6. Private Duty Nurses' Fees \$ 7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$ \$			2.412	2 /112		
7. Barber, Coffee, Beauty and Gift shops \$ 8. Other (Specify) \$	, <u> </u>		2,413	2,413		
8. Other (Specify) \$	•					
7. 10th Other Revenue (1 tilt 0)	7		2.412	2.412		
	1 1		2,413	2,413		
VI. Total All Revenue (III +V) \$\\ 24,460,354 \\ 24,460,354 \\	VI. Total All Revenue (III +V)	\$	24,460,354	24,460,354		

 $<sup>* \ \</sup>textit{Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost \textit{Report}.}$ 

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Page Ref	Description	C	CNH	RHNS	(Specify)
	Fluenza Billing	\$	13,860		
	Optum (Part B Capitated)	\$	8,496		
	Other Rev Mcre B -glucose	\$	1,196		
	Other Rev Mcre B-flu Shot	\$	11,499		
<b>Total Othe</b>	er Resident Revenue - Medicare	\$	35,051	\$ -	\$ -

\_\_\_\_\_\_

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	er Resident Revenue	\$ -	\$ -	\$ -

\_\_\_\_\_

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 2,413		
<b>Total Inter</b>	rest Income		\$ 2,413	\$ -	\$ -

#### **Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Othe</b>	er Revenue	\$ -	\$ -	\$ -

\_\_\_\_\_

## **G.** Balance Sheet

	of Facility	License No.	Report for Year Ended	_	
Autum	nn Lake Healthcare At New Br		9/30/2017	31	37
		Account			Amount
Assets					
	Current Assets	`			50 <b>7.7</b> 50
	1. Cash (on hand and in banks		A = 1=1 \	\$	697,768
	2. Resident Accounts Receiva	`	,	\$	2,965,085
	3. Other Accounts Receivable	(Excluding Owners	or Related Parties)	\$	
4				\$	02.427
5	5. Prepaid Expenses		77.222	\$	83,427
	a. Prepaid Insurance		77,232		
	b. Prepaid Interest		6,195	_	
	C.			_	
	d.			Φ.	
	5. Interest Receivable	2 ' 11		\$	
	7. Medicare Final Settlement			\$ \$	
8	8. Other Current Assets ( <i>itemi</i>	ze )		\$	
A 0 7	Total Comment Assets (Lines A	1 41 0)		Φ.	2.746.200
	Total Current Assets (Lines A	thru 8)		\$	3,746,280
	Fixed Assets			¢.	
	l. Land	*Historical Cost		\$ \$	
2	2. Land Improvements		N	Þ	
2	2 Duildings	Accum. Deprecia *Historical Cost	tion Net	\$	
3	3. Buildings		tion Net	Þ	
1	1 I assahald Improvements	Accum. Deprecia *Historical Cost	260,680	\$	221 704
4	4. Leasehold Improvements			Þ	221,794
5	5. Non-Movable Equipment	Accum. Deprecia *Historical Cost	11011 30,000 Net	\$	
3	5. Non-Movable Equipment	Accum. Deprecia	tion Net	Φ	
6	6. Movable Equipment	*Historical Cost	tion net	<b>¢</b>	
U	o. Movable Equipment	Accum. Deprecia	tion Net	<b>3</b>	
7	7. Motor Vehicles	*Historical Cost	tion net	\$	
,	7. Wotor vehicles	Accum. Deprecia	tion Net	Φ	
0	Minor Equipment Not Don		tion net	\$	
٥	8. Minor Equipment-Not Depr	CLIAUIE		Φ	
9	O. Other Fixed Assets (itemize	)		\$	
B-10.	Total Fixed Assets (Lines ]	31 thru 9)		\$	221,794

<sup>\*</sup> 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
Autumn Lake Healthc	are At New Brit	ai 2402	9/30/2017		32   37
		Account			Amount
	: \$	3,968,075			
C. Leasehold or like	property recor	ded for Equity Purposes	8.		
1. Land				\$	1,000,000
2. Land Improv	ements	*Historical Cost			
		Accum. Depreciation	Net	\$	
3. Buildings		*Historical Cost	10,909,021		
		Accum. Depreciation	999,994 Net	\$	9,909,027
4. Non-Movabl	e Equipment	*Historical Cost			
		Accum. Depreciation	Net	\$	
<ol><li>Movable Equ</li></ol>	iipment	*Historical Cost	1,145,355		
		Accum. Depreciation	614,419 Net	\$	530,937
6. Motor Vehic	les	*Historical Cost			
		Accum. Depreciation	Net	\$	
7. Minor Equip				\$	
C-8 Total Leasehold		ties (C1 thru 7)		\$	11,439,964
D. Investment and 0					
Deferred Dep				\$	30,240
2. Escrow Depo				\$	
3. Organization	Expense	*Historical Cost			
		Accum. Depreciation	Net	\$	
· · · · · · · · · · · · · · · · · · ·	rchased Only)			\$	
5. Investments	Related to Resid	dent Care (itemize)		\$	
			T		
6. Loans to Ow		1		\$	
Name	and Address	Amount	Loan Date	-	
7 Other Assets	(itamiza)			\$	
7. Other Assets	(ttemtze)			Ф	
-				-	
				-	
D-8. Total Investmen	ts and Other As	esets (Lines D1 thru 7)		\$	30,240
D-9. Total All Assets		,		\$	15,438,279
D-7. I om An Assets	φ	13,430,479			

<sup>\*</sup> 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 Faci	ility		License No. Report for Year Ended			Page	of	
Autumn Lake	e Hea	althcare At New Britain	2402	9/30/2017			33	37
			Account				An	nount
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		7,329,214
	2.	Notes Payable (itemize)				\$		62,405
		Capital Lease Payable		62,405	5			
	3.	Lagra Davidla for Environ		(:t:)		\$		
	٥.	Loans Payable for Equipm Name of Lender	Purpose	Amount	Date Due	Ф	_	
		Name of Lender	Pulpose	Amount	Date Due			
	4.	Accrued Payroll (Exclusive	e of Owners and/or St	ockholders only)		\$		(1,020)
	5.	Accrued Payroll (Owners of	and/or Stockholders o	nly)		\$		
	6.	Accrued Payroll Taxes Pay	yable			\$		16,144
	7.	Medicare Final Settlement	Payable			\$		
	8.	Medicare Current Financir	<u> </u>			\$		
	9.	Mortgage Payable (Current	et Portion)			\$		
		. Interest Payable (Exclusive	of Owner and/or Rel	ated Parties)		\$		
	11.	. Accrued Income Taxes*				\$		
	12.	Other Current Liabilities (	itemize)			\$		73,695
		Due to Medicare	1,02	0				
		Due To/from Previous Ownr	58,01	2				
		Due To Owner	14,66	3				
	<b>T</b>		A 1 (1 10)					- 100 155
A-13.	10	tal Current Liabilities (Lin	es A1 thru 12)			\$		7,480,438

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

# G. Balance Sheet (cont'd)

Name of Facility Autumn Lake Healthcare At New Britain	License No. 2402	Report for Year 9/30/2017	Ended	Page 34	of   37		
	Account	9/30/2017			Amount		
1	ht Forward:		7,480,438				
Liabilities (cont'd)							
B. Long-Term Liabilities							
1. Loans Payable-Equipment	(itemize)		9	\$			
Name of Lender	Purpose	Amount	Date Due				
2. Mortgages Payable			9	\$			
3. Loans from Owners or Rel	ated Parties (itemize)			\$	349,625		
Name and Address of Lender	Amount	Loan D					
Stern, landlord, Autumn	349,625						
	0.2,020						
4. Other Long-Term Liabilitie	es (itemize )	l	9	\$			
	,		l l				
B-5. Total Long-Term Liabilities (	Lines B1 thru 4)			\$	349,625		
C. Total All Liabilities (Lines A-	13 + B-5)		9	\$	7,830,063		

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

	ne of Facility License		Report fo		r Ended	Page	of
Aut	ımn Lake Healthcare At New Brit: 2	2402	9/30/201	7		35	37
<u> </u>	Account					Amo	ount
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 leas	ed person	al property	(Equi	ty)	\$	
	4. Reserve for leasehold real properties	on which f	fair rental v	alue i	s based	\$	11,869,305
	5. Reserve for funds set aside as donor r	estricted				\$	
	6. Total Reserves					\$	11,869,305
B.	Net Worth						
	Owner's Capital					\$	(300,644)
	2. Capital Stock					\$	(2,558,270)
	3. Paid-in Surplus					\$	
	4. Treasury Stock					\$	
	5. Cumulated Earnings					\$	
	6. Gain or Loss for Period	10/1/201	6 thr	u	9/30/2017	\$	(1,402,176)
	7. Total Net Worth					\$	(4,261,089)
C.	Total Reserves and Net Worth					\$	7,608,215
D.	Total Liabilities, Reserves, and Net Wort	th				\$	15,438,279

# **H.** Changes in Total Net Worth

Name of Facility		License No. Report for Year Ended		Ended	Page	of
Autu	ımn Lake Healthcare At New Britair	2402	9/30/2017		36	37
			Amount			
A.	A. Balance at End of Prior Period as shown on Report of 09/30/2016					(3,857,315)
B.	B. Total Revenue (From Statement of Revenue Page 30)					24,460,354
C.	C. Total Expenditures (From Statement of Expenditures Page 27)					25,862,530
D.	Net Income or Deficit				\$	(1,402,176)
E.		Balance			\$	(5,259,491)
F.	Additions  1. Additional Capital Contributed	(itemize)				
	2. Other (itemize)					
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )					
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)	\$				
	Purpose	Purpose Amount				
	3. Total Deductions				\$	
H.	Balance at End of Period	09/30	)/17		\$	(5,259,491)

## I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended	Page of				
Autumn Lake Healthcare At New Britain		2402	9/30/2017	37 37				
Check appropriate category								
V	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)					
	]	Preparer/Reviewer Certifica	tion					
	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.							
Signature of Preparer		Title	Date Signed	Date Signed				
Printed Name of Preparer								
CJLC LLC								
Address			Phone Number	Phone Number				
225 Pitkin Street, East Hartford, CT 06108			860-610-9009					