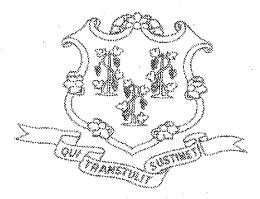
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Nome of Facility (as licensed)			
Name of Facility (as licensed)			
Kettle Brook Care Center, LLC			
Address (No. & Street, City, State, Zip Cod	le)		
96 Prospect Hill Road, East Windsor, CT 0)6088		
Type of Facility			
☑ Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	NurseFac-Aids
Report for Year Beginning 10/1/2016		Report for Year Ending 9/30/2017	

License Numbers:	CCNH 2219-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5359
			L	

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	9530		

For Department Use Only

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

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s/Owner's Certifi I OF ANY INFORM TINE AND/OR IMPH statement and that I or Kettle Brook Care l ending September 3 nplete statement prep ructions. the attached General Ir litures, Statements of R ements of the State of C information provide rtify that all salary ar t for Title XIX and/or All supporting record	ication AATION CONTAINED IN RISIONMENT UNDER ST have examined the accomp e Center, LLC [facility name 30, 2017, and that to the bes pared from the books and re nformation and Questionnaire Revenues and the related Balar Connecticut for the year ended ed is true and correct to the f and non-salary expenses press r other State assisted reside	THIS TATE OR eanying e], for the st of my ecords of es, Schedule nce Sheet of d as best of my sented in ents were d have
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or Kettle Brook Care l ending September 3 nplete statement prep ructions. the attached General Ir litures, Statements of R ements of the State of G information provide rtify that all salary ar t for Title XIX and/or All supporting record	e Center, LLC [facility name 30, 2017, and that to the best pared from the books and re- nformation and Questionnaire Revenues and the related Balar Connecticut for the year ended ed is true and correct to the f nd non-salary expenses press r other State assisted reside	e], for the st of my ecords of es, Schedule nce Sheet of d as best of my sented in ents were d have
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rtify that all salary ar t for Title XIX and/or All supporting record	nd non-salary expenses pres r other State assisted reside	sented in ents were d have
	ble to auditors upon request	t.
Signed (Ov	wner)	Date
Signed (No	otary Public)	Comm. Expires
		/ /
	Printed Na Chris Wri	Printed Name (Owner) Chris Wright

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Kettle Brook Care Center, LLC				10/1/2016	9/30/2017
Address of Facility 96 Prospect Hill Road, East Windsor, CT 06088					
Report Prepared By iCare Management LLC		Phone Nun 860-570-2		Date 2/15/2017	
Item		Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

	Phone No. of Fac	ility	Report for Ye	ar Ended	Page	of
	860-623-9846	Ļ	9/30/2017		2	37
Name of Facility (as shown on license)	Address (No	9. & S	Street, City, Sta	te, Zip)		
Kettle Brook Care Center, LLC			Road, East Wi			
CCNH	RHNS	1	NurseFac-Aids			rovider No.
License Numbers: 2219-C		AID	S		07-5359	
Type of Facility (Check appropriate box(es))						
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Supervision only			NurseFac	-Aids	
Type of Ownership (Check appropriate box)						
O Proprietorship O LLC O Partnership	O Profit Corp.		Non-Profit Cor	-	Government	O Trust
If this facility opened or closed during report year provide	9.	Date	e Opened	Date Clo	sed	
Has there been any change in ownership						
or operation during this report year?	O Yes	۲	No	If "Yes,"	explain fully	7.
Administrator			1			· · · · · · ·
Name of Administrator			Nursing Ho		1/51	
James Christofori			Administrat		1674	
Other Operators/Owners who are assistant administrators	(full or part time)	of thi		10.1	,	
Name	(iun or pure time)	<u>or un</u>	License 1	No.:		
		<u></u>				

General Information and Questionnaire Partners/Members

		License No. Report for 2219-C 9/30/2017		ear Ended	Page of 3 37	
Legal Name of Par		Business			e(s) and/or Town(s) in Which Registered	
Kettle Brook Care Center, LLC		96 Prospect Hil Windsor, CT 0	l Road, East CT			
Name of Partners/Members	Business A	ddress		Title	% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211		Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226		Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226		Member		21.3	
Solomon Melamed	245 South Benton Stre Lakewood, CO 80226		Member		1	
Christopher Wright	341 Bidwell Street, M 06040	anchester, Ct	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226) Member		10	
Global World Investors	245 S. Benton Street, 1 80226	Lakewood, CO	Member		10	

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Page of		
Kettle Brook Care Center, LLC	2219-C	3A 37		
If this facility is owned or operated as a corpo	ration, provide the	following informatio	n:	
Legal Name of Corporation	Busine	ss Address	State(s) in Whi	ch Incorporated
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
			-	
Names of Stockholders Owning at Least 10% of Shares				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Kettle Brook Care Center, LLC	2219-C	9/30/2017	3B 37
If this facility is owned or operated as an individu	al proprietorship,	provide the following inform	nation:
Ow	ner(s) of Facility		
	· · · · · · · · · · · · · · · · · · ·		
			N
	······································		
			· · · · ·
	······································		
	······································		
		<u> </u>	
			,
			· · · · · · · · · · · · · · · · · · ·

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Related Parties*

Name of Facility Kettle Brook Care Center, LLC	er, LLC	License No. 2219-C		Report for Year Ended 9/3/2017		Page 4	of 37
Name of Related	Business Address	Also Provides Goods/Services to Non- Related Parties	vides es to Non- 'arties	Description of Goods/Services	Indicate Where Costs are Included in Annual Report Pare # / Time #	Cost Renorted	Actual Cost to the Related Party
Bidwell Care Center	333 Bidwell St. Manchester,			ritynod Shand Emelenaed		108/	08
Chelsea Place Care	25 Lorraine St. Hartford, CT			Shared Employees		(1.503)	1.503
Center 11 C	171 Main St. East Windsor, CT 06088			Laundry Services	19 3		
Chestnut Point Care Center 11 C				Shared Employees	1	(10,933)	10,933
Farmington Care Center, LLC	102 2-			Bank Fees	16 M	1	ŀ
Farmington Care Center, LLC	20 Scott Swamp Rd. Farminaton. CT 06032			Shared Employees	1	4,295	(4,295)
Kettle Brook Care Center 11 C	96 Prospect Hill Rd. East Windsor. CT 06088			Laundry Services	و1 س		•
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employces		1	•
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees	1	2.276	(2.276)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees	1 1	15,621	(15,621)
Westside Care Center, LLC	5 S			Shared Employees	r	1	1
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees	F.	(14,610)	14,610
Secure Care Center	60 West Street, Rocky Hill, CT 06067			Shared Employees		5,026	(5,026)
Touchpoints at Homecare Li C	1838 Silas Deane Hwy, Rockv Hill CT 06067			Shared Employees	1	(1,089)	1,089
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	357,287	(357,287)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	598,991	(598,991)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15 M.E	10,802	(10,802)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt		136,668	(136,668)
	1			Management Services, Direct]	155,159	(155,159)
				Management Services, Induced Management Services Administrative	IC 07	374.251	(374.251)
	1				,		
	4				•		. 1
8				8			1
-	,			-	•		,
J				ŀ	1		
All 9 Care Centers,							
mgmt co, realty cos * Use additional sheets if necessary.	if necessary.		_	Durare Common 401k, retision and insurance plans, countr, legal and various order services	urance plans, couner, i	legal and various of	net services

٠

** Provide the percentage amount of revenue received from non-related parties.

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General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.	лика II I I I	Report for Year Ended	Page of
Kettle Brook Care Center, LLC	2219 - C		9/30/2017	5 37
If the facility is licensed as CDH and/or RCH	or provides AII	DS or TB	I services with special Medica	id rates, costs
must be allocated to CCNH and RHNS as fol	lows:			
Item			Method of Allocatio	n
Dietary	1	Jumber o	f meals served to residents	
Laundry	1	Jumber o	f pounds processed	
Housekeeping	1	lumber o	f square feet serviced	
Nursing	e F A	mployee Registered Attendant:		r Charge Nurse), Iurses, Aides and
Direct Resident Care Consultants	s	pecialist	f hours of resident care provid (See listing page 13)	led by EACH
Maintenance and operation of plant		quare fee		
Property costs (depreciation)		quare fee		
Employee health and welfare		iross sala		
Management services		<u> </u>	te cost center involved	
All other General Administrative expenses			Pirect and Allocated Costs	
The preparer of this report must answer the fo	ollowing questio	ns applic:		
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why s	uch allocation was
costs allocated as required?			not made.	
2. Explain the allocation of related company of	expenses and at	ach copy	of appropriate supporting dat	a.
3. Did the Facility appropriately allocate and (e.g., Assisted Living, Home Health, Outpat				ome cost centers?
	• Yes	O No	If "No," explain fully why s not made.	uch allocation was

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General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.								
Name of Facility			License No.	Re	port for Y	Report for Year Ended		Page of
Kettle Brook Care Center, LLC			2219-C	<u> </u>	9/30/2017			6 37
	Related * to	d * to						
	Owners,	ers,						
	Operators,	itors,					Amual	
	Officers	cers			Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased		Lease ^{**}	Lease	of Lease	Claimed
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno,	0	0	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	05/	05/18/10	1 yr with automatic	14,409	14,409
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	0	0	Time Clocks and Payroll Punch Equip	06/	06/01/10	60 Months	8,819	8,819
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	0	٥	Copier	05/	05/09/14	48 Months	6,519	6,519
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	0	٥	Copier	03/	03/01/14	48 Months	409	409
Pitney Bowes	0	٥	Postage Meter Rental			Monthly	1,061	1,061
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	0	0	Copier				1,332	1,332
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for All Leased Vehicles ?	ased Vel	hicles?		O Yes	0	O No	Total ***	32,548

Is a Mileage Log Book Maintained for All Leased Vehicles ?

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

			Page of
Name of Facility	License No.	Report for Year Ended 9/30/2017	Page of 7 37
Kettle Brook Care Center, LLC	2219-C	were maintained on the following basis:	
The records of this facility for the p	period covered by this report	were maintained on the following basis.	
• Accrual O Cash O	Modified Cash		
Is the accounting basis for this			
-	Yes	If "No," explain.	
previous period? O	No		
Independent Accounting Firm			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code	
1 O'Connor, Davies LLP		100 Great Meadow Road, Ste 401, Weth	iersheid, CT 06109
2			
3 4			
Services Provided by This Firm (de	escribe fully)	3	
			ዊ ፈንስን
1 Taxes, financial statements, accountin	ig support		\$ 4,303
2			\$
3			\$
4			\$
			Charge for Services Provided
			\$ 4,303
	4	es, Specify Expense Classification and Line No.	
• Yes O No	15D		
Legal Services Information			Telephone Number
Name of Legal Firm or Independer			860-570-2140
 iCare Health Management, I.I. Starble and Harris 			860-678-7775
2 Starble and Harris3 Durant Nichols / Robinson &	Cole LLP		860-275-8200
		n, Murtha Cullina,Jackson Lewis))	000 275 0200
5 Starble and Harris, iCare Heal			860-678-7775 & 860-570-2140
Address (No. & Street, City, State,			
1 341 Bidwell Street, Manchest			
2 32 Main Street, Avon, CT			
3 280 Trumbull St, Hartford, C	r		
4			
5 32 Main Street, Avon, CT &		ester CT	
Services Provided by This Firm (d	lescribe fully)		· · · ·
1 Lease and contract issues, general leg	gai advice, Labor Law		\$ 9,806
2 Lease and contract issues, general leg	gal advice, union funds advice		\$ 6,506
3 Employment law, arbitrations, contra			\$ 3,807
4 Employment Arbitrations, healthcare			\$ 2,678
5 Conservatorships			\$
			Charge for Services Provided
·			\$ 22,797
Are These Charges Deflected in the Error	diture Portion of This Penart? If 3	Yes, Specify Expense Classification and Line No.	ψ 42,171
And These Charges Reflected in the Experi-	15E	to, apoint imposite constitution and this rio.	
• Yes O No			

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Schedule of Resident Statistics

a de la complete de l

Name of Facility Kettle Brook Care Center, LLC			License 1	No. 19 - C			Report fc 9/30/201	or Year Ende	d		Page 8	of 37
Kettle blook Cale Center, LLC						Period 10/				Period 7/1		J
	Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac- Aids	Total	CCNH	RHNS	NurseFac- Aids	Total	CCNH	RHNS	NurseFac- Aids
 Certified Bed Capacity A. On last day of PREVIOUS report period 	140	140			140	140			140	140		
 B. On last day of THIS report period 2. Number of Residents A. As of midnight of PREVIOUS report period 	140	140			140	140			140	140		
A. As of midnight of PRE VIOUS report period B. As of midnight of THIS report period 3. Total Number of Days Care Provided During Period	138	138			138	138			137	137		
A. Medicare	1,741	1,741			1,454	1,454			287	287		
B. Medicaid (Conn.) C. Medicaid (other states)	45,911	45,911			34,254	34,254			11,657	11,657		
D. Private Pay E. State SSI for RCH	845	845			666	666			179	179		
F. Other (Specify) Insurance	104	104			23	23			81	81	-,	
G. Total Care Days During Period (3A thru F)	48,601	48,601			36,397	36,397			12,204	12,204		
 4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days B. Other Bed Reserve Days 												
5. Total Resident Days (3G + 4A + 4B)	48,601	48,601			36,397	36,397			12,204	12,204		

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			Sch	edu	ile of	Res	sideı	<u>it S</u>	tatis	tics ((Cont'd	l)	·	
Name of Faci	lity			Licer	ise No.				Report	for Year	Ended		Page	of
Kettle Brook	Care Ce	enter, LI	.c	22	219-C	1				9/30/201	7		9	37
			in the certified b llowing informat		pacity du	ring t	he repo	ort yea	r?	0	Yes	Θ	No	
	1		f Change		 	ange	in Bed	9		Ca	pacity Afte	er Change		
Date of			NurseFac-Aids		Lost	Lange	1	Gaine	4	04	paolojila			
	CUM	NITRO	1101301 40-71103		LUSI							NurseFac-		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Aids	Reason fo	or Change
	(1)	<u></u>		(-)	<u></u>			~~/						
								<u> </u>						
1			in certified bed o 90 days followir			the r	eport y	ear (as	s report	ed in iten	n 4 above)	provide the nun	nber of	
			Chamaa in D	aida	t Data						CNH	RHNS	NurseF	ac-Aids
1 st chan	ge		Change in Re	onci	n Days						21111		141961	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
2nd cha														
3rd char														
4th char														
6. Number	of Resi	dents an	d Rates on Septe	mber	30 of Co Medi		ar	1		C.	elf-Pay		Other Sta	te Assisted
			Medicare		Ivieur						511~1 ay		Critici Bia	ie Assisted
												NurseFac-		
	Item		CCNH	C	CNH		HNS	C	CNH	RE	INS	Aids	R.C.H.	ICF-MR
No. of F		8	1		130				3					
Per Diei	m Rate													
a, One								_						
b. Two			417.00		238.43			 	287.00					
c. Three		e												
bed	rms.													
7. Total N	umber o	f Physic	al Therapy Treat	ments	ŝ					TC	TAL	CCNH	RHNS	NurseFac- Aids
	. Medic										2,574	2,574		
В			lusive of Part B)	1										
			ce Treatments Treatments			_,					2,569	2,569		
C	. Other	storative	Treatments								2,983	2,983		
		Physica	l Therapy Treat	nents	1				•. • •		8,126	8,126		
8. Total N	umber o	f Speech	n Therapy Treatn											
<u>A</u>	. Medic	are - Par	rt B								440	440		
B	. Medic	aid (Exc	clusive of Part B))										
			ce Treatments Treatments								287	287		
С	. Other	storative	· modifiends								380	380		
		Speech	Therapy Treatm	ents							1,107	1,107		
			ational Therapy	Treati	nents									
	. Medic										2,733	2,733		
B			clusive of Part B))										
			ce Treatments								2,082	2,082		
C	. Other										2,991	2,991		
		Оссира	tional Therapy (Freati	nents						7,806	7,806		

State of Connecticut Annual Report of Long-Term Care Facility

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Suluiv	Report for Year		Page	of
Kettle Brook Care Center, LLC	2219-C		9/30/2017	Lindou	10	37
			L		No	
Are time records maintained by all individuals receiving com	pensation?		Yes		NO	
			Total Cost ar	nd Hours	F	
					Maria	
74	CCNH	Hours	RHNS	Hours	NurseFac- Aids	Hours
A. Salaries and Wages*	CONH	nours	KHINS		71103	110015
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)	000000000000000000000000000000000000000					
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	143,944	2,146				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone	021.081	0.760				
operator, clerks, receptionists, etc.) 5. Dietary Sorvice	231,281	8,758				
a. Head Dietitian	30,571	806				
b. Food Service Supervisor	62,640					
c. Dietary Workers	360,193	23,131				
6. Housekeeping Service						
a. Head Housekeeper b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	62,175	2,022				
 b. Other Maintenance Workers 	48,658	2,180				
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	188,934	4,450				
b. RN 1. Direct Care	786,135	20,525				
2. Administrative**	263,853	6,559				
c. LPN	Í TIL	Í.				
1. Direct Care	1,047,386	34,709				
2. Administrative**		105 (0)				
d. Aides and Attendants	2,003,011	107,484				
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists	-					
h. Recreation Workers	150,309	7,048				
i. Physicians						
1. Medical Director				ļ	ļ	
2. Utilization Review 3. Resident Care***				<u> </u>		
4. Other (Specify)						
··· · ····· (obver))				p.maman9999999999999999999999999999999999		
j. Dentists		^				
k. Pharmacists						
1. Podiatrists	167 507	5,229	·			
m. Social Workers/Case Management n. Marketing	167,597	3,429	1			· · · ·
o. Other (Specify)						
See Attached Schodule	63,859				000000000000000000000000000000000000000	
A-13. Total Salary Expenditures	5,610,547	230,954				

 * 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.

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Schedule of Other Salaries and Wages (Page 10)

	CCN	Η	RI	INS	NurseFa	ac-Aids
Position	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 39,566	2,178			\$ -	· · · · · · · · · · · · · · · · · · ·
MEDICAL RECORDS SALARIES	\$ 12,148	821			\$ -	
CENTRAL SUPPLY SALARIES	\$ 12,145	822			\$ -	
RESPIRATORY THERAPY SALARIES	s -	400			\$ -	
na de ha do esto en la composición de nacional de la composición de la composición de desta de la composición En 1999 de la composición de la composic	Merika (1997) - Alexandra (1997) - Alexandra (1997) Merika (1997) - Alexandra (1997) - A					
					en e	
		. <u></u>				
			<u> </u>			
Fotal	\$ 63,859	3,821	\$ -		\$ -	-

Schedule of Other Fees (Page 13)

	$\mathbf{C}\mathbf{C}$	NH	R	HNS	NurseFa	ic-Aids
Service	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 5,868	1			\$ -	
ADMISSIONS C/S LABOR	\$ 44,466	1,147			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 4,818	171			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 100,416	2,997			\$ -	+
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 350	8			\$ +	
PHYSICAL THERAPY C/S MEDICIAD	\$ 48,558	637				
SPEECH THERAPY C/S Medicaid	\$ 11,208	[55				
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ 40,770	535				
Total	\$ 256,454	5,650	\$ -		\$ -	

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

				ion		 	200000000000000000000000000000000000000				
	of	37		Compensation Received						01111111111111111111111111111111111111	
	Page	11		Total Hours Worked							
*				Name and Address of All Other Fundorment**	Current range of the						
d Parties	Report for Year Ended			Line Where Claimed on	1 450 10						
Relate	Report for	9/30/2017		Total Hours	MOTO M				-		
Assistant Administrators and Other Related Parties*				Full Description of							
Administrat	License No.	2219-C		Fringe Benefits and/or Other Payments	(meson not participation)						
Assistant				NurseFac-	SULA						
			Salary Paid		CNTLINI						
				TH COO							
	Name of Facility	Kettle Brook Care Center, LLC		;	Name Section I - Operators/Owners			Section Π - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).			

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005 Schedule A1 - Salary Information for Operators/Owners; Administrators,

The second states and the second

	of	37			Compensation Received								
	ē.			al					 		 ABALLANTING		
	Page	12			11 Hours Worked				Managan		 	:	
					Name and Address of All Other Employment**								
Parties*	ear Ended			Line Where	Total Hours Claimed on Worked Page 10			A2					
Related	Report for Year Ended	9/30/2017			Total Hours Worked			2,146 A2					
Assistant Administrators and Other Related Parties*					Full Description of Services Rendered			Administrator					
Administrat	License No.	2219-C		Fringe Benefits and/or Other	Payments (describe fully)		SSS	union funds //					-
vssistant					NurseFac- Aids								
~~			Salary Paid		RHNS								
					CCNH			143,944			-	:	
	Name of Facility (as licensed)	Kettle Brook Care Center, LLC		·	Name	Section III - Administrators***		James Christofori		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.

State of Connecticut Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ea	License No.		Report for Y		Page	of
Kettle Brook Care Center, LLC	2219)-C	9/30/2017		13	37
			Total Cost a	and Hours		-
Item	CCNH	Hours	RHNS	Hours	NurseFac- Aids	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	135	3				
2. Dentist						
3. Pharmacist	12,457	170				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	109,847	1,442				
b. Other						
6. Social Worker	11,128	503				
7. Recreation Worker	19,144	35+Cable				
8. Physicians						
a. Medical Director (entire facility)	32,250	241				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee			, door by he can a serie of a serie of a serie of a series of a			
(Quarterly meetings) 2. Pharmaceutical Committee						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
Physician Care Contract Services	20,260	87				
9. Speech Therapist						
a. Resident Care	35,844	453		penersensensensensensenne	sennessumeersuscourou	Tensonoecseosonooso
b. Other	1					
10. Occupational Therapist						
a. Resident Care	111,750	1,467	a definition de la factor de la contractor	n an		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,085	78				
2. Administrative***	(14,004)	(289)				
b. LPN						
1. Direct Care	1,565	37			an na ang pang pang pang pang pang pang	
2. Administrative***						
c. Aides	(5,563)	(102)				
d. Other			······			[
12. Other (Specify)						
See Attached Schedule	256,454	5,650			***************************************	arosocosocosocosocosoco
B-13 Total Fees Paid in Lieu of Salaries	597,351	9,741				

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

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

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

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

Name of Facility	License No.	Report for Y 9/30/2017	Year Ended	Page	of	
Kettle Brook Care Center, LLC	2219-C				14	37
Name & Address of Individual	Full Explanation of Service		** to Owners, ors, Officers		nation of Rel	ationship
TVAILLE & AUGLESS OF INDIVIDUAL	i un Explanation of Service	Yes	No No	Explanation of Relations	anonamp	
Omnicare	Pharmacy Consulting	0	0			
Tocuhpoints Therapy	Therapy	•	0	Common Ownership Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	land Podiatry				
Healthdrive Physician Services	Audiology, Dental and Podiatry	0	٥			
PC Hospitalists	Medical Director	0	0			
Sterling Physician	Medical Director	0	⊚			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	0	٥			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
	A CONTRACTOR OF THE OWNER OF THE	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
· · · · · · · · · · · · · · · · · · ·		0	0			
		0	0			

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Y	ear Ended	Page	of
Kettle Brook Care Center, LLC 2219-C		9/30/2017		15	37
					NurseFac
ltem		Total	CCNH	RHNS	Aids
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	100,644	100,644		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$	468,805	468,805		
5. Health Insurance	\$	591,026	591,026		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	252,453	252,453		
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (Specify)	\$	23,608	23,608		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	8,924	8,924		
d. Accounting and Auditing	\$	4,303	4,303		
e. Legal (Services should be fully described on Page 7)	\$	22,797	22,797		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	22,931	22,931		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	11,629	11,629		
2. Cellular Phones	\$		1,380		
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*	\$	naantanan kan taasiga si kasil	econocitorio de la constitución de	no na marao amini 2000 ani 200	moonseneneeneeneeneeneeneenee
2. Other (<i>Specify</i>)	\$		2,754	1	
See Attached Schedule	•				
3. Resident Day User Fee	\$	1,021,593	1,021,593	an ann an Anna Anna Anna Anna Anna Ann	
Subtotal	\$		2,532,846	1	

* 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

Kettle Brook Care Center, LLC 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac- Aids
UNION TRAINING	\$ 23,608		\$ -
Total	\$ 23,608	\$ -	\$ -

Schedule of Other Taxes

			NurseFac-
Description	CCNH	RHNS	Aids
INTERNET EXPENSES	\$ 2,754		\$ -
Total	\$ 2,754	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	/ear Ended	Page	of
Kettle Brook Care Center, LLC	2219 - C		9/30/2017		16	37
						NurseFac-
Item			Total	CCNH	RHNS	Aids
	tals Brought Forwa	rd:	2,532,846	2,532,846		
1. Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	71	71		
3. Gifts to Staff and Residents		\$	403	403		******
4. Employee Travel		\$	4,905	4,905		
5. Education Expenses Related to Seminars a	and Conventions	\$	2,264	2,264		
6. Automobile Expense (not purchase or dep	preciation)	\$	941	941		
7. Other (Specify)		\$	199	199		
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	ses)	\$	5,388	5,388		
2. Advertising Telephone Directory (all such	h expenses)***	\$				
3. Advertising Other (Specify)***		\$	21,918	21,918		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this servic	e is supplied	\$				
directly and not by contract or fee for serv	vice)***					
7. Postage		\$	2,403	2,403		
* 8. Dues and Membership Fees to Profession	al	\$	10,012	10,012		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Nor	n-Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	250	250		
See Attached Schedule						
11. Services Provided by Contract (Specify an	nd Complete	\$	112,938	112,938		
Schedule C-2, Page 21 for each firm or in	ndividual)					
12. Administrative Management Services**		\$	374,251	374,251		
13. Other (Specify)		\$	20,987	20,987		
See Attached Schedule						
C-14 Total Administrative & General Expenditure	es	\$	3,089,777	3,089,777	a second de la constant de la consta	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	NurseFac- Aids
MEALS	\$ 199		\$ -
Total Other Travel and Entertainment	S 199	\$	\$

Schedule of Other Advertising

			NurseFac-
Description	CCNH	RHNS	Aids
COMMUNICATIONS SPECIAL EVENTS	21,918		\$
Total Other Advertising	21,918	s -	\$

Schedule of Dues

	CONT	DING	NurseFac- Aids
Description ALTCFM	CCNH	RHNS	Alus
CAHCF Dues	\$ 9,852		\$ -
OTHER DUES	\$ 160		\$
			a de la compe
Total Dues	\$ 10,012	\$ -	\$

Schedule of Contributions

			NurseFac-
Description	CCNH	RHNS	Aids
CONTRIBUTIONS	\$ 250		\$ -
Total Contributions	\$ 250	\$ +	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac- Aids
SOCIAL SERVICE SUPPLIES	\$		\$ -
SOC SVC MINOR EQUIPMENT	S -		\$
ADMINISTRATIVE MINOR EQUIPMENT	\$ 2,777		\$
EMPLOYEE RELATIONS	\$ 2,398		\$ ×
EMPLOYEE RELATIONS-OTHER	\$ 420		\$
PERMITS & LICENSES	\$ 3,462		\$
VOLUNTEER EXPENSE			\$
BANK FEES	\$ 11,203		\$ -
CMS REVISIT USER FEES	S -		
PENALTIES	\$ -		\$ -
LATE FEES	\$ 728	÷	\$ -
Rounding	\$ (0)		\$
Total Other Administrative and General	\$ 20,987	\$ -	\$

State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

Name of Facility	License No.	Report for Year Ended	Page of
Kettle Brook Care Center, LLC	2219-C	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service iCare Management, LLC/iCare Health Management, LLC	Cost of Management Service 374,251	Full Description of Mgmt. Service Provided Management of financial statements, A/R, A/P, Payroll,	Indicate Where Costs are Included in Annual Report Page #/Line # Pg 16 M12
		Financial Accounting and Management, Clinical	
iCare Management, LLC/iCare Health Management, LLC	155,159	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	21,011	MANAGEMENT FEES- INDIRECT CARE	Рд 20 ј
		·	

Schedule C-1 - Management Services*

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

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

a. In-House Proparation & Service 298,961 244,75 244,75 244,475			N		1 Page 5)				
Item Total CCNH RHNS NurseFac-Aids 2. Dictary a. In-House Preparation & Service J. Raw Food \$ 298,961 298,961 298,961 2. Nun-Food Supplies \$ 27,639 27,639 27,639 3. Other (Specify) DIETARY SUPPLEMENTS \$ 24,475 24,475 24,475 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ 9,255 9,255 9,255 c. Management Services? \$ 9,255 9,255 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 9,255 9,255 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 331,352 351,352 351,352 2F. Dietary Questionnaire Total CCNH RHNS NurseFac-Aids G. Resident Meals: Total no. of meals served per day:* 399 399 H I. Did you receive revenue from employees? O Yes No If yes, specify ant. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., smacks Managements, fourst, included in 2E? Yes No If yes, specify ant. </td <td>Nan</td> <td>e of Facility</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>	Nan	e of Facility						-	
2. Dictary a. In-House Proparation & Service a. In-House Proparation & Service a. In-House Proparation & Service 298,961 298,951 298,955 298,955 29	Kett	le Brook Care Center, LLC			2219-C	9/30/2017		18	37
2. Dictary a. In-House Proparation & Service a. In-House Proparation & Service a. In-House Proparation & Service 298,961 298,951 298,955 298,955 29									
a. In-House Proparation & Service 298,961 298,961 1. Raw Food \$ 298,961 298,961 1000000000000000000000000000000000000		Item			Total	CCNH	RHNS	Nurse	Fac-Aids
1. Raw Food \$ 298,961 298,961 298,961 2. Non-Food Supplies \$ 27,619 27,619	2.	Dietary							
2. Non-Food Supplies \$ 27,639 27,639 3. Other (Specify) \$ 24,475 24,475 DIETARY SUPPLEMENTS \$ 24,475 24,475 b. Purchased Services (by contract other than through Management Services) \$ (8,976) (8,976) (Complete Schedule C-2 att. Page 21) c. Management Services** \$ 9,255 9,255 d. Other (Specify) \$ 9,255 9,255 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 351,352 351,352 351,352 2F. Dietary Questionnaire Total CCNH RHNS NurseFac-Aids G. Resident Meals: [Total no. of meals served per day.* 399 399 499 H. Is cost of employee meals included in 2E? O Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other No If yes, specify cost. L. Is any revenue collected from these pcople? O Yes O No If yes, specify cost. Members is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks		a. In-House Preparation & Service							
3. Other (Specify) \$ 24,475 24,475 DIETARY SUPPLEMENTS \$ 24,475 24,475 b. Purchased Services (by contract other than through Management Services) \$ (8,976) \$ (8,976) (Complete Schedule C-2 att Page 21) \$ (8,976) \$ (8,976) c. Management Services* \$ 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 351,352 351,352 2E. Total Dietary Expenditures (2a + b + c + d) \$ 351,352 351,352 2F. Dietary Questionnaire Total CCNH RHNS G. Resident Meals: Total no. of meals served per day:* 399 399 399 H. Is cost of employee meals included in 2E? O Yes O No If yes, specify ant. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K than employees or residents (i.e., Board O Yes No If yes, specify ant. Members, Guests) included in 2E? O Yes No If yes, specify cost. L Is any revenue collected from these people? Yes No If yes, specify cost. Members, Guests) included in 2E? O Yes No </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
DIETARY SUPPLEMENTS b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ (8,976) c. Management Services* \$ 9,255 d. Other (Specify) \$ 9,255 DIETARY MINOR EQUIPMENT \$ 351,352 2E. Total Dietary Expenditures (2a + b + c + d) \$ 351,352 3G. Resident Meals: Total no, of meals served per day.* 399 H. Is cost of employee meals included in 2E? Yes J. Where is the revenue from employees? Yes I. Did you receive revenue from these people? Yes Members, Guests) included in 2E? Yes I. Is cost of meals provided to persons other If yes, specify cost. I. Is any revenue collected from these people? Yes M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is sost of food (other than meals, e.g., snacks N. at monthly staff meetings, board meetings) O Yes N. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is sory revenue collected from meals, e.g., snacks No <									
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ (8,976) (8,976) c. Management Services)* \$ 9,255 9,255 9,255 d. Other (Specify) \$ 9,255 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 9,255 9,255 9,255 ZE Total Dietary Expenditures (2a + b + c + d) \$ 351,352 351,352 351,352 ZF. Dietary Questionnaire Total CCNH RHNS NurseFac-Aids G. Resident Meals: Total no. of meals served per day.* 399 399 399 H. Is cost of employee meals included in 2E? Yes No If yes, specify ant. J. Where is the revenue from employces? Yes No If yes, specify cost. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K. than employees or residents (i.e., Board O Yes No If yes, specify ant. M. Where is the revenue collected from these people? O Yes No If yes, specify cost. M. Where is the revenue collected from these people? O Yes No If yes, specify cost. M. Where is the revenue received reported i				. \$	24,475	24,475			*****
than through Management Services/ (Complete Schedule C-2 att. Page 21) S S c. Management Services** \$ 9,255 9,255 d. Other (Specify)		DIETARY SUPPLEMENTS							
(Complete Schedule C-2 att. Page 21) S S S c. Management Services** S 9,255 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 9,255 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 351,352 351,352 2E. Total Dietary Expenditures (2a + b + c + d) \$ 351,352 351,352 2F. Dietary Questionnaire Total CCNH RHNS NurseFac-Aids G. Resident Meals: Total no. of meals served per day:* 399 399 399 H. Is cost of employee meals included in 2E? O Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify cost. K. than employees or residents (i.e., Board O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify cost. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify cost. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify co		b. Purchased Services (by contract other		\$	(8,976)	(8,976))	-	a da da da e a 10°1 Ka Kubua kobu t
c. Management Services** \$ 9,255 9,255 d. Other (Specify) \$ 9,255 9,255 DIETARY MINOR EQUIPMENT \$ 351,352 9,255 2E Total Dietary Expenditures (2a + b + c + d) \$ 351,352 1000000000000000000000000000000000000		than through Management Services)							
d. Other (Specify)		(Complete Schedule C-2 att. Page 21)							
DIETARY MINOR EQUIPMENT Image: Constraint of the second secon									
ZE. Total Dietary Expenditures (2a + b + c + d) \$ 351,352 351,352 2F. Dietary Questionnaire Total CCNH RHNS NurseFac-Aids G. Resident Meals: Total no. of meals served per day:* 399 399 399 H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) If yes, specify cost. If yes, specify cost. I. Is cost of meals provided to persons other No If yes, specify cost. K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify cost. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify cost. N. at monthly staff meetings, board meetings O Yes No If yes, specify cost.				. \$	9,255	9,255			
2F. Dietary Questionnaire Total CCNH RHNS NurseFac-Aids G. Resident Meals: Total no. of meals served per day:* 399 399 399 399 H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes O No J. Where is the revenue received reported in the Cost Report? (Page/Line Item) If yes, specify amt. If yes, specify cost. J. Where is the revenue collected from these people? O Yes O No If yes, specify methods in 2E? If yes No If yes, specify cost. If yes, specify cost. L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify cost. N. at monthly staff meetings, board meetings) O Yes O No If yes, specify cost. O. Is any revenue collected from employees? O Yes No		DIETARY MINOR EQUIPMENT							
G. Resident Meals: Total no. of meals served per day:* 399 399 H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify cost. K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify cost. N. at monthly staff meetings, board meetings) O Yes No If yes, specify cost. O. Is any revenue collected from employees? O Yes No If yes, specify cost. O. Is any revenue collected from employees? O Yes No If yes, specify cost.	2E.	Total Dietary Expenditures (2a + b + c + d)		\$	351,352	351,352			
H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes O No If yes, specify ant. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify cost. K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify ant. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify cost. N. at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify cost. O. Is any revenue collected from employees? O Yes No If yes, specify cost. O. Is any revenue collected from employees? O Yes No If yes, specify cost.	2F.					l	RHNS	Nurse	Fac-Aids
I. Did you receive revenue from employees? O Yes O No If yes, specify ant. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify cost. K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify ant. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify cost. N. at monthly staff meetings, board meetings) O Yes No If yes, specify cost. O. Is any revenue collected from employees? O Yes No If yes, specify cost.	G.	Resident Meals: Total no. of meals served per	day	· *	399	399			
1. Did you receive revenue from employees? O Yes O No amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify cost. K. than employees or residents (i.e., Board O Yes O No If yes, specify cost. L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify cost. N. at monthly staff meetings, board meetings) O Yes O No J. Is any revenue collected from employees? O Yes No If yes, specify cost.	H.	Is cost of employee meals included in 2E?	Ο	Yes	0	No			
Is cost of meals provided to persons other If so on the second secon	I.	Did you receive revenue from employees?	0	Yes	۲	No			
K. than employees or residents (i.e., Board Members, Guests) included in 2E? O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) If yes, specify cost. If yes, specify cost. N. at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes No If yes, specify cost. O. Is any revenue collected from employees? O Yes No If yes, specify cost.	J.	Where is the revenue received reported in the	Cost	t Report	? (Page/Line It	tem)			
L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks No If yes, specify cost. N. at monthly staff meetings, board meetings) provided to employees included in 2E? O Yes O No If yes, specify cost. O. Is any revenue collected from employees? O Yes O No If yes, specify cost.	К.	than employees or residents (i.e., Board	0	Yes	٥	No			
Is cost of food (other than meals, e.g., snacks N. at monthly staff meetings, board meetings) O Yes O No If yes, specify cost. O. Is any revenue collected from employees? O Yes O No If yes, specify amt.	L.		0	Yes	۲	No			
N. at monthly staff meetings, board meetings) O Yes O If yes, specify cost. O. Is any revenue collected from employees? O Yes O If yes, specify amt.	M.	Where is the revenue received reported in the	Cost	t Report	? (Page/Line I	tem)			
O. Is any revenue collected from employees? O Yes O No amt.	N.	at monthly staff meetings, board meetings)	0	Yes	⊙	No			
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)	0.	Is any revenue collected from employees?	0	Yes	٥	No			
	P.	Where is the revenue received reported in the	Cos	t Repor	? (Page/Line I	tem)			

* 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)

	e of Facility		License				ear Ended	Page	of
Kett	e Brook Care Center, LLC		2	219-С	9	/30/2017		19	37
	Item			Total		CCNH	RHNS	Nurse	Fac-Aids
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items		Lbs. Amt. \$	367	7	367			
	 washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or 		Lbs.				·		
	processed.***		Amt. \$		1				
	3. Personal clothing of residents		Lbs.		<u> </u>				
	washed, ironed, and/or processed.***		Amt. \$						
	4. Repair and/or purchase of linens.***		Lbs.	· ·	<u> </u>				
			Amt. \$						
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	252,539		252,539			
	c. Management Services**		\$						
2.5	d. Other (<i>Specify</i>) LAUNDRY MINOR EQUIPMENT <i>Total Laundry Expenditures</i> (3a + b + c + d)		\$	257		257 253,163			
3E. 3F.	Laundry Questionnaire		<u> </u>	253,163	<u> </u>	255,105			
<u>эг.</u> G.		0	Yes	٥	Ne	0	If yes, specify cost.		
H.	Did you receive revenue from employees?	0	Yes	0	No	0	If yes, specify amt.		
I.	Where is the revenue received reported in the Co	ost 1	Report?		(Page/Line	Item)		
J,	Is Cost of laundry provided to persons other		Yes	٥	No	0	If yes, specify cost.		
K.	Did you receive revenue from these people?	0	Yes	۲	N	0	If yes, specify amt.		
L.	Where is the revenue received reported in the Co	ost .	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)

Nan	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Kett	le Brook Care Center, LLC	2219-C		9/30/2017		20	37
	Item			Total	CCNH	RHNS	NurseFac- Aids
4.	Housekeeping	Sq. Ft. Serviced		1000			
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	29,295	29,295		
	pails, brooms, etc.)		4	,			
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	309,493	309,493		
	Page 21)				r		
	c. Management Services*		\$		1		
	d. Other (Specify)		\$				
	HOUSEKEEPING MINOR EQUI	PMENT					
4E.	Total Housekeeping Expenditures (4a +	b + c + d	\$	338,788	338,788		
5.	Resident Care (Supplies)**	· · · · · · · · · · · · · · · · · · ·					
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	57,816	57,816		
	OMNICARE PHARMACY						
	b. Medicine Cabinet Drugs		\$	17,089	17,089		
	c. Medical and Therapeutic Supplies		\$	58,586	58,586		
	d. Ambulance/Limousine***		\$	2,979	2,979		
	e. Oxygen						
	1. For Emergency Use		\$	1,675	1,675		
	2. Other***		\$				
}	f. X-rays and Related Radiological		\$	2,240	2,240		
 	Procedures***						
	g. Dental (Not dentists who should be inc.	luded under	\$				
	salaries or fees)				<i></i>	ļ	
	h. Laboratory***		\$	6,959	6,959		
	i. Recreation		\$	A	ac : =:::		
	j. Other (Specify)****		\$	284,794	284,794		
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	432,138	432,138		

* 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.

Kettle Brook Care Center, LLC 9/30/2017

Schedule of Other Resident Care

Description	CCNH	RHNS	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 612		\$ ·
NURSING MINOR EQUIP	\$ 3,581		S -
MEDICAL RECORDS SUPPLIES	\$ -		S -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 155,159		\$ -
NON-COVERED PPS DR. VISITS	\$ 3,531		\$ -
RESIDENT CARE SUPPLIES	\$ 227		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 13,109		\$ -
PERSONAL CARE SUPPLIES	\$ 10,831		\$ -
INCONTINENCY SUPPLIES	\$ 39,017		\$-
VACCINE RESIDENTS	\$ 2,269		\$ -
PATIENT SPECIAL NEEDS	\$ -		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		S -
PHYSICAL THERAPY EQUIPMENT RENT	\$ ~		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	<u>s</u> -		s -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	<u> </u>		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 21,469		\$ -
EQUIPMENT RENTAL: AIDS UNIT			\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 180		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 6,684		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 2,037		\$ -
ACTIVITIES SUPPLIES	\$ 5,078		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 21,011		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	<u> </u>		\$ -
Total Other Resident Care	\$ 284,794	s -	s -

Attachment Page 20

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

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

Name of Facility Kettle Brook Care Center, LLC	c			License No. 2219-C	Report for Year Ended 9/30/2017				Page (21 3	of 37
		Related ** to Owner Operators, Officers	** to Owners, tors, Officers		I		Total Cost/	Total Cost/Page Ref. ***		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	NurseFac- Aids	Pg L	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	0	0	VENDOR	Housekeeping Services	316,515			20 4	4b
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	0	0	VENDOR	Laundry Services	260,609			19 3	3b
Eagle Elevator		0	0	VENDOR	Elevator Contract	5,934			22 6	6F
Bioserve, Inc.		0	0	VENDOR	Medical Waste	2,037			22 6	6F
Brightview Landscapes/Sealmasters Services		0	0	VENDOR	Snow Removal/Landscaping	17,699			22 6	6F
CWPM		0	0	VENDOR	Trash removal	31,994			22 6	6F
American HealthTech		0	0	VENDOR	Software Maintenance Contract	10,630			16 N	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	0	0	VENDOR	Payroll Services	43,655			16 N	M11
National Datacare Corp		0	0	VENDOR	Resident Trust Software	4,060			16 N	IIM
Prime Care Technologuy services		0	0	VENDOR	Computer Consulting Services	27,162			16 N	MII
Priotíry Express		0	ο	VENDOR	Courier Services	4,826			16 N	11M
Point Right Inc		0	ο	VENDOR	Nursing Software	4,681			16 N	MII
		0	0	VENDOR					18 2b	٩
		0	0	VENDOR					22a	

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

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22). ** Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Re	eport for Y	ear Ended		Page	of
Kettle Brook Care Center, LLC	2219-C		30/2017			22	37
Item			Total	CCNH	RHNS	Nurse	Fac-Aids
6. Maintenance & Operation of Plant						ĺ	
a. Repairs & Maintenance		\$	57,941	57,941			
b. Heat		\$	37,773	37,773			
c. Light & Power		\$	89,387	89,387		L	
d. Water	(\$	113,050	113,050			
e. Equipment Lease (Provide detail on pa	age 6) 5	\$	32,548	32,548			
f. Other (<i>itemize</i>)	S	\$	89,141	89,141			
See Attached Schedule							
6g. Total Maint. & Operating Expense (6a -	6f) 5	\$	419,841	419,841			
7. Depreciation (complete schedule page 23*	*)					ĺ	
a. Land Improvements	t	\$					
b. Building & Building Improvements	1	\$	28,884	28,884			
c. Non-Movable Equipment	(\$	1,331	1,331			
d. Movable Equipment	(\$	21,713	21,713			
*7e. Total Depreciation Costs $(7a + b + c + d)$) (\$	51,928	51,928			
8. Amortization (Complete att. Schedule Pag							
a. Organization Expense		\$					
b. Mortgage Expense		\$					
c. Leasehold Improvements		\$	35,535	35,535			
d. Other (<i>Specify</i>)	(\$					
*8e. Total Amortization Costs (8a+b+c+d)	\$	35,535	35,535			
9. Rental payments on leased real property le	· · · · · · · · · · · · · · · · · · ·						
real estate taxes included in item 10b		\$	516,106	516,106			
10. Property Taxes	11 - 11 - 10101-10100						
a. Real estate taxes paid by owner		\$					
b. Real estate taxes paid by lessor		\$	132,142	132,142			
c. Personal property taxes		\$	10,237	10,237			
11. Total Property Expenses $(7e + 8e + 9 + 1)$	10)	\$	745,949	745,949			

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Kettle Brook Care Center, LLC 9/30/2017

Description	CCNH	RHNS	NurseFac-Aids
PLANT SUPPLIES	\$ 7,376		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 341		\$ -
ELEVATOR CONTRACT SERVICE	\$ 5,934		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 8,812		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 8,201		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 9,498		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 31,994		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$-
PLANT CONTRACT SERVICE OTHER	\$ 7,535		\$ -
PLANT MINOR EQUIPMENT	\$ 8,046		\$ -
RENT AUTO	S -		\$ -
RENT EQUIPMENT	\$ 1,404		\$ -
RENT OTHER	8 -		\$ -
Total Other Repairs and Maintenance	\$ 89,141	\$ -	\$ -

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

Depreciation Schedule

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Name of Facility					License No.	IALIVII SC		Report for Year E	nded		Page	of
Kettle Brook Care Center, LLC					2219	-C		9/30/2017	naea		23	37
Kette Blook Cale Center, LLC					Historical			Accumulated			20	
					Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements					Diala			F	£			
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period					234,575		234,575	42,000			19,791	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	edule)			290,098						9,093	
B-4. Subtotal												28,884
C. Non-Movable Equipment												
1. Acquired prior to this report period					13,309		13,309	11,756			1,331	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												1,331
	Isan	uleage					Ì					
		book	Dat	te of	Historical			Accumulated				
		ained?		isition	Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment												
1. Motor Vehicles (Specify name, model									0.0000			
and year of each vehicle)												
a. Auto	x											
b.												
<u>с.</u>	<u> </u>											
d.	******											
2. Movable Equipment							211.510	267.600			16.607	
a. Acquired prior to this report period			······		311,519		311,519	257,592			16,607	
b. Disposals (attach schedule)												
c. Acquired during this report period				p	70.000			1			5 107	
(attach schedule)]	79,500			1			5,106	01.712
D-3. Subtotal												<u>21,713</u> 51,928
E. Total Depreciation	<u>p::::::::::::::::::::::::::::::::::::</u>	<u>1000000</u>		P.0000000	1		L	+				51,928

Kettle Brook Care Center, LLC 9/30/2017

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
teaut philadais				
Fotal additions for La	nd Improvements	\$ -		\$ -
Deletions:				
Fotal deletions for La	ad Improvements	\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/1/2017	Parking Lot Repair: Stevens Roofing	\$ 17,229	180	\$ 861
5/6/2016	Dumpster Pad: Derek & Sons	\$ 5,308	180	\$ 354
12/8/2016	Fence: PGS Concrete Designs	\$ 13,496	240	\$ 506
12/8/2016	Roofing: Stevens Roofing	\$ 94,115	180	\$ 4,706
5/15/2017	Elevator Unit: Eagle Elevator	\$ 159,950	240	\$ 2,666
Total additions for	r Building Improvements	\$ 290,098		\$ 9,093
Deletions:				
Total deletions for	Building Improvements	\$ -		s -

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Fotal additions for	Non-Movable Equipment	S -		\$ -
Deletions:				
Parat tratageness Para	Non-Moyable Equipment	<u>\$</u>		\$ -

Fies to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		.	Useful	
Acquisition Date Additions:	Description of Item	Cost	Life	Depreciation
10/7/2016	Upgrade Washer; Daniels Equipment	8,999,35	180	\$ 550
/2/2017	TV Purchases, Phase 2: Direct Supply	1,913,53	60	\$ 255
1/2/2017	Bed Purchases, Phase 2: Direct Supply	7,143,15	60	\$ 952
2/10/2017	Bed Purchases- Medline	11,166,75	60	\$ 1,303
4/3/2017	Bed Purchases- Medline	8,600.47	60	
7/5/2017	Furniture: Medline	11,166,75	120	\$ 186
7/20/2017	Bed & Mattress: Direct Supply & Medline	4,514,18	60	\$
9/14/2017	PATIENT LIFT/SI ING- Medline	13,471,65	60	
9/19/2017	Lift-Direct supply	8,521.80	60	\$ 142
12/31/2016	WIFi Upgrades: Prime care Technologies	4,002,30	36	
Total additions for	Moyable Equipment	\$ 79,500		\$ 5,106
Deletions:				
and the second	Movable Equipment	\$ -		\$ -

Schedule of Leasehold Improvements Acquired during this report period

		_	Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions;			100	\$ 296
1/30/2016	Mold Remediaton: Servpro	\$ 3,546	120	
1/2/2016	Upgrade Boiler/Water Heating System: Perri Mechanical Contractors	\$ 14,263	120	\$ 1,189
9/6/2017	Building Entrance Improvements: HD Supply	\$ 4,897	120	\$ 245
2/28/2017	Elevator System Upgrades- S&S Wired	\$ 6,354	120	\$ 371
1/29/2017	Write Way Signs: Sign purchases	\$ 3,018	60	\$ 252
5/17/2017	Door Replacement: Accurate Commercial Door	\$ 5,487	240	
/8/2017	Conduit & Wiring: Precision Electrical	\$ 3,529	240	\$ 74
5/30/2017	Elevator RM Upgrade: Saucier Mechanical	\$ 3,585	240	\$ 45
1/28/2017	Walk in Freezer Upgrade: Saucier Mechanical Servies	\$ 3,212	120	\$ 268
5/11/2017	Upgrade Electric: Precision Electric & Advance Power	\$ 3,217	240	\$ 54
7/24/2017	Exhaust Fan & Duct: Saucier Mechanical Srv	\$ 4,695	180	\$ 52
3/28/2017	Room Renovations	\$ 2,563	120	\$ 171
3/30/2017	Boiler Upgrade: Saucier Mechanical Srv	\$ 8,490	120	\$ 71
fotal additions for	Leasehold Improvement	\$ 66,857		\$ 3,176
Deletions:				
<u></u>	Leaschold Improvement			\$ -

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

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of	
Kettle Brook Care Center, LLC			2219-C		9/30/2017			24	37	
						Accumulated				
Date of				Amort. to						
	Acquisition		sition			Beginning of	Basis for			
6				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
В.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4 .	Subtotal									***
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period				494,325	341,699			32,359	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)				66,857				3,176	
C-4 .	Subtotal]								35,535
D.	Total Amortization							1		35,535

* 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	icense No.	Report for Year End	led		Page of
Kettle Brook Care Center, LLC	2219-C	9/30/2017			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	Facility	X Z .	0	NT-	If "Yes," complete Part B.
or leased from a Related Party?*	. 0	Yes	0	No	If "No," complete Part C.
*If any owner or operator of this facility	ty is related by family, ma	rriage, ownership, ability	to control or		-
business association to any person or o					
related party transaction.		1			
Description		Total			
1. Date Land Purchased		04/01/99			
2. Date Structure Completed					
3. If NOT Original Owner, Date of	of Purchase				
4. Date of Initial Licensure		04/01/99			
5. Total Licensed Bed Capacity		140			
6. Square Footage		31,037			
7. Acquisition Cost					
a. Land		266,011			
b. Building		3,648,898			
Part B - Owner and Related Part	ties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed	ed, variable)	fixed HUD			
b. Date Mortgage Obtained		05/30/13			
c. Interest Rate for the Cost Y	ear	325.00%			
d. Term of Mortgage (number	of years)	24			
e. Amount of Principal Borrow		3,463,400			
f. Principal balance outstandin	ng as of 9/30/2017				
Complete if Mortgage was R	efinanced				
During Current Cost Yea					
g. Type of Financing (e.g., fixe	ed, variable)	Real Estate Sold			
h. Date of Refinancing		08/09/17			
i. New Interest Rate					
j. Term of Mortgage (number					
k. Amount of Principal Borrow					
1. Principal Outstanding on N					
Part C - Arms-Length Lease	·				
Name and Address of Lessor		perty Leased	Date of Lease		
Summit East Windsor, LLC		xt Hill Road, East	08/09/17	15 years with	567,000
	Windsor, G	2T		2-5	
				year extension	
			<u> </u>		

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 Yea	ar Ended		Page	of
Kettle Brook Care Center, LLC	2219-C		9/30/2017			26	37
Item			Total	CCNH	RHNS	NurseF	ac-Aids
12. Interest							
A. Building, Land Improven	ent & Non-Movable						
Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender		I					
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender		1	-				
4. Fourth Mortgage		\$		200990000009990000000009900		000000000000000000000000000000000000000	
Name of Lender		Rate					
Address of Lender		<u> </u>					
B. CHEFA Loan Informatio	n						
1. Original Loan Amoun	t	\$					
2. Loan Origination Date	;						
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expe	nse						
12 B7. Total Building Interest Expo		\$					
<u> </u>	· · · · · · · · · · · · · · · · ·			. Cubtotala	<u> </u>	• • • • • • • • • •	·

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended		Page of
Kettle Brook Care Center, LLC	2219-C		9/30/2017			27 37
Iter			Total	CCNH	RHNS	NurseFac-Aids
	Subtotals B	rought Forward:				
12. C. Movable Equipment						
1. Automotive Equipmen		\$				*****
A. Item	Rate	Amount				
7 1			4			
Lender						
Address of Lender			+			
2. Other (Specify)		\$		000000000000000000000000000000000000000		
A. Item	Rate	Amount				
Lender						
			-			
Address of Lender						
B. Item	Rate	Amount	+			
B. Item	ICate					
Lender	I					
Address of Lender						
12. C. 3. Total Movable Equip	nent Interest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (S	specify)	9	31,031	31,031		
INTEREST						
13. Total All Interest Expense (1	2B7 + 12C3 + 12	2D) \$	31,031	31,031		· · ·
14. Insurance		\$	51,051	31,001	······	
a. Insurance on Property (b)	uildings only)	4	7,835	7,835		
b. Insurance on Automobile		4		2,239		
c. Insurance other than Prop	perty (as specified	above)				
1. Umbrella (Blanket Co	overage)			48,175		
2. Fire and Extended Co	verage	1				
3. Other (Specify)		9	3,035	3,035		
Other insurance, crim	e					
144 Tetel Lenner - True Press	ua (1 (a + L + -)		(1.092	(1.002		
14d. Total Insurance Expenditur 15. Total All Expenditures (A-1.		3		61,283 11,931,219		
15. Total All Expenditures (A-1.	5 mru ()-14)		11,731,219	11,751,219	L	

D. Adjustments to Statement of Expenditures

	of Fa	•	e Center, LLC	Li	cense No. 2219-C	Report for Yes 9/30/2017	ar Ended	Page 28	of 37
1 YOUL	- 5100	n Cal		<u> </u>	Total	27.5 072017			
Itam	Page	Ling			Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	NurseFa	hiA
			es and Wages		Decrease	Centi	Iditto		
r uge	10-0	uiuri	Outpatient Service Costs		1				<u></u>
2.			Salaries not related to Resident Care						
<u> </u>			Occupational Therapy	 \$					
<u> </u>			Other - See attached Schedule	\$					
	12 1	Profac	sional Fees	ψ					
<i>ruge</i> 5.	13-1		Resident Care Physicians **	\$					
<u> </u>			Occupational Therapy	<u>ہ</u> \$					
<u> </u>			Other - See attached Schedule	<u>ہ</u>					
	. 15 0	16	Administrative and General	Φ					
	5130	- 010		ď					
<u>8.</u> 9.			Discriminatory Benefits Bad Debts	<u>\$</u> \$	1	0.004			
					/	8,924			
10.			Accounting & Legal	\$					
11.			Telephone	\$		<u></u>			
12.			Cellular Telephone	\$					
13,			Life insurance premiums on the life	æ					
1.4			of Owners, Partners, Operators						
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs	<i>•</i>					
• •			for owners and employees	\$					
16,			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state	4					
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.			Unallowable Advertising *	\$		21,918			
19.	ļ		Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	35,810	35,810			
-	18 - 1	Dietar	y Expenditures		<u> </u>				
24.			Meals to employees, guests and others						
			who are not residents	\$	5				
	<u> 19 - 1</u>	Launa	lry Expenditures		<u> </u>				
25.			Laundry services to employees, guests						
			and others who are not residents	\$	3				
Page	20 - 1	House	ekeeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)) \$	66,652	66,652			

* All except "Help Wanted".

2

(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.

Kettle Brook Care Center, LLC 9/30/2017

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Othe	r Salaries .	Adjustment	\$ -	\$ -	\$ -

~~~~~~~

### Schedule of Fees Adjustments

| Page Ref   | Line Ref   | Description | CCNH | RHNS | NurseFac-Aids |
|------------|------------|-------------|------|------|---------------|
|            |            |             |      |      |               |
|            |            |             |      |      |               |
|            |            |             |      |      |               |
|            |            |             |      |      |               |
|            |            |             |      |      |               |
|            |            |             |      |      |               |
|            |            |             |      |      |               |
|            |            |             |      |      |               |
| Total Othe | r Fees Adj | ustments    | \$-  | S -  | \$ -          |

\_\_\_\_\_

### Schedule of Other A&G Adjustments

\_\_\_\_\_

| Page Ref   | Line Ref Description                | CCNH      | RHNS | NurseFac-Aids |
|------------|-------------------------------------|-----------|------|---------------|
| 16a        | PENALTIES                           | \$ -      |      | \$ -          |
| 16a        | LATE FEES                           | \$ 728    |      | \$ -          |
| 16a        | PRIOR PERIOD EXPENSES               |           |      |               |
|            | rounding                            | \$ (0)    |      |               |
|            | Provider User Fee for Medicare days | \$ 35,083 |      | \$ -          |
|            |                                     |           |      |               |
| Total Othe | r A&G Adjustments                   | \$ 35,810 | \$   | \$ -          |

## State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 10/2006

| Nam                 | e of Fa              |          | <b>D.</b> Adjustments to Stateme                                         |                    | or Expend<br>cense No. |                                                                                                                 | <u> </u> | Dago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of                  |
|---------------------|----------------------|----------|--------------------------------------------------------------------------|--------------------|------------------------|-----------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|                     |                      | •        | re Center, LLC                                                           | LR                 | 2219-C                 | Report for Year Ended 9/30/2017                                                                                 |          | Page 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 37                  |
| Ketti               |                      | JK Cai   |                                                                          |                    | Total                  | 9/30/2017                                                                                                       |          | <i>27</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| Itam                | Page                 | Lina     |                                                                          |                    | Amount of              |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                     | No.                  |          | Item Description                                                         |                    | Decrease               | CCNH                                                                                                            | RHNS     | Murca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fac-Aids            |
| INO.                | INO.                 | INU.     | Subtotals Brought Forward                                                | \$                 | 66,652                 | 66,652                                                                                                          | MIND     | INUISC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rac-Alus            |
| Daga                | 20 1                 | Parida   | ent Care Supplies***                                                     | φ.                 | 00,032                 | 00,032                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 27.                 | 20-1                 |          | Prescription Drugs                                                       | \$                 |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 27.                 |                      |          | Ambulance/Limousine                                                      | \$                 | 2,979                  | 2,979                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <u>28.</u><br>29.   |                      |          | X-rays, etc                                                              | <u>ب</u>           | 2,979                  | 2,979                                                                                                           |          | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u></u>             |
| 30.                 |                      |          | Laboratory                                                               |                    | 6,959                  | 6,959                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 31.                 |                      |          | Medical Supplies                                                         | <u>ہ</u><br>\$     | 0,939                  | 0,939                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>             |
| 32.                 |                      |          | Oxygen (non emergency)                                                   | <u>م</u><br>\$     |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 33.                 |                      |          | Occupational Therapy                                                     | - <u>\$</u>        |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <u> </u>            |                      |          | Other - See Attached Schedule                                            | <del>ب</del><br>\$ | 3,531                  | 2 521                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                     |                      | 1 daine  | enance and Property                                                      | φ                  | 5,331                  | 3,531                                                                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <u>7 age</u><br>35. | 22 - 1               |          | Excess Movable Equipment Depreciation                                    |                    |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 55.                 |                      |          | See Attached Schedule                                                    | \$                 |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 36.                 |                      |          |                                                                          | ¢                  |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 30.                 |                      |          | Depreciation on Unallowable<br>Motor Vehicles                            | ¢                  |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 37.                 |                      | · · · ·  | Unallowable Property and Real                                            | \$                 |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 57.                 |                      |          |                                                                          | ¢                  |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 38.                 |                      |          | Estate Taxes<br>Rental of Building Space or Rooms                        | \$<br>\$           |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 38.                 |                      |          | Other - See Attached Schedule                                            | <u> </u>           |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                     |                      |          |                                                                          | ф                  |                        |                                                                                                                 |          | ANE AND A COLORADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| 40.                 | 27 - 1               | nsura    |                                                                          | ¢                  |                        |                                                                                                                 |          | and a second sec |                     |
| 40.                 |                      |          | Mortgage Insurance Property Insurance                                    | \$<br>\$           |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                     | r - Mi               |          |                                                                          | φ                  |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 42.                 | <b>T - IVII</b><br>] | sceua.   |                                                                          | ¢                  |                        | Martin (1997) (Article) (Article)                                                                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 42.                 |                      |          | Research or Experimental Activities<br>Radio and Television Revenue      | \$<br>\$           |                        | 1                                                                                                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 43.                 |                      |          |                                                                          | <del>ه</del><br>\$ |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 44.                 |                      |          | Vending Machine Revenue<br>Purchase Discounts and Allowances             | \$<br>\$           |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 45.                 |                      |          | Duplications of functions or services                                    | <del>ه</del><br>\$ |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 40.                 |                      |          |                                                                          | φ                  |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Constantine and the |
| 47.                 |                      |          | Expenditures made for the protection,<br>enhancement or promotion of the |                    |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                     |                      |          |                                                                          | ¢                  |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COCCUPACIÓN CARA    |
| 48.                 |                      | <u> </u> | providers interest<br>Interest Income on Accounts Rec                    | <u>\$</u><br>\$    |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 40.                 | -                    |          | · · · ·                                                                  | Φ                  |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 49.                 |                      |          | Other (include personnel and other                                       |                    |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                     |                      |          | costs unrelated to resident care) - See                                  | ¢                  |                        | erred setter a beneficial of the set of the s |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Med                 | <br>For D.           | <br>     | Attached Schedule Providers Only                                         | \$                 |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                     | · · · · · ·          | ojit P   | Building/Non Movable Eq. Depreciation                                    |                    |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| 50.                 |                      |          |                                                                          |                    | a deglar series        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 8 8 9             |
|                     |                      |          | Unallowable Building Interest -<br>See Attached Schedule                 | ¢                  |                        |                                                                                                                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <u> </u>            | T                    | <br>     | · · · · · · · · · · · · · · · · · · ·                                    |                    | 00.171                 | 02.271                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| <u> </u>            | 1 otal               | AMO      | unt of Decrease (Items 1 - 50)                                           | \$                 | 82,361                 | 82,361                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |

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

\*\*\* 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.

Kettle Brook Care Center, LLC 9/30/2017

### Schedule of Other Ancillary Costs

| Page Ref   | Line Ref   | Description                                              | CCNH     | RHNS        | NurseFac-<br>Aids |
|------------|------------|----------------------------------------------------------|----------|-------------|-------------------|
| 20         | 5J         |                                                          | 3,530.71 |             | -                 |
| 13         | B5A        | PT-Resident Care (for outpatient therapy - see schedule) | -        |             |                   |
| 13         | B9A        | ST- Resident Care (for outpatent therapy - see schedule) | н.       |             |                   |
| 13         | BI0A       | OT-Resident Care (for outpatient therapy - see schedule) |          |             |                   |
|            |            |                                                          |          |             |                   |
|            |            |                                                          |          |             |                   |
|            |            |                                                          |          |             |                   |
|            |            |                                                          |          |             |                   |
|            |            |                                                          |          |             |                   |
|            |            |                                                          |          |             |                   |
| Total Othe | r Ancillar | y Costs                                                  | \$ 3,531 | <b>\$</b> - | \$ -              |

\_\_\_\_\_

#### Schedule of Excess Movable Equipment Depreciation

| Page Ref               | Line Ref  | Description              | CCNH | RHNS | NurseFac-<br>Aids |
|------------------------|-----------|--------------------------|------|------|-------------------|
|                        |           |                          |      |      |                   |
|                        |           |                          |      |      |                   |
|                        |           |                          |      |      |                   |
| NV BROMBAN<br>SANTASAN |           |                          |      |      |                   |
|                        |           |                          |      |      |                   |
|                        |           |                          |      |      |                   |
|                        |           |                          |      |      |                   |
|                        |           |                          |      |      |                   |
|                        |           |                          |      |      |                   |
| <b>Fotal Exce</b>      | ss Movabl | e Equipment Depreciation | \$ - | \$ - | \$ -              |

\*\*\*\*\*

#### Schedule of Other Property Adjustments

| Page Ref   | Line Ref Description   | CCNH | RHNS | NurscFac-<br>Aids |
|------------|------------------------|------|------|-------------------|
|            |                        |      |      |                   |
|            |                        |      |      |                   |
|            |                        |      |      |                   |
|            |                        |      |      |                   |
|            |                        |      |      |                   |
|            |                        |      |      |                   |
|            |                        |      |      |                   |
|            |                        |      |      |                   |
|            |                        |      |      |                   |
| Total Othe | r Property Adjustments | \$ - | \$ - | \$ -              |

| ge Ref | Line Ref  | Description                                                           | CCNH | RHNS | NurseFac<br>Aids |
|--------|-----------|-----------------------------------------------------------------------|------|------|------------------|
| 20     | 4A1       | Houskeeping Supplies (for Outpatient Therapy - see schedule)          | \$ - |      |                  |
| 20     | 4B        | Housekeeping purchased services (for Outpatient Therapy see schedule) | \$ - |      |                  |
| 22     | 6B        | Heat (for outpatient Therapy see schedule)                            | \$ - |      |                  |
| 22     | 6C        | Light and Power (for outpatient therapy see schedule)                 | \$ - |      |                  |
| 22     | 6D        | water (for outpatient therapy see schedule)                           | \$ - |      |                  |
| 22     | 6A        | Repair&Maint (for outpatient therapy see schedule)                    | \$ - |      |                  |
|        |           |                                                                       |      |      |                  |
|        |           |                                                                       |      |      |                  |
|        |           |                                                                       |      |      |                  |
|        |           |                                                                       |      |      |                  |
| al Oth | r Adjustn | ents                                                                  | S -  | \$   | \$ -             |

Schedule of Unallowable Building Interest

| Page Ref   | Line Ref   | Description     | CCNH | RHNS | NurseFac-<br>Aids |
|------------|------------|-----------------|------|------|-------------------|
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
|            |            |                 |      |      |                   |
| Total Unal | lowable Bu | ulding Interest | \$ - | \$ - | \$ -              |

\_\_\_\_\_

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

## F. Statement of Revenue

| N                                                 | F. Statement of Re                   |    |                           | oor Ended        |               | Daga       |                | of           |
|---------------------------------------------------|--------------------------------------|----|---------------------------|------------------|---------------|------------|----------------|--------------|
| Name of Facility<br>Kettle Brook Care Center, LLC | License No.<br>2219-C                |    | Report for Y<br>9/30/2017 | ear Ellueu       |               | Page<br>30 | 1              | of<br>37     |
| Kettle Brook Care Center, ELC                     | 2210-0                               |    | 775672017                 |                  |               |            |                |              |
|                                                   | Item                                 |    | Total                     | CCNH             | RHNS          | Nurse      | Fac-           | Aids         |
| I. Resident Room, Board & Routi                   |                                      |    |                           | 00101            | <u>ICH 10</u> |            |                |              |
| 1, a. Medicaid Residents (CT or                   |                                      | \$ | 11,087,053                | 11,087,053       |               |            | -788-2577<br>- | 25225233     |
| b. Medicaid Residents (er a)                      |                                      | \$ | 11,007,000                | 11,007,000       |               |            |                |              |
| 2. a. Medicaid (All other states                  |                                      | \$ |                           |                  |               |            |                |              |
| b. Other States Room and Bo                       |                                      | \$ |                           |                  |               |            |                |              |
| 3. a. Medicare Residents (all in-                 |                                      | \$ | 778,435                   | 778,435          |               |            |                |              |
| b. Medicare Room and Board                        |                                      | \$ |                           |                  |               |            |                |              |
| 4. a. Private-Pay Residents and                   |                                      | \$ | 356,950                   | 356,950          |               |            |                |              |
| b. Private-Pay Room and Boa                       |                                      | \$ |                           |                  |               |            |                |              |
| II. Other Resident Revenue                        |                                      | 4  |                           |                  |               |            |                |              |
| 1. a. Prescription Drugs - Medic                  | <b>Yar</b> e                         | \$ | 56,051                    | 56,051           |               |            |                |              |
|                                                   | care Contractual Allowance **        | \$ | (56,051)                  | (56,051)         |               |            |                |              |
| c. Prescription Drugs - Non-N                     |                                      | \$ | 3,029                     | 3,029            |               |            |                |              |
|                                                   | Medicare Contractual Allowance **    | \$ | (3,029)                   | (3,029)          |               |            |                | ******       |
| 2. a. Medical Supplies - Medica                   |                                      | \$ | (5,025)                   | (3,027)          |               |            |                | <del>_</del> |
| b. Medical Supplies - Medica                      |                                      | \$ |                           |                  |               |            |                |              |
| c. Medical Supplies - Non-M                       |                                      | \$ |                           |                  |               |            |                |              |
|                                                   | edicare Contractual Allowance **     | \$ |                           |                  |               |            |                |              |
| 3. a. Physical Therapy - Medica                   |                                      | \$ | 168,432                   | 168,432          | ~~~~          |            |                |              |
| b. Physical Therapy - Medica                      |                                      | \$ | (98,174)                  | (98,174)         |               |            |                |              |
| c. Physical Therapy - Non-M                       |                                      | \$ | 87,825                    | 87,825           |               |            |                |              |
|                                                   | edicare Contractual Allowance **     | \$ | (87,825)                  | (87,825)         |               |            |                |              |
| 4. a. Speech Therapy - Medicar                    |                                      | \$ | 71,150                    | 71,150           |               |            |                |              |
| b. Speech Therapy - Medicar                       |                                      | \$ | (35,145)                  | (35,145)         |               |            |                |              |
| c. Speech Therapy - Non-Me                        |                                      | \$ | 26,160                    | 26,160           |               |            | -17            |              |
| d. Speech Therapy - Non-Me                        | dicare Contractual Allowance **      | \$ | (26,160)                  | (26,160)         |               |            |                |              |
| 5. a. Occupational Therapy - M                    | ledicare                             | \$ | 177,785                   | 177,785          |               |            |                |              |
| b. Occupational Therapy - M                       | ledicare Contractual Allowance **    | \$ | (107,429)                 | (107,429)        |               |            |                |              |
| c. Occupational Therapy - N                       | on-Medicare                          | \$ | 80,880                    | 80,880           |               |            |                |              |
| d. Occupational Therapy - N                       | on-Medicare Contractual Allowance ** | \$ | (81,241)                  | (81,241)         |               |            |                |              |
| 6. a. Other (Specify) - Medicard                  | 2                                    | \$ |                           |                  |               |            |                |              |
| b. Other (Specify) - Non-Med                      | licare                               | \$ | 83,494                    | 83,494           |               |            |                |              |
| III. Total Resident Revenue (Secti                | on I. thru Section II.)              | \$ | 12,482,190                | 12,482,190       |               |            |                |              |
| IV. Other Revenue*                                |                                      |    |                           |                  |               |            |                |              |
| 1. Meals sold to guests, employe                  | ees & others                         | \$ |                           |                  |               |            |                |              |
| 2. Rental of rooms to non-reside                  | nts                                  | \$ |                           |                  |               |            |                |              |
| 3. Telephone                                      |                                      | \$ |                           |                  |               |            |                |              |
| 4. Rental of Television and Cab                   | le Services                          | \$ |                           |                  |               |            |                |              |
| 5. Interest Income (Specify)                      |                                      | \$ | 6                         | 6                |               |            |                |              |
| 6. Private Duty Nurses' Fees                      |                                      | \$ |                           |                  |               |            |                |              |
| 7. Barber, Coffee, Beauty and G                   | ift shops                            | \$ |                           |                  |               |            |                |              |
| 8. Other (Specify)                                |                                      | \$ | 2,125                     | 2,125            |               |            |                |              |
| V. Total Other Revenue (1 thru 8)                 |                                      | \$ | 2,131                     | 2,131            |               |            |                |              |
| VI. Total All Revenue (III+V)                     |                                      | \$ | 12,484,320                | 12,484,320       |               |            |                |              |
| L                                                 |                                      |    | 12,134,520                | 1 12, 10 1, 0 20 | I             |            |                |              |

\* 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

| 'age Ref  | Description                    | CCNH       | RHNS            | NurseFac-Ald  |
|-----------|--------------------------------|------------|-----------------|---------------|
| 12/11     | Lab Medicare                   | 5 5,969    |                 |               |
|           | Lab Medicare CA                | \$ (5,969) |                 |               |
| 943.20    | Oxygm Medicare                 | \$ 21      |                 | 1963.066655   |
| 1. J. J.  | Oxygen Medicare CA             | \$ (21)    |                 |               |
| 98) e 181 | Equipment rental               | \$         | Poletick, rojal |               |
|           | Equipment rental CIA           | \$ (839)   |                 |               |
|           | Pci Therapy                    | \$         |                 |               |
| 8833.     | Pen Therapy CA                 | \$         |                 |               |
| 14444     | Therapy Bods Medicare          | \$         |                 |               |
|           | Therapy Beds Medicare CA       | 5          |                 |               |
| 33210     | Radiology Medicare             | \$ 2,002   |                 |               |
|           | Radiology Medicare CA          | \$ (2,002) |                 |               |
| - 9494    | IV Therapy                     | \$ 2,647   | 1949,00469      | 1.404.651.65  |
|           | TV Therapy CA                  | \$ (2,647) |                 |               |
|           | Medical Transportation         | \$         |                 |               |
|           | Medical Transportation CA      | \$         |                 |               |
| 99.99     | Glucoso testing                | \$         |                 |               |
|           | Glucose testing CA             | S          |                 |               |
|           | Outpatient therapy Medicare    | \$         |                 | 040,004604006 |
|           |                                |            |                 |               |
| otal Oth  | er Resident Reyonuc - Modicare | S.         | \$              | s             |

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

#### Related Exp

| Page Ref   | Description               | CCNH        | RHNS        | NurseFac-Alds  |
|------------|---------------------------|-------------|-------------|----------------|
| 91 KS 663  | Lab                       | 501.51      |             |                |
|            | Lab CA                    | (\$01.51)   |             |                |
| 91 (T 45)  | Oxygen                    | <b>S</b> 59 | e e e e e e | \$             |
|            | Oxygen CA                 | \$ (59)     |             | \$             |
|            | Equipment rental          | \$ 5,625    |             |                |
|            | Equipment rental CA       | \$ (5,625)  | sterie (j.  |                |
| (1940-94P) | Pen Therapy               | S           |             |                |
|            | Реп Тастару СА            | \$          |             |                |
|            | Therapy Beds              | \$          |             |                |
|            | Therapy Beds CA           | \$          |             |                |
|            | Radiology                 | \$ 1,080    |             |                |
|            | Radiology CA              | \$ (1,080)  |             |                |
| 11111      | Medical Transportation    | \$          |             |                |
|            | Medical Transportation CA | s           |             |                |
|            | Glucose Testing           | S           |             |                |
|            | Glucose Testing CA        | \$          |             | 10136643444668 |
|            | IV therapy                | \$ 4,355    |             | \$             |
|            | IV therapy CA             | \$ (4,35.5) |             | \$ -           |
| 202200     | Fig shot revenue          | \$ (56)     |             |                |
|            | Outpallied therapy        | \$          |             |                |
|            | prior period revenue      | \$ 83,550   |             |                |
|            |                           |             |             |                |
| 3636.5     | rounding                  | 8 -         |             |                |
| 94949      |                           |             |             |                |
| Total Othe | r Resideni Revenie        | \$ 83,494   | \$          | 5              |

#### Interest Income

Account

. . . . .

| Page Ref Account      | Balance         | CCNH           | RHNS       | NurseFac-Alds |
|-----------------------|-----------------|----------------|------------|---------------|
| INTEREST INCOME       |                 | \$ 6           |            |               |
|                       |                 |                |            |               |
|                       |                 |                |            |               |
|                       | 9999, 9999, 201 | (Protectedes)) | 46,000,000 |               |
| Total Interest Income |                 | \$ 6           | \$         | \$            |

#### Schedule of Other Revenue

| Page Ref Description           | CCNH     | RHNS | NurseFac-Aids |
|--------------------------------|----------|------|---------------|
| MEALS                          | \$       |      |               |
| TELEVISION INCOME              | s -      |      |               |
| CONCESSIONS / VENDING INCOME   | \$       |      |               |
| RESIDENT LATE FEE REVENUE      | s        |      |               |
| RESIDENT ATTORNEY FEIS REVENUE | \$       |      |               |
| TELEPHONE INCOME               | \$       |      |               |
| ÖTHER INCOME                   | \$ 625   |      |               |
| OPTUM DIVIDENDS REVENUE        | \$ 1,500 |      |               |
|                                |          |      |               |
|                                |          |      |               |
|                                |          |      |               |
|                                |          |      |               |
| Fotal Other Revenue            | \$ 2,125 | \$   | \$            |

## State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

# G. Balance Sheet

|          | f Facility                               | License No.          | Report for Year Ended    | Page      |                          |
|----------|------------------------------------------|----------------------|--------------------------|-----------|--------------------------|
| Kettle B | brook Care Center, LLC                   | 2219-C               | 9/30/2017                | 31        | 37                       |
|          |                                          | Account              |                          |           | Amount                   |
| Assets   |                                          |                      |                          |           |                          |
|          | urrent Assets                            |                      |                          | ¢.        | 71.050                   |
| 1.       | Cash (on hand and in banks               |                      |                          | \$<br>\$  | 71,852                   |
| 2.       | Resident Accounts Receivab               |                      |                          | \$        | 879,088                  |
| 3.       | Other Accounts Receivable<br>Inventories | (Excluding Owners of | (Related Parties)        | \$        | 21 221                   |
| 4        |                                          |                      |                          | <u>\$</u> | <u>31,321</u><br>595,988 |
| 5.       | 1 1                                      |                      | 501 707                  | J         | 393,900                  |
|          | a. Prepaid Insurance                     |                      | <u>531,727</u><br>40,217 |           |                          |
|          | b. Prepaid Property Taxes                |                      | 24,044                   |           |                          |
|          | c. <u>Prepaid Expenses Other</u><br>d.   |                      | 24,044                   |           |                          |
| 6.       | Interest Receivable                      |                      |                          | \$        |                          |
| <u> </u> |                                          | lacaivabla           |                          | φ<br>\$   |                          |
|          | Other Current Assets ( <i>itemiz</i>     |                      |                          | \$        | (316,888                 |
| о,       | Due From (to) Related Parties            |                      | (302,003)                | Ψ         | (510,000                 |
|          | Other Owners reserves                    |                      | (14,886)                 |           |                          |
|          |                                          |                      |                          |           |                          |
| A O T    | otal Current Assets (Lines Al            | thru 8)              |                          | \$        | 1,261,359                |
|          | xed Assets                               |                      |                          |           | 1,201,302                |
|          | Land                                     |                      |                          | \$        |                          |
|          | Land Improvements                        | *Historical Cost     |                          | \$        | · · · · ·                |
| £4,      | Dana improvements                        | Accum. Depreciati    | on Net                   | Ŷ         |                          |
| 3        | Buildings                                | *Historical Cost     | 524,673                  | \$        | 453,789                  |
| 2.       | Dunungs                                  | Accum. Depreciati    |                          | r.        |                          |
|          | Leasehold Improvements                   | *Historical Cost     | 561,183                  | \$        | 183,949                  |
| ••       | Beasenere improvements                   | Accum. Depreciati    |                          | *         | 100,5 15                 |
| 5        | Non-Movable Equipment                    | *Historical Cost     | 13,309                   | \$        | 222                      |
| υ,       |                                          | Accum. Depreciati    |                          | -         |                          |
| 6        | Movable Equipment                        | *Historical Cost     | 391,019                  | \$        | 111,714                  |
| 0.       | TITO I MOTO MILANDANA                    | Accum, Depreciati    |                          | ľ         | ,                        |
| 7        | Motor Vehicles                           | *Historical Cost     |                          | \$        |                          |
|          |                                          | Accum. Depreciati    | on Net                   | ,         |                          |
|          |                                          | ^                    |                          | \$        |                          |
|          | Minor Equipment-Not Depr                 | celable              |                          |           |                          |
| 8.       |                                          |                      |                          | \$        |                          |
|          | Other Fixed Assets (itemize              |                      |                          | \$        |                          |
| 8.       |                                          |                      |                          | \$        | *******                  |

\* Historical Costs must agree with Historical Cost reported in Schedules on (Carry Total forward to next page) Depreciation and Amortization (Pages 23 and 24).

## State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

2

# G. Balance Sheet (cont'd)

| Nam             | e of  | Facility                        | License No.                 | Report for Year Ended  |    | Page    |       | of     |
|-----------------|-------|---------------------------------|-----------------------------|------------------------|----|---------|-------|--------|
| Kettl           | le Bı | rook Care Center, LLC           | 2219-C                      | 9/30/2017              |    | 32      |       | 37     |
|                 |       |                                 | Account                     |                        |    | A       | mount |        |
|                 |       |                                 |                             | Total Brought Forward: | \$ |         | 2,0   | 11,033 |
| C.              | Lea   | asehold or like property record | led 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            |                        |    |         |       |        |
| ALEX I SOLUTION |       |                                 | Accum. Depreciation         | Net                    | \$ |         |       |        |
|                 | 6.    | Motor Vehicles                  | *Historical Cost            |                        |    |         |       |        |
|                 |       |                                 | Accum. Depreciation         | Net                    | \$ |         |       |        |
|                 |       | Minor Equipment-Not Depre       |                             |                        | \$ |         |       |        |
| C-8             |       | tal Leasehold or Like Proper    | ties (C1 thru 7)            |                        | \$ |         |       |        |
| D.              |       | vestment and Other Assets       |                             |                        |    |         |       |        |
|                 |       | Deferred Deposits               | - n marminn                 |                        | \$ |         |       |        |
|                 |       | Escrow Deposits                 |                             |                        | \$ |         | 2     | 12,104 |
|                 | 3.    | Organization Expense            | *Historical Cost            |                        |    |         |       |        |
|                 |       |                                 | Accum. Depreciation         | Net                    | \$ |         |       |        |
|                 | 4.    |                                 |                             |                        | \$ |         |       |        |
|                 | 5.    | Investments Related to Resid    | ent Care ( <i>itemize</i> ) |                        | \$ |         |       | 61,006 |
|                 |       | Patient Trust Funds             |                             | 58,451                 |    |         |       |        |
|                 |       | Long Term Deposit - prin        |                             | 2,555                  |    | <u></u> |       |        |
|                 | 6.    | Loans to Owners or Related      |                             |                        | \$ |         |       |        |
| ļ               |       | Name and Address                | Amount                      | Loan Date              |    |         |       |        |
|                 |       |                                 |                             |                        |    |         |       |        |
|                 |       |                                 |                             |                        |    |         |       |        |
|                 |       |                                 |                             |                        |    |         |       |        |
| ļ               |       | 01                              |                             |                        |    |         |       |        |
|                 | 7.    | Other Assets (itemize)          |                             |                        | \$ |         |       |        |
|                 |       |                                 |                             |                        |    |         |       |        |
|                 |       | ····                            |                             |                        |    |         |       |        |
|                 | 'n    | 4.17                            |                             |                        | ¢  |         |       | 72 110 |
| <u>D-8.</u>     |       | tal Investments and Other As    |                             |                        | \$ |         |       | 73,110 |
| D-9.            | 10    | tal All Assets (Lines A9 + B1   | $(v + (\delta + D\delta))$  | · · ·                  | \$ |         | 2,2   | 84,142 |

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

## State of Connecticut Annual Report of Long-Term Care Facility CSP-33 Rev. 6/95

#### Report for Year Ended Name of Facility License No. Page of 2219-C Kettle Brook Care Center, LLC 9/30/2017 33 37 Amount Account Liabilities **Current Liabilities** А. Trade Accounts Payable \$ 334,167 1. \$ 2. Notes Payable (*itemize* ) Working Capital Line of Credit Loans Payable for Equipment (Current portion) (itemize) \$ 3. Name of Lender Purpose Date Due Amount Accrued Payroll (Exclusive of Owners and/or Stockholders only) 163,869 \$ 4. \$ 5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ \$ 11. Accrued Income Taxes\* \$ 12. Other Current Liabilities (itemize) 1,594,144 **Related Party Payables** 1,110,430 4,501 Accrued Expenses Accrued Resident User Fees 251,609 Accrued Workers Comp Expense 227,604 Total Current Liabilities (Lines A1 thru 12) \$ A-13. 2,092,181

## G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

## State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

| Name of Facility                               | License No.           | Report for Year | Ended       | Page | of                                                                                                             |
|------------------------------------------------|-----------------------|-----------------|-------------|------|----------------------------------------------------------------------------------------------------------------|
| Kettle Brook Care Center, LLC                  | 2219-C                | 9/30/2017       |             | 34   | 37                                                                                                             |
|                                                | Account               | Total Broug     | ht Earword  | Am   | ount<br>2,092,181                                                                                              |
| Liabilities (cont'd)                           |                       |                 | in roiwaru. |      | 2,092,101                                                                                                      |
| B. Long-Term Liabilities                       |                       |                 |             |      |                                                                                                                |
| 1. Loans Payable-Equipment                     | (itemize)             |                 | \$          |      |                                                                                                                |
| Name of Lender                                 | Purpose               | Amount          | Date Due    |      |                                                                                                                |
| 2. Mortgages Payable                           |                       |                 | 5 5 5       |      |                                                                                                                |
| 3. Loans from Owners or Rel                    | ated Parties (itemize | 2)              | \$          |      | ALPULLER/AMELINER ELLER EL |
| Name and Address of Lender                     | Amount                | Loan I          |             |      |                                                                                                                |
|                                                |                       |                 |             |      |                                                                                                                |
| 4. Other Long-Term Liabiliti                   | es (itemize )         |                 | \$          |      | 58,451                                                                                                         |
| Patient Trust Funds<br>Long Term Note Secureca |                       | 58,451          |             |      |                                                                                                                |
| B-5. Total Long-Term Liabilities               |                       |                 | \$          |      | 58,451                                                                                                         |
| C. Total All Liabilities (Lines A              | -13 + B-5)            |                 | \$          |      | 2,150,631                                                                                                      |

# G. Balance Sheet (cont'd)

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

|     | ne of Facility                                                               | License No.         | Report for Y             | ear Ended | Page | of        |
|-----|------------------------------------------------------------------------------|---------------------|--------------------------|-----------|------|-----------|
| Ket | tle Brook Care Center, LLC                                                   | Account             | 9/30/2017                |           | 35   | mount 37  |
| A.  | Reserves                                                                     | Account             |                          |           |      | Inount    |
|     | 1. Reserve for value of leased l                                             | \$                  |                          |           |      |           |
|     | <ol> <li>Reserve for depreciation values</li> <li>to be amortized</li> </ol> |                     | gs and appurten          | ances     | \$   |           |
|     | 3. Reserve for depreciation val                                              | ue of leased person | al property ( <i>Equ</i> | rity)     | \$   |           |
|     | 4. Reserve for leasehold real pr                                             | operties on which f | àir rental value         | is based  | \$   |           |
|     | 5. Reserve for funds set aside a                                             | as donor restricted |                          |           | \$   |           |
|     | 6. Total Reserves                                                            |                     |                          |           | \$   |           |
| В.  | Net Worth                                                                    |                     |                          |           |      |           |
|     | 1. Owner's Capital                                                           |                     |                          |           | \$   | 1,000     |
|     | 2. Capital Stock                                                             |                     |                          |           | \$   |           |
|     | 3. Paid-in Surplus                                                           | <u></u>             |                          |           | \$   |           |
|     | 4. Treasury Stock                                                            |                     |                          |           | \$   |           |
|     | 5. Cumulated Earnings                                                        |                     |                          |           | \$   | (420,591) |
|     | 6. Gain or Loss for Period                                                   | 10/1/20             | 16 thru                  | 9/30/2017 | \$   | 553,101   |
|     | 7. Total Net Worth                                                           |                     |                          |           | \$   | 133,511   |
| C.  | Total Reserves and Net Worth                                                 |                     |                          |           | \$   | 133,511   |
| D.  | Total Liabilities, Reserves, and                                             | Net Worth           |                          |           | \$   | 2,284,142 |

# H. Changes in Total Net Worth

|       | e of Facility                                                                                | License No.           | Report for Year | Ended  | Page | of         |
|-------|----------------------------------------------------------------------------------------------|-----------------------|-----------------|--------|------|------------|
| Kettl | e Brook Care Center, LLC                                                                     | 2219-C                | 9/30/2017       |        | 36   | 37         |
|       |                                                                                              | A                     | mount           |        |      |            |
| A.    | Balance at End of Prior Period as                                                            | \$                    |                 |        |      |            |
| В.    | Total Revenue (From Statement of                                                             |                       |                 |        | \$   | 12,484,320 |
| C.    | Total Expenditures (From Stateme                                                             | ent of Expenditures P | Page 27)        |        | \$   | 11,931,219 |
| D.    | Net Income or Deficit                                                                        |                       |                 |        | \$   | 553,101    |
| E.    | Balance                                                                                      |                       |                 |        | \$   | 553,101    |
| F.    | Additions <ol> <li>Additional Capital Contributed</li> <li>Other (<i>itemize</i>)</li> </ol> | 1 (itemize )          |                 |        |      |            |
| F-3.  | Total Additions                                                                              |                       |                 |        | \$   |            |
| G.    | Deductions                                                                                   | <u></u>               |                 |        |      |            |
|       | 1. Drawings of Owners/Operator                                                               | rs/Partners (Specify) |                 |        | \$   |            |
|       | Name and Address (No., City                                                                  | , State, Zip)         | Title           | Amount |      |            |
|       |                                                                                              |                       |                 |        |      |            |
|       | 2. Other Withdrawings (Specify)                                                              |                       |                 |        | \$   |            |
|       | Purpose                                                                                      |                       | Amo             | unt    |      |            |
|       |                                                                                              |                       |                 |        |      |            |
|       | 3. Total Deductions                                                                          |                       |                 |        | \$   |            |
| H.    | Balance at End of Period                                                                     | 09/30/                | /17             |        | \$   | 553,101    |

| Name of Facility                                                                                                                                                                                            | License No.                                                                                                                                                                                                                                                                                                                   | Report for Year Ended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Page of                         |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|--|--|--|--|
| Kettle Brook Care Center, LLC                                                                                                                                                                               | 2219-С                                                                                                                                                                                                                                                                                                                        | 9/30/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 37 37                           |  |  |  |  |  |
|                                                                                                                                                                                                             | Check appropriate category                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |  |  |  |  |  |
| Chronic and Convalescent Nursing<br>Home only (CCNH)                                                                                                                                                        | 🗹 NurseFac-Àids                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |  |  |  |  |  |
|                                                                                                                                                                                                             | <b>Preparer/Reviewer Certific</b>                                                                                                                                                                                                                                                                                             | ation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |  |  |  |  |  |
| have read the most recent Federal and<br>personnel as to the possible inclusion<br>regulations. All non-reimbursable ex<br>removed in the State rate computation<br>are properly reported as such in this n | report and am familiar with the applicable<br>d State issued field audit reports for the F<br>n in this report of expenses which are not<br>cpenses of which I am aware (except tho<br>n system) as a result of reading reports, in<br>report on Pages 28 and 29 (adjustments the<br>eement with the books and records, as pr | acility and have inquired of appropresent applicable under the applicable se expenses known to be automatinquiry or other services performed o statement of expenditures). Furt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | priate<br>e<br>cally<br>l by me |  |  |  |  |  |
| Signature of Preparer                                                                                                                                                                                       | Title                                                                                                                                                                                                                                                                                                                         | Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |  |  |  |  |  |
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |  |  |  |  |  |
| Printed Name of Preparer                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                               | <ul> <li>An or a second seco</li></ul> |                                 |  |  |  |  |  |
| iCare Management LLC                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |  |  |  |  |  |
| Address                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                               | Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |  |  |  |  |  |
| 341 Bidwell Street, Manchester, CT 06040                                                                                                                                                                    | 341 Bidwell Street, Manchester, CT 06040 860-570-2140                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |  |  |  |  |  |

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

Version 12.1