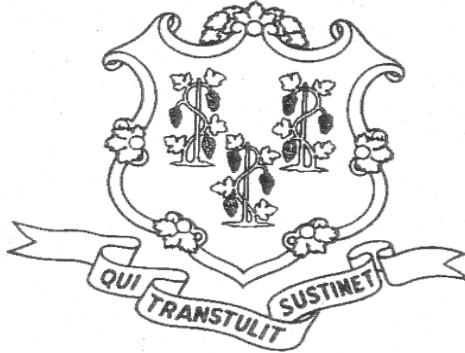


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Autumn Lake Healthcare at Bucks Hill	
Address (No. & Street, City, State, Zip Code) 2187 North Main Street, Waterbury, CT 06704	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2400	RHNS	(Specify)	Medicare Provider 07-5418
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 1275846594	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Autumn Lake Healthcare at Bucks Hill [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Jason Mervin		Printed Name (Owner) Aryeh Stern		
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Autumn Lake Healthcare at Bucks Hill	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 2187 North Main Street, Waterbury, CT 06704				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date 6/11/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-757-0731	9/30/2019	2	37

Name of Facility (as shown on license) Autumn Lake Healthcare at Bucks Hill		Address (No. & Street, City, State, Zip) 2187 North Main Street, Waterbury, CT 06704		
License Numbers:	CCNH 2400	RHNS	(Specify)	Medicare Provider No. 07-5418
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.

Administrator		
Name of Administrator Jason Mervin	Nursing Home Administrator's License No.:	2041
Other Operators/Owners who are assistant administrators (full or part time) of this facility.		
Name	License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2019	3A	37

If this facility is owned or operated as a corporation, provide the following information:

General Information and Questionnaire
Individual Proprietorship

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Autumn Lake Healthcare LLC	4201 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	141,843	141,843
Ultimate Therapy LLC	4201 Rte 9, Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>		Therapy Company (ST, PT, OT) (charges are	13/5a, 9a, 10a	559,379	559,379
Bucks Hill Realty LLC	4201 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Buildings	22/9	698,677	698,677
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total ***

4,195

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Autumn Lake Healthcare at Bucks I	License No. 2400	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 Brand Sonnenchine 3 MTS Consulting LLC 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street, East Hartford, CT 06108 299 Broadway #600, New York, NY 10007 6677 N. Lincoln Ave, Suite 400, Lincolnwood, IL 60712
---	---

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$ 8,910
2 Financial Statement Preparation & Regular Account Work	\$ 35,710
3 Sales Tax Return Preparation and Filing	\$ 2,558
4	\$
	Charge for Services Provided \$ 47,178

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

Yes No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman, Gruder & Woods LLC 2 Jasinski 3 4 5	Telephone Number
--	------------------

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

1 200 CT Ave, Norwalk, CT 06854 2 60 Park Place, Newark, NJ 07102 3 4 5	
---	--

Services Provided by This Firm (*describe fully*)

1 Medicaid Eligibility, Collections	\$ 130
2 Union & Labor Negotiations	\$ 12,341
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 12,471

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

Yes No Pg 15/1e

Schedule of Resident Statistics

Name of Facility Autumn Lake Healthcare at Bucks Hill			License No. 2400				Report for Year Ended 9/30/2019				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					90	90			90	90		
A. On last day of PREVIOUS report period	90	90										
B. On last day of THIS report period	90	90			90	90			90	90		
2. Number of Residents					79	79			73	73		
A. As of midnight of PREVIOUS report period	79	79										
B. As of midnight of THIS report period	76	76			73	73			76	76		
3. Total Number of Days Care Provided During Period					2,087	2,087			708	708		
A. Medicare	2,795	2,795										
B. Medicaid (Conn.)	22,243	22,243			16,827	16,827			5,416	5,416		
C. Medicaid (other states)												
D. Private Pay	1,357	1,357			905	905			452	452		
E. State SSI for RCH												
F. Other (Specify) HMO and Hospice	1,564	1,564			1,146	1,146			418	418		
G. Total Care Days During Period (3A thru F)	27,959	27,959			20,965	20,965			6,994	6,994		
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)	27,959	27,959			20,965	20,965			6,994	6,994		

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare at Bucks Hill			License No. 2400			Report for Year Ended 9/30/2019			Page 9	of 37	
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:											
Date of Change	Place of Change			Change in Beds				Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost		Gained		CCNH	RHNS	(Specify)	
(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)			
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.											
Change in Resident Days								CCNH	RHNS	(Specify)	
								1st change			
2nd change											
3rd change											
4th change											
6. Number of Residents and Rates on September 30 of Cost Year											
Item	Medicare		Medicaid		Self-Pay			Other State Assisted			
	CCNH	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents	5	61		10							
Per Diem Rate											
a. One bed rm.	674.94	235.93		352.80							
b. Two bed rms.											
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments											
A. Medicare - Part B						TOTAL	CCNH	RHNS	(Specify)		
						2,382	2,382				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments						107	107				
2. Restorative Treatments						962	962				
C. Other											
D. Total Physical Therapy Treatments						3,451	3,451				
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B						806	806				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments						28	28				
2. Restorative Treatments						255	255				
C. Other											
D. Total Speech Therapy Treatments						1,089	1,089				
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B						4,497	4,497				
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments						144	144				
2. Restorative Treatments						1,300	1,300				
C. Other											
D. Total Occupational Therapy Treatments						5,941	5,941				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		9/30/2019		10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No							
Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)	20,000	195					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	111,473	2,229					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	179,564	11,032					
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers	305,331	19,850					
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers							
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance							
b. Other Maintenance Workers	65,781	4,141					
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							
b. RN							
1. Direct Care							
2. Administrative**							
c. LPN							
1. Direct Care							
2. Administrative**							
d. Aides and Attendants							
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	47,165	2,861					
i. Physicians							
1. Medical Director							
2. Utilization Review							
3. Resident Care***							
4. Other (Specify)							
j. Dentists							
k. Pharmacists							
l. Podiatrists							
m. Social Workers/Case Management	110,950	4,798					
n. Marketing							
o. Other (Specify)							
See Attached Schedule	25,614	1,508					
A-13. Total Salary Expenditures	865,877	46,614					

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Autumn Lake Healthcare at Bucks Hill				License No. 2400		Report for Year Ended 9/30/2019			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Aryeh Stern (10/1/18-9/30/19)	20,000				Oversees Buildings	195	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Autumn Lake Healthcare at Bucks Hill				2400		9/30/2019			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Patty Leone-Tincher (10/1/18-3/1/19)	50,510				Administrator	1,010	A2			
Jason Mervin (3/1/19-9/30/19)	60,963				Administrator	1,219	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2400	9/30/2019		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	56,370	416			
2. Dentist	3,850	96			
3. Pharmacist	23,662	Contracted			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	184,182	Contracted			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	24,000	192			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	58,121	Contracted			
b. Other					
10. Occupational Therapist					
a. Resident Care	317,076	Contracted			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	915,000	16,884			
2. Administrative***	195,494	Contracted			
b. LPN					
1. Direct Care	1,033,000	27,837			
2. Administrative***					
c. Aides	1,608,000	72,622			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	4,418,755	118,047			

* 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*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended 9/30/2019		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	8,818	8,818		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	17,205	17,205		
4. Social Security (F.I.C.A.)	\$	62,335	62,335		
5. Health Insurance	\$	65,905	65,905		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	1,729	1,729		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	23,087	23,087		
8. Uniform Allowance	\$	2,100	2,100		
9. Other (Specify) See Attached Schedule	\$	3,007	3,007		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	76,783	76,783		
d. Accounting and Auditing	\$	47,178	47,178		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	12,471	12,471		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	36,583	36,583		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	30,808	30,808		
2. Cellular Phones	\$	4,857	4,857		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	491,405	491,405		
Subtotal	\$	884,269	884,269		

* 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**

Autumn Lake Healthcare at Bucks Hill 9/30/2019

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	884,269	884,269		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	3,719	3,719		
4. Employee Travel	\$	66	66		
5. Education Expenses Related to Seminars and Conventions	\$	5,665	5,665		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	40,070	40,070		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	1,250	1,250		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	141,843	141,843		
13. Other (<i>Specify</i>) See Attached Schedule	\$	376,043	376,043		
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,452,925	1,452,925		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
OFFICE MARKETING	\$ 20,564		
Advertising	\$ 19,506		
Total Other Advertising	\$ 40,070	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 1,250		

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fiscal Services	\$ 266,678		
Licenses	\$ 2,058		
Employee Background Check	\$ 2,233		
Data Processing	\$ 15,478		
Consultants	\$ 86,905		
Bank Charges	\$ 2,390		
Penalties	\$ 169		
Resident paid claims	\$ 132		
Total Other Administrative and General	\$ 376,043	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Autumn Lake Healthcare, LLC	141,843	Management Services	16/m12

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

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

Name of Facility	License No.	Report for Year Ended		Page of
	2400	9/30/2019		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 170,738	170,738		
2. Non-Food Supplies	\$ 21,560	21,560		
3. Other (Specify) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 63,299	63,299		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 255,597	255,597		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	3	3		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry	Lbs.				
a. In-House Processing*					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	155,808	155,808		
c. Other (Specify) Laundry Supply	\$	132,060	132,060		
3D. Total Laundry Expenditures (3a + b + c)	\$	287,868	287,868		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
H. Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?			(Page/Line Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?			(Page/Line Item)		

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt. \$				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt. \$	252,827	252,827		
C. Other (<i>Specify</i>) Housekeeping Supply	\$	15,350	15,350		
4D. Total Housekeeping Expenditures (4a + b + c)	\$	268,177	268,177		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	140,805	140,805		
b. Medicine Cabinet Drugs	\$	27,590	27,590		
c. Medical and Therapeutic Supplies	\$	130,125	130,125		
d. Ambulance/Limousine***	\$	911	911		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	2,394	2,394		
f. X-rays and Related Radiological Procedures***	\$	8,200	8,200		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	10,820	10,820		
i. Recreation	\$	35,250	35,250		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	71,987	71,987		
5M. Total Resident Care Expenditures (5a - 5j)	\$	428,082	428,082		

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

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

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

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

Schedule of Other Resident Care

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

Name of Facility Autumn Lake Healthcare at Bucks Hill				License No. 2400	Report for Year Ended 9/30/2019				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Unitex Textile Rental Services	Pkwy, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	109,175			19	3c
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	63,299			18	2b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	155,808			19	3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	252,827			20	4b
FAB Snowplowing & Hauling	10 County Rd., Waterbury, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	18,691			22	6a
Med-Apparel Services	Parkway, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Supply & Services	20,419			19	3c
Furniture Care Consultants	14 53rd Street, Suite 220, Brooklyn, NJ 11232	<input type="radio"/>	<input checked="" type="radio"/>		AP and Payroll Services	222,000			16	m13
Accurate Staffing LLC	920 Blairhill Road, Suite B118. Charlotte NC	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Nursing Staff/Employees	3,750,000			13	
Wast wanted solutions	178 Rt 59, Ste 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	13,780			22	6a
Point Click Care	PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	10,405			16	m13
Computer Associates	Ave., Englewood Cliffs, NJ 07632	<input type="radio"/>	<input checked="" type="radio"/>		Computer IT service contract	46,154			16	m13
NCL Services	500 Wolcott Road, Waterbury, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	10,408			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	100,181	100,181			
b. Heat	\$	30,792	30,792			
c. Light & Power	\$	72,343	72,343			
d. Water	\$	28,478	28,478			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	4,195	4,195			
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	235,989	235,989			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	104,034	104,034			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	78,652	78,652			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	182,686	182,686			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	48,285	48,285			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	48,285	48,285			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	698,697	698,697			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	154,325	154,325			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,083,993	1,083,993			

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

Autumn Lake Healthcare at Bucks Hill 9/30/2019

Attachment Page 22

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Name of Facility Autumn Lake Healthcare at Bucks Hill				License No. 2400			Report for Year Ended 9/30/2019				Page 23	of 37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal														
B. Building and Building Improvements				3,121,005		3,121,005	390,126	SL	30	104,034				
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
B-4. Subtotal														
C. Non-Movable Equipment														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
C-4. Subtotal														
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
	Yes	No	Month	Year										
D. Movable Equipment														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a.														
b.														
c.														
d.														
2. Movable Equipment					378,651		378,651	272,256	SL	5	76,552			
a. Acquired prior to this report period														
b. Disposals (attach schedule)														
c. Acquired during this report period (attach schedule)					10,498		10,498				2,100			
D-3. Subtotal												78,652		
E. Total Depreciation												182,685		

Autumn Lake Healthcare at Bucks Hill
9/30/2019

Schedule of Land Improvements Acquired during this report period

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

***Ties to Page 23, Line A3**

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

***Ties to Page 23, Line C3**

****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/28/2019	Rooftop Refrigeration Unit	\$ 6,400	5	\$ 1,280
4/5/2019	Wander Guards/Bracelets	\$ 4,098	5	\$ 820
Total additions for Movable Equipment		\$ 10,498		\$ 2,100 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2019	DuroLast PVC Roofing System	\$ 167,400	15	\$ 11,160
10/31/2018	Building Security Upgrades	\$ 4,251	5	\$ 850
9/30/2019	Bathroom Remodeling	\$ 154,415	20	\$ 7,721
2/28/2019	Grease Trap	\$ 7,350	5	\$ 1,470
9/30/2019	Interior Design & Construction	\$ 140,679	20	\$ 7,034
11/30/2018	Walk-In Cooler Floor	\$ 2,552	5	\$ 510
1/9/2019	Phone System	\$ 2,012	5	\$ 402
Total additions for Leasehold Improvement		\$ 478,659		\$ 29,148 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Autumn Lake Healthcare at Bucks Hill			License No. 2400		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		142,419	34,163	SL		19,137	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				478,659		SL		29,148	
C-4. Subtotal									48,285
D. Total Amortization									48,285

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	01/01/15			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/01/15			
4. Date of Initial Licensure	01/01/15			
5. Total Licensed Bed Capacity	90			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	3,343	3,343		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	3,343	3,343		
14. Insurance						
a. Insurance on Property (buildings only)		\$	101,837	101,837		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	101,837	101,837		
15. Total All Expenditures (A-13 thru C-14)		\$	9,402,444	9,402,444		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		2400	9/30/2019	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$	317,176	317,176	
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	76,783	76,783	
10.			Accounting	\$			
10a.			Legal	\$	130	130	
11.			Telephone	\$			
12.	15	1h	Cellular Telephone	\$	3,777	3,777	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	14	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$	40,070	40,070	
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m13	Fund Raising / Contributions	\$	1,250	1,250	
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	169	169	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$	439,355	439,355		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Insurance applied to patient re	\$ -		
16	m13	Penalties	\$ 169		
Total Other A&G Adjustments			\$ 169	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Name of Facility Autumn Lake Healthcare at Bucks Hill				License No. 2400	Report for Year Ended 9/30/2019		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
			Subtotals Brought Forward	\$ 439,355	439,355			
			Page 20 - Resident Care Supplies***					
27.	20	5a2	Prescription Drugs	\$ 140,805	140,805			
28.	20	20d	Ambulance/Limousine	\$ 911	911			
29.	20	20f	X-rays, etc	\$ 8,200	8,200			
30.	20	20h	Laboratory	\$ 10,820	10,820			
31.	20	5c	Medical Supplies	\$ 46,885	46,885			
32.	20	5e	Oxygen (non emergency)	\$ 2,394	2,394			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$				
			Page 22 - Maintenance and Property					
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$				
36.			Depreciation on Unallowable Motor Vehicles	\$				
37.			Unallowable Property and Real Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$				
			Page 27 - Insurance					
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
			Other - Miscellaneous					
42.			Other - Indirect	\$				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$				
			Not For Profit Providers Only					
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$				
49.			Total Amount of Decrease (Items 1 - 48)	\$ 649,370	649,370			

*** 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.

Autumn Lake Healthcare at Bucks Hill 9/30/2019

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,221,515	5,221,515				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,467,747	2,467,747				
b. Medicare Room and Board Contractual Allowance **	\$ (38,668)	(38,668)				
4. a. Private-Pay Residents and Other	\$ 551,110	551,110				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 380,218	380,218				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (300,454)	(300,454)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 252,512	252,512				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (179,335)	(179,335)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 520,431	520,431				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (365,496)	(365,496)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 207,989	207,989				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,717,568	8,717,568				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 103	103				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,929	1,929				
V. Total Other Revenue (1 thru 8)	\$ 2,032	2,032				
VI. Total All Revenue (III +V)	\$ 8,719,601	8,719,601				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Fluenza Billing	\$ 4,387		
	Optum (Part B Capitated)	\$ 121,035		
	Other Rev Mcre B -glucose	\$ 34,727		
	Other Rev Mcre B-flu Shot	\$ 47,335		
	Other Rev Mcre B-Pneumoni	\$ 19,592		
	Contra - Mcre B - Glucose	\$ (19,086)		
Total Other Resident Revenue - Medicare		\$ 207,989	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income-Citibank	\$ 20			
	Interest Income-Amboy	\$ 10			
	Interest Income-Wells Fargo	\$ 74			
Total Interest Income		\$ 103	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Pharmacy Rebates	\$ 1,929		
Total Other Revenue		\$ 1,929	\$ -	\$ -

G. Balance Sheet

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 487,155	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 684,608	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 28,165	
a. _____				
b. _____				
c. _____				
d. See Schedule		28,165		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 123,530	
See Schedule		123,530		
A-9. Total Current Assets (Lines A1 thru 8)			\$ 1,323,458	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
4. Leasehold Improvements	*Historical Cost	621,079	\$	538,631
	Accum. Depreciation	82,448 Net		
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 241,930	
See Schedule		241,930		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 780,561	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Schedule of Other Current Assets (itemized) Page 31 Line A8

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

G. Balance Sheet (cont'd)

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page 32	of 37
Account		Amount		
Total Brought Forward:			\$	2,104,019
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	342,482
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost Accum. Depreciation	3,121,005 494,160 Net	\$	2,626,845
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
5. Movable Equipment	*Historical Cost Accum. Depreciation	389,149 350,908 Net	\$	38,241
6. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	3,007,568
D. Investment and Other Assets				
1. Deferred Deposits			\$	17,555
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost Accum. Depreciation	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	17,555
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,129,142

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 1,387,564	
2. Notes Payable (<i>itemize</i>)			\$ 359,281	
Due to Ultimate			352,500	
Capital Lease Payable			6,781	
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$ 5,298	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$ (1,673)	
See Schedule			(1,673)	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 1,750,470	

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,750,470	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$ 816,881	
Name and Address of Lender	Amount	Loan Date		
Stern/Autumn Lake/Landlord	816,881	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 816,881	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 2,567,351	

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	3,108,345
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	3,108,345
B. Net Worth				
1. Owner's Capital			\$	(528,712)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	665,000
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ (682,843)
7. Total Net Worth			\$	(546,554)
C. Total Reserves and Net Worth			\$	2,561,791
D. Total Liabilities, Reserves, and Net Worth			\$	5,129,142

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2019	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 520,591
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 8,719,601
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 9,402,444
D. Net Income or Deficit				\$ (682,843)
E. Balance				\$ (162,252)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				\$
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose		Amount		
3. Total Deductions				\$
H. Balance at End of Period				\$ (162,252)

I. Preparer's/Reviewer's Certification

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2019	Page 37	of 37
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Check appropriate category

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
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Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
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Printed Name of Preparer

CJLC LLC

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