

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	
Address (No. & Street, City, State, Zip Code) 145 Grove Street, Waterbury, CT 06710	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 494-c	RHNS	(Specify)	Medicare Provider 4945
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Medicaid Provider Numbers:	CCNH 4945	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2017	Page 1	of 37
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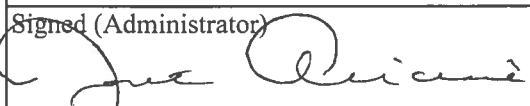
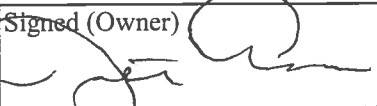
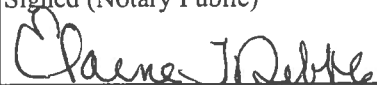
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Grove Manor Nursing Home, Incorporated [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 2/1/18	Signed (Owner) 		Date 2/1/18
Printed Name (Administrator) Janet Aliciene			Printed Name (Owner)		
Subscribed and Sworn to before me: Elaine Orbble	State of CT	Date 2/1/18	Signed (Notary Public) 	Comm. Expires 7/31/21	
Address of Notary Public 515 Watertown Ave Waterbury CT 06708					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Grove Manor Nursing Home, Incorporated	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 145 Grove Street, Waterbury, CT 06710				
Report Prepared By Raymond E. Rossi, Jr.	Phone Number 203-754-3134	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-753-7205		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Grove Manor Nursing Home, Incorporated		Address (No. & Street, City, State, Zip) 145 Grove Street, Waterbury, CT 06710		
License Numbers:	CCNH 494-c	RHNS	(Specify)	Medicare Provider No. 4945
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Janet Aliciene		Nursing Home Administrator's License No.:	000760	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2017	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Grove Manor Nursing Home, Incorporated	145 Grove Street, Waterbury, CT 06710		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	Pres/Treas	1,486 49.54%	
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Sec	1,128 37.60%	
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Asst treas	386 12.86%	
Names of Stockholders Owning at Least 10% of Shares				
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	Pres/Treas	1,486 49.54%	
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Sec	1,128 37.60%	
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Asst Treas	386 12.86%	

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**General Information and Questionnaire
Related Parties***

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Working Capital Loan Interest	27/12D	8,594	8,594
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Salary	10/A2	130,251	130,251
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Salary	10/A4	124,865	124,865
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A Only one level of service.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A Only one level of service.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

**General Information and Questionnaire
Leases (Excluding Real Property)**

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

Name of Facility		License No.	Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorporated		494-c	9/30/2017			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Al's Beverage Service, 3 Revay Road, Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	Ice Machine	09/01/14	36 Months	1,531	1,531
GE Capital, PO Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/07/13	48 Months	9,908	-1,017
Great America Financial Services, PO Box 660831, Dallas, TX 75266	<input type="radio"/>	<input checked="" type="radio"/>	Copier/Printer	10/13/16	48 Months	6,900	7,338
Krystal Kleer, 598 Pomeroy Ave, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	10/01/14	Open Ended	819	819
Life Systems, Inc, 7320 Central Ave, Savannah, GA 31406	<input type="radio"/>	<input checked="" type="radio"/>	Patient Alarm System	11/01/16	36 Months	3,672	3,222
Triple Springs Water, 199 Ives Ave, Meridem, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	10/01/08	Open Ended	115	115
Acura Financial Services, Po Box 7829, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	2014 Acura	04/01/14	36 Months	5,409	3,620
Audi of Wallingford, 800 S. Colony Rd, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2017 Audi	05/31/16	36 Months	10,152	10,152
Euro Performance Cars, 800 S Colony St, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2017 Audi	11/15/16	36 Months	9,313	8,036
	<input type="radio"/>	<input type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes <input checked="" type="radio"/> No	Total *** 33,816

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

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Grove Manor Nursing Home, Incor	License No. 494-c	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Dibble & Rossi, CPA's, PC 2 H.A. Business Services 3 4	Address (No. & Street, City, State, Zip Code) 515 Watertown Ave, Waterbury, CT 06708 PO Box 291, Thomaston, CT 06787
--	--

Services Provided by This Firm (*describe fully*)

1 Preparation of Financial Statements, Income Tax Returns and CT and Medicare Cost Reports	\$ 18,000
2 Bookkeeping Services	\$ 34,043
3	\$
4	\$
	Charge for Services Provided
	\$ 52,043

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

Legal Services Information

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

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

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Schedule of Resident Statistics

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c		Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	53	53			53	53			49	49		
B. As of midnight of THIS report period	48	48			49	49			48	48		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,125	1,125			941	941			184	184		
B. Medicaid (Conn.)	16,262	16,262			12,100	12,100			4,162	4,162		
C. Medicaid (other states)												
D. Private Pay	735	735			608	608			127	127		
E. State SSI for RCH												
F. Other (Specify) Managed Medicare/ Comm Ins	58	58			44	44			14	14		
G. Total Care Days During Period (3A thru F)	18,180	18,180			13,693	13,693			4,487	4,487		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	313	313			249	249			64	64		
B. Other Bed Reserve Days	16	16			11	11			5	5		
5. Total Resident Days (3G + 4A + 4B)	18,509	18,509			13,953	13,953			4,556	4,556		

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Schedule of Resident Statistics (Cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	2		44			1							
Per Diem Rate													
a. One bed rm.						350.00							
b. Two bed rms.	Var		193.11			324.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,671	2,671			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									477	477			
2. Restorative Treatments													
C. Other									1,218	1,218			
D. Total Physical Therapy Treatments									4,366	4,366			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									239	239			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									130	130			
D. Total Speech Therapy Treatments									369	369			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,293	3,293			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									305	305			
2. Restorative Treatments													
C. Other									1,558	1,558			
D. Total Occupational Therapy Treatments									5,156	5,156			

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CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,251	2,413				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	124,865	2,547				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	25,191	1,661				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	91,801	2,119				
b. RN						
1. Direct Care	119,332	3,311				
2. Administrative**	405,058	11,489				
c. LPN						
1. Direct Care	268,177	9,547				
2. Administrative**						
d. Aides and Attendants	480,277	42,554				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	36,620	1,980				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	68,306	2,155				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	1,749,878	79,776				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Audiologist	\$ 142	2				
Total	\$ 142	2	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Grove Manor Nursing Home, Incorporated				494-c	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Ryan Aliciene	124,865					2,547				

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated				494-c	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Janet Aliciene	130,251					2,413				
Section IV - Assistant Administrators										

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

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

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	494-c	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	3,889	86				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	73,939	1,059				
b. Other						
6. Social Worker	524	20				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	14,400	195				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	16,660	200				
b. Other						
10. Occupational Therapist						
a. Resident Care	85,677	1,236				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	7,867	111				
2. Administrative***						
b. LPN						
1. Direct Care	15,518	276				
2. Administrative***						
c. Aides	6,820	260				
d. Other						
12. Other (Specify) See Attached Schedule	142	2				
B-13 Total Fees Paid in Lieu of Salaries	225,436	3,445				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures

Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers			Explanation of Relationship
		Yes	No		
Joseph Futschik, Ansonia, CT	MSW	<input type="radio"/>	<input checked="" type="radio"/>		
IPC the Hospitalist, Los Angeles, CA	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Synertx Rehab, Phoenix, AZ	PT,OT,ST	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare, Detroit, MI	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Audiology, Newton, MA	Audiologist	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, Plantsville, CT	Pool Nurses, CNAs	<input type="radio"/>	<input checked="" type="radio"/>		
Key Personnel, North Haven, CT	Pool Nurses, CAN's	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 81,035	81,035		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 33,118	33,118		
4. Social Security (F.I.C.A.)	\$ 128,832	128,832		
5. Health Insurance	\$ 90,863	90,863		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,861	4,861		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 6,593	6,593		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 30,000	30,000		
d. Accounting and Auditing	\$ 52,043	52,043		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 13,314	13,314		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 7,618	7,618		
2. Cellular Phones	\$ 6,510	6,510		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 1,484	1,484		
3. Resident Day User Fee	\$ 358,034	358,034		
Subtotal	\$ 814,555	814,555		

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

(Carry Subtotals forward to next page)

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

Grove Manor Nursing Home, Incorporated
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Dental Insurance	\$ 6,593		
Total	\$ 6,593	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales & Use Tax	\$ 1,484		
Total	\$ 1,484	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated	494-c	9/30/2017	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		814,555	814,555		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	2,016	2,016		
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$	2,848	2,848		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	9,877	9,877		
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	4,467	4,467		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	107	107		
3. Advertising Other (<i>Specify</i>)***	\$	1,572	1,572		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	1,146	1,146		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	780	780		
9. Subscriptions	\$				
10. Contributions***	\$	1,664	1,664		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	55,881	55,881		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	9,461	9,461		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	904,374	904,374		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Other Advertising	\$ 206		
Public Relations	\$ 1,366		
Total Other Advertising	\$ 1,572	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
LTC Mutual Aid Program	\$ 500		
Other Miscellaneous	\$ 646		
Total Dues	\$ 1,146	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 1,664		
Total Contributions	\$ 1,664	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Resident Supplies	\$ 694		
Licenses	\$ 710		
Late Charges	\$ 1,237		
Bank Charges	\$ 101		
Penalties	\$ 131		
Cable Disallowed Page 28	\$ 4,890		
Miscellaneous Expense Disallowed on Page 28	\$ 1,698		
Total Other Administrative and General	\$ 9,461	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2017	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food \$	9,933	9,933		
2.	Non-Food Supplies \$	1,890	1,890		
3.	Other (Specify) _____ \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$		414,646	414,646		
c. Management Services** \$					
d. Other (Specify) _____ \$					
2E. Total Dietary Expenditures (2a + b + c + d) \$		426,469	426,469		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorporated		494-c	9/30/2017		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	51,741	51,741		
c. Management Services**		\$				
d. Other (<i>Specify</i>) Laundry Supplies		\$	415	415		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	52,156	52,156		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorporated		494-c	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced	23,837	23,837		
	a. In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	9,155	9,155		
	b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced	23,837	23,837		
	(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
		Amt. \$	79,499	79,499		
	c. Management Services*	\$				
	d. Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	88,654	88,654		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	61,990	61,990		
	b. Medicine Cabinet Drugs	\$	76,252	76,252		
	c. Medical and Therapeutic Supplies	\$	7,760	7,760		
	d. Ambulance/Limousine****	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other****	\$	18,071	18,071		
	f. X-rays and Related Radiological Procedures****	\$	5,084	5,084		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory****	\$	2,673	2,673		
	i. Recreation	\$	9,543	9,543		
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$	4,330	4,330		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	185,703	185,703		

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

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

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Other Medical Consulting	\$ 4,330		
Total Other Resident Care	\$ 4,330	\$ -	\$ -

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

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c		Report for Year Ended 9/30/2017			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Philadelphia, PA	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	52,372			20	4b
J&M Cleaning Solutions	Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	27,128			20	4b
Healthcare Services Group	Philadelphia, PA	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	414,646			18	3b
Med-Apparel Service	Perth Amboy, NJ	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	14,993			19	4b
Unitex Testile	Mount Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	36,749			19	4b
Wescom Solutions	Detroit, MI	<input type="radio"/>	<input checked="" type="radio"/>		Computer Services	22,935			16	11
USA Hauling	East Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	15,341			22	6f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 38,886	38,886				
b. Heat	\$ 18,921	18,921				
c. Light & Power	\$ 41,467	41,467				
d. Water	\$ 8,166	8,166				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 33,816	33,816				
f. Other (<i>itemize</i>)	\$ 54,694	54,694				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 195,950	195,950				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 7,916	7,916				
b. Building & Building Improvements	\$ 54,411	54,411				
c. Non-Movable Equipment	\$ 404	404				
d. Movable Equipment	\$ 19,733	19,733				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 82,464	82,464				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 60,907	60,907				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 7,615	7,615				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 150,986	150,986				

* 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)
Maintenance Purchased Service	\$ 54,694		
Total Other Repairs and Maintenance	\$ 54,694	\$ -	\$ -

Depreciation Schedule

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c		Report for Year Ended 9/30/2017			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			98,711		98,711	57,120	SL	Various	7,916				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										7,916			
B. Building and Building Improvements													
1. Acquired prior to this report period			1,779,457		1,779,457	1,337,183	SL	Various	43,336				
2. Disposals (attach schedule)			(55,325)		(55,325)	(54,552)	SL	Various	618				
3. Acquired during this report period (attach schedule)			218,692		218,692		SL	Various	10,457				
B-4. Subtotal										54,411			
C. Non-Movable Equipment													
1. Acquired prior to this report period			103,367		103,367	100,134	SL	Various	404				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										404			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						228,238		228,238	152,520	SL	Various	15,919	
b. Disposals (attach schedule)						(4,974)		(4,974)	(4,180)	SL	Various	622	
c. Acquired during this report period (attach schedule)						41,605		41,605		SL	Various	3,192	
D-3. Subtotal													19,733
E. Total Depreciation													82,464

Grove Manor Nursing Home, Incorporated
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/11/2016	Bathroom Renovation	\$ 1,117	20	\$ 56
10/1/2016	Nurses Station Countertops	\$ 7,716	15	\$ 514
10/1/2016	Telephone Lines	\$ 7,610	10	\$ 761
11/28/2016	Cabinets 2nd Floor	\$ 18,067	15	\$ 1,004
12/15/2016	Nurses Station Electrical	\$ 2,778	20	\$ 116
12/28/2016	Nurses Station Floor	\$ 2,396	10	\$ 180
12/29/2016	6 Resident Fire Doors	\$ 4,858	15	\$ 243
2/16/2017	Suspended Ceiling Hallway	\$ 8,455	8	\$ 617
2/17/2017	Suspended Ceiling Kitchen	\$ 2,978	8	\$ 217
5/31/2017	Paint Hallways 2nd Floor	\$ 61,635	5	\$ 4,109
8/30/2017	205 Bathroom	\$ 1,534	20	\$ 6
9/30/2017	8 Resident Fire Doors	\$ 7,722	15	\$ -
9/29/2017	First Floor Cabinets	\$ 1,531	15	\$ -
3/12/2017	Heat Pump System	\$ 90,295	20	\$ 2,634
Total additions for Building Improvement		\$ 218,692		\$ 10,457 *
Deletions:				
4/20/2001	Contractor Products	\$ (7,982)	5	\$ -
10/1/2009	Nurses Station Countertops	\$ (6,180)	10	\$ 618
3/25/1997	Painting Wallpaper	\$ (31,357)	5	\$ -
4/22/1997	Patient Doors	\$ (9,806)	20	\$ -
Total deletions for Building Improvement		\$ (55,325)		\$ 618 **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

Total deletions for Non-Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/13/2016	Computer	\$ 1,061	5	\$ 212
11/4/2016	6 Bedside Tables	\$ 1,664	15	\$ 102
11/11/2016	Recreation TV	\$ 1,787	5	\$ 328
11/30/2016	Electric Bed	\$ 1,092	15	\$ 61
1/1/2017	Blinds	\$ 8,179	5	\$ 1,227
3/31/2017	Artwork	\$ 1,173	5	\$ 117
4/7/2017	600lb Stand Lift	\$ 2,337	10	\$ 117
5/11/2017	Stove	\$ 1,872	5	\$ 156
4/30/2017	Computer	\$ 3,614	5	\$ 301
4/30/2017	Artwork	\$ 2,602	5	\$ 217
5/30/2017	Therapy Trainer	11771	15	262
6/30/2017	Computer	1125	5	56
8/22/2017	2 Air Mattress	1645	5	27
8/24/2017	6 Bedside Tables	1683	15	9
Total additions for Movable Equipmen		\$ 41,605		\$ 3,192 *
Deletions:				
5/13/2009	Electric Bed	\$ (507)	12	\$ 42
5/14/2009	Mattresses	\$ (1,061)	5	\$ -
5/21/2009	3 Bedside Cabinets	\$ (761)	15	\$ 51
11/30/2012	2 Computers	-1319	5	264
10/28/2013	2 Office Computers	-1326	5	265
Total deletions for Movable Equipmen		\$ (4,974)		\$ 622 **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorporated			494-c		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		1956/1969		
2. Date Structure Completed		01/01/69		
3. If NOT Original Owner, Date of Purchase		01/01/56		
4. Date of Initial Licensure		Unavailable		
5. Total Licensed Bed Capacity		60		
6. Square Footage		23,837		
7. Acquisition Cost				
a. Land		43,809		
b. Building		755,334		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorpo		494-c	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incor	494-c	9/30/2017	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify) Working Capital, Line of Credit, Capital Leases State of CT	\$	64,186	64,186	
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	64,186	64,186	
14. Insurance				
a. Insurance on Property (buildings only)	\$			
b. Insurance on Automobiles	\$	4,879	4,879	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	41,631	41,631	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	46,510	46,510	
15. Total All Expenditures (A-13 thru C-14)	\$	4,090,302	4,090,302	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated			494-c	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 85,677	85,677		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 30,000	30,000		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 6,510	6,510		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 2,016	2,016		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 9,877	9,877		
18.	16	m2/3	Unallowable Advertising *	\$ 1,679	1,679		
19.	15	j	Income Tax / Corporate Business Tax	\$ 250	250		
20.	16	m10	Fund Raising / Contributions	\$ 1,664	1,664		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 10,220	10,220		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 147,893	147,893		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	k2	Sales & Use Tax	\$ 1,484		
16	m8a	Chamber of Commerce Dues	\$ 780		
16	m13	Late Charges	\$ 1,237		
16	m13	Cable	4890		
16	m13	Miscellaneous	1698		
16	m13	Penalties	131		
Total Other A&G Adjustments			\$ 10,220	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated				494-c	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 147,893	147,893		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 61,990	61,990		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 5,084	5,084		
30.	20	5h	Laboratory	\$ 2,673	2,673		
31.			Medical Supplies	\$			
32.	20	5 e 2	Oxygen (non emergency)	\$ 18,071	18,071		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 4,330	4,330		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 592	592		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 21,808	21,808		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 4,879	4,879		
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 267,320	267,320		

*** 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.

Grove Manor Nursing Home, Incorporated
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Other Medical Consulting	\$ 4,330		
Total Other Ancillary Costs			\$ 4,330	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Automobile Leases	\$ 21,808		
Total Other Property Adjustments			\$ 21,808	\$ -	\$ -

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2017		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,837,137	4,837,137			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,701,387)	(1,701,387)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 335,250	335,250			
b. Medicare Room and Board Contractual Allowance **	\$ 127,919	127,919			
4. a. Private-Pay Residents and Other	\$ 268,468	268,468			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 45,984	45,984			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (33,713)	(33,713)			
c. Prescription Drugs - Non-Medicare	\$ 7,335	7,335			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (6,062)	(6,062)			
2. a. Medical Supplies - Medicare	\$ 594	594			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (436)	(436)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 101,878	101,878			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (74,691)	(74,691)			
c. Physical Therapy - Non-Medicare	\$ 34,486	34,486			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (32,797)	(32,797)			
4. a. Speech Therapy - Medicare	\$ 24,101	24,101			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (17,670)	(17,670)			
c. Speech Therapy - Non-Medicare	\$ 1,100	1,100			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (909)	(909)			
5. a. Occupational Therapy - Medicare	\$ 147,530	147,530			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (108,161)	(108,161)			
c. Occupational Therapy - Non-Medicare	\$ 18,850	18,850			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (18,269)	(18,269)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,269	1,269			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 247	247			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 3,958,053	3,958,053			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 62,369	62,369			
V. Total Other Revenue (1 thru 8)	\$ 62,369	62,369			
VI. Total All Revenue (III +V)	\$ 4,020,422	4,020,422			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Oxygen	\$ 98		
30	Oxygen Allowance	\$ (72)		
30	Lab	\$ 2,220		
30	Lab Allowance	\$ (1,628)		
30	X-Ray	\$ 2,440		
30	X-Ray Allowance	\$ (1,789)		
Total Other Resident Revenue - Medicare		\$ 1,269	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Lab	\$ 417		
30	Lab Allowance	\$ (352)		
30	X-Ray	\$ 585		
30	X-Ray Allowance	\$ (501)		
30	Oxygen	\$ 769		
30	Oxygen Allowance	\$ (671)		
Total Other Resident Revenue		\$ 247	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	Loss on Assets Scrapped Books	\$ (2,964)		
30	Interest Adjustment	\$ 56,953		
30	Miscellaneous	\$ 8,380		
Total Other Revenue		\$ 62,369	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	98,552
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	420,209
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	21,105
a. Insurance	21,105			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	9,685
Due From Shareholder	9,685			
A-9. Total Current Assets (Lines A1 thru 8)			\$	549,551
B. Fixed Assets				
1. Land			\$	43,809
2. Land Improvements	*Historical Cost	98,711	\$	33,675
	Accum. Depreciation	65,036		Net
3. Buildings	*Historical Cost	1,942,824	\$	551,230
	Accum. Depreciation	1,391,594		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	103,367	\$	2,829
	Accum. Depreciation	100,538		Net
6. Movable Equipment	*Historical Cost	264,869	\$	92,616
	Accum. Depreciation	172,253		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	200,974
Construction in Process		3,680		
F/S vs C/R Adjustment in Fixed Assets		197,294		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	925,133

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,474,684
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care <i>(itemize)</i>			\$	

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

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,474,684

* 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
Grove Manor Nursing Home, Incorporated		494-c	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	235,968
2. Notes Payable (<i>itemize</i>)				\$	132,311
Line of Credit ion Bank					132,311
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	54,453
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	9,827
6. Accrued Payroll Taxes Payable				\$	5,313
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	462,116
Exchange Resident Fund		6,457	Accrued Expense Other	6,178	
Note Payable - Rose Schaefer		18,104	Accrued Property Taxes	33,611	
Capital Leases		26,486			
Accrued User Fee		371,280			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	899,988

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				899,988	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 258,791	
Name and Address of Lender	Amount	Loan Date			
Rose Schaefer	258,791				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 52,496	
Capital Leases		52,496			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 311,287	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,211,275	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	3,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	307,589
6. Gain or Loss for Period			\$	(47,180)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	263,409
C. Total Reserves and Net Worth			\$	263,409
D. Total Liabilities, Reserves, and Net Worth			\$	1,474,684

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	494-c	9/30/2017	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	307,589		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	4,020,422		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	4,067,602		
D. Net Income or Deficit			\$	(47,180)		
E. Balance			\$	260,409		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
2. Other <i>(itemize)</i>						
Total Expenses per Page 27 4,090,302						
Depreciation Difference 30,077						
Prior Year Workers Comp Refund -52,777						
Total Expenses per G/L Line C 4,067,601						
F-3. Total Additions					\$	
G. Deductions						
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount			
2. Other Withdrawings <i>(Specify)</i>			\$			
Purpose		Amount				
3. Total Deductions			\$			
H. Balance at End of Period			\$	260,409		

I. Preparer's/Reviewer's Certification

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title CPTA	Date Signed 1/26/18		
Printed Name of Preparer Raymond E. Rossi, Jr.					
Address 515 Watertown Avenue, Waterbury, CT 06708			Phone Number 203-754-3134		