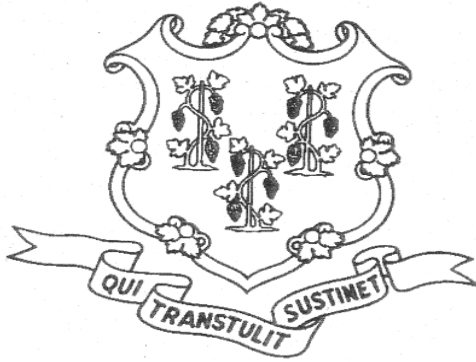


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Autumn Lake Heathcare At New Britain	
Address (No. & Street, City, State, Zip Code) 400 Brittany Farms Rd. New Britain, Ct 06053	
Type of Facility <input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2402	RHNS	(Specify)	Medicare Provider 07-5292
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Medicaid Provider Numbers:	CCNH 000010520	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

General Information

Name of Facility (as licensed) Autumn Lake Heathcare At New Britain	License No. 2402	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 Heathcare At New Britain [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) Joshua Schechter			Printed Name (Owner) Aryeh Stern		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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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 New Britain	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 400 Brittany Farms Rd. New Britain, Ct 06053				
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 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Healthcare At New Britain		Address (No. & Street, City, State, Zip) 400 Brittany Farms Rd. New Britain, Ct 06053		
License Numbers:	CCNH 2402	RHNS (Specify)	Medicare Provider No. 07-5292	
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="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 Joshua Schechter		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Heathcare At New Britain	2402	9/30/2019	3B	37

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 Heathcare At New Britain	License No. 2402	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Autumn Lake Heathcare LLC	4201 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	336,861	336,861
Ultimate Therpy LLC	4201 Rte 9, Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>		PT, OT, ST Therpy Company	13/5a, 9a, 10a	1,048,226	1,048,226
New Britain Realty	4201 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9	1,429,951	1,429,951
		<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 Heathcare At New Britain	License No. 2402	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 expense:	Total of Direct and Allocated Costs

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of	
Autumn Lake Heathcare At New Britain		2402		9/30/2019			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
ACPL Hanger Company, 4850 Joule St., Ste. A-1, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim, Omnisound, Megapulse, Omnistim, Omnicycle, Printer, OC, Martel	01/01/15	12 months	6,797	6,797		
	<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"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	6,797

* 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 Heathcare At New B	License No. 2402	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	Address (No. & Street, City, State, Zip Code)
1 CJLC LLC	225 Pitkin St, East Hartford, CT 06108
2 Brand Sonnenchine	299 Broadway #600 New York, NY 10007
3 MTS Consulting LLC	6677 N. Lincoln Ave, Suite 400, Lincolnwood, IL 60712
4	

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$ 21,473
2 Financial Statement Preperation and Regular accounting work	\$ 34,590
3 Sales tax return preparation and filing	\$ 2,558
4	\$
	Charge for Services Provided
	\$ 58,621

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	Telephone Number
1 See Schedule	
2	
3	
4	
5	

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 See Schedule	\$ 61,627
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 61,627

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 New Britain		License No. 2402			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												
A. On last day of PREVIOUS report period	282	282			282	282			282	282		
B. On last day of THIS report period	282	282			282	282			282	282		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	238	238			238	238			237	237		
B. As of midnight of THIS report period	234	234			237	237			234	234		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,979	5,979			5,119	5,119			860	860		
B. Medicaid (Conn.)	69,774	69,774			52,263	52,263			17,511	17,511		
C. Medicaid (other states)												
D. Private Pay	5,166	5,166			4,429	4,429			737	737		
E. State SSI for RCH												
F. Other (Specify) HMO, Private Ins., Hospice	7,354	7,354			5,094	5,094			2,260	2,260		
G. Total Care Days During Period (3A thru F)	88,273	88,273			66,905	66,905			21,368	21,368		
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)	88,273	88,273			66,905	66,905			21,368	21,368		

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare At New Britain			License No. 2402			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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	11		187		36								
Per Diem Rate													
a. One bed rm.	628.77		247.38		329.06								
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								5,432	5,432				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								477	477				
2. Restorative Treatments								4,293	4,293				
C. Other													
D. Total Physical Therapy Treatments								10,202	10,202				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,064	1,064				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								99	99				
2. Restorative Treatments								888	888				
C. Other													
D. Total Speech Therapy Treatments								2,051	2,051				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,086	4,086				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								344	344				
2. Restorative Treatments								3,092	3,092				
C. Other													
D. Total Occupational Therapy Treatments								7,522	7,522				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Autumn Lake Healthcare At New Britain	2402	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. of Schedule A1)	20,000	195				
2. Administrator(s) (Complete also Sec. II of Schedule A1)	132,189	2,005				
3. Assistant Administrator (Complete also Sec. I of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	675,750	19,286				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	909,894	61,351				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Service:						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	197,011	11,610				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Service:						
11. Accounting Service:						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Resident						
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	170,176	8,733				
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	165,042	6,062				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	67,347	3,835				
A-13. Total Salary Expenditures	2,337,408	113,077				

* 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, Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries Medical Records	\$ 67,347	3,835				
Total	\$ 67,347	3,835	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Autumn Lake Heathcare At New Britain				2402	9/30/2019				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Aryeh Stern (10/1/18-9/30/19)	20,000				Oversee's building, high level executive decisions etc	195		Owns multiple buildings in NJ and CT. Large portion of 2018 was dedicated to		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Autumn Lake Heathcare At New Britain				2402	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***										
Joshua Schechter (10/1/18-9/30/19)	132,189				Administrator	2,005	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		
Autumn Lake Healthcare At New Britain	2402	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	74,880	2,496				
2. Dentist	21,084	280				
3. Pharmacist	53,514	Contracted				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	540,784	Contracted				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	129,600	1,066				
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	108,719	Contracted				
b. Other						
10. Occupational Therapist						
a. Resident Care	398,723	Contracted				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,826,300	27,210				
2. Administrative***	1,073,100	Contracted				
b. LPN						
1. Direct Care	3,612,600	76,627				
2. Administrative***						
c. Aides	6,338,000	225,983				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	14,177,304	333,662				

* 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 Autumn Lake Healthcare At New Britain		License No. 2402	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
United Dental Resources 411 Highland Ave, Waterbury, CT 06708	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Pinnacle 410 Monmouth Ave., Lakewood, NJ 08701	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Ultimate Therapy 4201 Rte 9, Howell, NJ 07731	Physical Therapist, Occupational Therapist, Speech Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
Accurate Staffing, Inc. (ASI) 14 53rd St. Suite 220, Brooklyn, NY 11232	Nurse Services	<input type="radio"/>	<input checked="" type="radio"/>		
Barochi Internal Medicine 60 Cedar St., Newington, CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
CT Mutispeciality 2110 Silas Deane HW, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Grove Hill Medical 300 Kensington Ave., New Britain, CT 06051	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eye Care 888 Worcester St., Wellesley, MA 02482	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
ProHealth Physicians of Farmington 21 South Rd., Farmington, CT 06032	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Surgi Care Inc. PO Box 845352, Boston, MA 02284	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Podiatry Group 888 Worcester St., Wellesley, MA 02482	Medical Director	<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"/>		
		<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"/>		
		<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.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 63,981	63,981		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 54,940	54,940		
4. Social Security (F.I.C.A.)	\$ 170,242	170,242		
5. Health Insurance	\$ 264,389	264,389		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,686	3,686		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 69,383	69,383		
8. Uniform Allowance	\$ 1,366	1,366		
9. Other (Specify) See Attached Schedule	\$ 8,167	8,167		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 259,644	259,644		
d. Accounting and Auditing	\$ 57,200	57,200		
e. Legal (Services should be fully described on Page 7)	\$ 62,014	62,014		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 77,812	77,812		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,101	21,101		
2. Cellular Phones	\$ 16,483	16,483		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,257,267	1,257,267		
Subtotal	\$ 2,387,675	2,387,675		

* 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 New Britain
9/30/2019

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Training & Upgrade	\$ 8,167		
Total	\$ 8,167	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,387,675	2,387,675			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	13,309	13,309		
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$	19,836	19,836		
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	\$	107,669	107,669		
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**	\$	336,861	336,861		
13. Other (<i>Specify</i>) See Attached Schedule	\$	869,644	869,644		
C-14 Total Administrative & General Expenditures	\$	3,736,244	3,736,244		

* 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	\$ 36,363		
Advertising	\$ 71,306		
Total Other Advertising	\$ 107,669	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fiscal Services	\$ 544,595		
Licenses	\$ 8,222		
Employee Background Check	\$ 3,379		
Data Processing	\$ 73,940		
Consultants	\$ 228,741		
Bank Charges	\$ 5,796		
Penalties	\$ 288		
Nursing Consultant	\$ 4,683		
Total Other Administrative and General	\$ 869,644	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Autumn Lake Healthcare At New Britain	License No. 2402	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	336,861	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 Autumn Lake Healthcare At New Britain		License No. 2402	Report for Year Ended 9/30/2019		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 699,381	699,381			
2.	Non-Food Supplies	\$ 63,064	63,064			
3.	Other (<i>Specify</i>) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 256,937	256,937			
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 1,019,382	1,019,382			
2F. Dietary Questionnaire						
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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 New Britain		License No. 2402	Report for Year Ended 9/30/2019		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	573,027	573,027		
c. Other (Specify)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	573,027	573,027		
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		License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At New Britain		2402	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
	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. \$	928,039	928,039		
	C. Other (<i>Specify</i>) Housekeeping Supplies		\$ 56,547	56,547		
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 984,586	984,586		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	337,871	337,871		
	b. Medicine Cabinet Drugs	\$	50,028	50,028		
	c. Medical and Therapeutic Supplies	\$	325,163	325,163		
	d. Ambulance/Limousine***	\$	23,759	23,759		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	16,177	16,177		
	f. X-rays and Related Radiological Procedures***	\$	40,911	40,911		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	53,449	53,449		
	i. Recreation	\$	38,787	38,787		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	273,329	273,329		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,159,474	1,159,474		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Laundry Supply	\$ 67		
DIAPERS	\$ 110,129		
Resident Pd. Claims (cb)	\$ 1,264		
Medical Waste	\$ 4,237		
Mattresses	\$ 49,039		
Medical Equipment (Minor)	\$ 108,005		
Therapy Supplies	\$ 589		
Total Other Resident Care	\$ 273,329	\$ -	\$ -

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

Name of Facility Autumn Lake Healthcare At New Britain		License No. 2402		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
Waste Wanted Solutions	178 Route 59, Ste. 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	41,935			22	6a
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry-\$573,027, Housekeeping-\$928,039				18,19,2	3b,3b.
Accurate Staffing LLC	14 53rd St., Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Nursing	12,850,000			13	
Computer Associates	Englewood Cliffs, NY 07632	<input type="radio"/>	<input checked="" type="radio"/>		Computer IT Service Contract	124,595			16	
Future Care Consultants	14 53rd St., Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing and AR	420,000			16	m13
Expedia	PO BOX 2459 Monroe NY 10949	<input type="radio"/>	<input checked="" type="radio"/>		Telephone	11,172			15	1h1
Verizon		<input type="radio"/>	<input checked="" type="radio"/>		Telephone	13,134			15	1h2
Point Click Care	PO BOX 674802 Detroit MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	44,953			16	m13
Mobile Mini Inc.	PO BOX 740773, Cincinnati OH 45274	<input type="radio"/>	<input checked="" type="radio"/>		Storage	13,934			22	6a
Collaborative Laboratory	STREET, Hartford CT 06105	<input type="radio"/>	<input checked="" type="radio"/>		Labs	29,563			20	5h
On Shift	1621 Euclid Ave., Cleveland, OH 44115	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	15,251			16	m13
MobilexUSA	Sparks Glencoe, MD 21152	<input type="radio"/>	<input checked="" type="radio"/>		Xrays	32,956			20	5g
Brightview Landscapes LLC		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	10,950			22	6a
		<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	License No.	Report for Year Ended			Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 323,053	323,053				
b. Heat	\$ 81,552	81,552				
c. Light & Power	\$ 196,286	196,286				
d. Water	\$ 100,307	100,307				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 6,797	6,797				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 707,995	707,995				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 363,634	363,634				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 233,843	233,843				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 597,477	597,477				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 39,827	39,827				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 39,827	39,827				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,429,951	1,429,951				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 328,465	328,465				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,395,720	2,395,720				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility Autumn Lake Heathcare At New Britain				License No. 2402			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													
1. Acquired prior to this report period				10,909,021		10,909,021	1,363,628	SL	30	363,634			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal											363,634		
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													
a. Acquired prior to this report period				Var	Var	1,169,807		1,169,807	843,950	SL	Var	229,458	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						30,023		30,023				4,385	
D-3. Subtotal													233,843
E. Total Depreciation													597,477

Autumn Lake Healthcare At New Britain
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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2018	Software Upgrade	\$ 3,936	5	\$ 787
11/1/2018	Counter	\$ 2,933	5	\$ 587
1/31/2019	Washer & Dryers	\$ 16,195	10	\$ 1,620
10/31/2018	Water/Ice Dispenser & Water Filter	\$ 6,959	5	\$ 1,392
Total additions for Movable Equipmen		\$ 30,023		\$ 4,385 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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:				
7/31/2019	Condensing Units + Installation	\$ 14,250	15	\$ 950
9/30/2019	Interior Design + Construction	\$ 53,000	15	\$ 3,533
12/31/2018	Camera + Nurse Station System	\$ 23,285	15	\$ 1,552
11/30/2018	Design Fee	\$ 5,000	5	\$ 1,000
1/9/2019	New Elevator Flooring	\$ 718	5	\$ 144
1/31/2019	New Door & Frame	\$ 1,008	5	\$ 202
6/30/2019	New AC Units/Tiles	\$ 3,110	5	\$ 622
7/31/2019	Condensing Unit for Walk-In Freezer	\$ 5,862	5	\$ 1,172
7/31/2019	Compressor in Learning Center Unit	\$ 2,972	5	\$ 595
Total additions for Leasehold Improvemen		\$ 109,206		\$ 9,770 *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Autumn Lake Healthcare At New Britain			2402		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		339,324	58,340	SL		30,057	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				109,206				9,770	
C-4. Subtotal									39,827
D. Total Amortization									39,827

* 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 Autumn Lake Heathcare At New Brita	License No. 2402	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		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		282		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Autumn Lake Heathcare At New Brit		2402	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Autumn Lake Heathcare At New H		2402		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$ 13,421	13,421		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 13,421	13,421		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 226,124	226,124		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 226,124	226,124		
15. Total All Expenditures (A-13 thru C-14)				\$ 27,330,685	27,330,685		

D. Adjustments to Statement of Expenditures

Name of Facility Autumn Lake Healthcare At New Britain				License No. 2402	Report for Year Ended 9/30/2019	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10	Occupational Therapy	\$ 398,723	398,723		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 259,644	259,644		
10.			Accounting	\$			
10a.			Legal	\$ 62,014	62,014		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 14,683	14,683		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 11,771	11,771		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 107,669	107,669		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,250	1,250		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 288	288		
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)				\$ 856,042	856,042		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Penalties and Late Fees	\$ 288		
Total Other A&G Adjustments			\$ 288	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain				2402	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 856,042	856,042		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 337,871	337,871		
28.	20	5d	Ambulance/Limousine	\$ 23,759	23,759		
29.	20	5f	X-rays, etc	\$ 40,911	40,911		
30.	20	5h	Laboratory	\$ 53,449	53,449		
31.	20	5c	Medical Supplies	\$ 62,454	62,454		
32.	20	5e	Oxygen (non emergency)	\$ 16,177	16,177		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,264	1,264		
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)				\$ 1,391,927	1,391,927		

*** 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 New Britain
9/30/2019

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Resident Paid Claims	\$ 1,264		
Total Other Ancillary Costs			\$ 1,264	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,268,916	17,268,916				
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>)	\$ 6,058,498	6,058,498				
b. Medicare Room and Board Contractual Allowance **	\$ (3,431)	(3,431)				
4. a. Private-Pay Residents and Other	\$ 1,742,555	1,742,555				
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	\$ 971,058	971,058				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (753,134)	(753,134)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 190,795	190,795				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (104,687)	(104,687)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 248,365	248,365				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (87,556)	(87,556)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 491,604	491,604				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 26,022,982	26,022,982				
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>)	\$ 559	559				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 4,499	4,499				
V. Total Other Revenue (1 thru 8)	\$ 5,059	5,059				
VI. Total All Revenue (III +V)	\$ 26,028,040	26,028,040				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/6IIa	Fluenza Billing	\$ 10,716		
30/6IIa	Phneumonia	\$ 3,517		
30/6IIa	Optum (Part B Capitated)	\$ 388,874		
30/6IIa	Other Rev Mcre B -glucose	\$ 46,450		
30/6IIa	Other Rev Mere B-flu Shot	\$ 35,269		
30/6IIa	Other Rev Mere B-pharmacy	\$ 6,778		
Total Other Resident Revenue - Medicare		\$ 491,604	\$ -	\$ -

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)
30/IV5	Interest Income-Citibank		\$ 51		
	Interest Income-Wells Fargo		\$ 213		
	Interest Income-CNG		\$ 23		
	Interest Income-Eversource		\$ 273		
Total Interest Income			\$ 559	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Pharmacy Rebates	\$ 4,279		
30/IV8	Medical Records	\$ 220		
Total Other Revenue		\$ 4,499	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	892,971
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,369,569
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	90,211
a. _____				
b. _____				
c. _____				
d. See Schedule		90,211		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,352,752
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 <u>448,530</u>		\$	350,363
	Accum. Depreciation <u>98,167</u>	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>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	350,363

* 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

Page Ref	Line Ref	Description	
		Prepaid Insurance	61,246.43
		Prepaid Interest	27,543.84
		Prepaid Accounting Expenses	\$ 1,421
		Total Prepaid Expenses	\$ 90,211

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

Page Ref	Line Ref	Description	
		Total Other Current Assets (Itemize)	\$ -

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

Page Ref	Line Ref	Description	
		Total Other Fixed Assets (Itemize)	\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Total Other Assets	\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Capital Lease Payable	\$ 173,401
		Total Notes Payable	\$ 173,401

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

Page Ref	Line Ref	Description	
		Due to Medicare	\$ (499)
		Due To/from Previous Ownr	\$ 26,307
		Due To Medicaid	\$ (80,316)
		Total Other Current Liabilities (Itemize)	\$ (54,509)

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

Page Ref	Line Ref	Description	
		Total Other Current Liabilities (Itemize)	\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Heathcare At New Britain	2402	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	2,703,115
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	1,000,000
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
3. Buildings			*Historical Cost <u>10,909,021</u>	
			Accum. Depreciation <u>1,727,262</u>	Net
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
5. Movable Equipment			*Historical Cost <u>1,199,830</u>	
			Accum. Depreciation <u>1,077,793</u>	Net
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	10,303,796
D. Investment and Other Assets				
1. Deferred Deposits			\$	30,240
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)			\$	30,240
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	13,037,151

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	3,964,753
2. Notes Payable (<i>itemize</i>)			\$	173,401

See Schedule				173,401
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>)			\$	(2,600)
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	22,599
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>)			\$	(54,509)

See Schedule				(54,509)
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	4,103,645

* 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 New Britain	License No. 2402	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,103,645	
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>)				\$ (78,508)
Name and Address of Lender	Amount	Loan Date		
Stern/Autumn Lake/Landlord	(78,508)	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (78,508)
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,025,137

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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain	2402	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	10,633,551
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	10,633,551
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	(318,893)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(1,302,644)
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	(1,621,537)
C. Total Reserves and Net Worth			\$	9,012,014
D. Total Liabilities, Reserves, and Net Worth			\$	13,037,151

H. Changes in Total Net Worth

Name of Facility Autumn Lake Healthcare At New Britain	License No. 2402	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(6,511,314)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	26,028,040
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	27,330,685
D. Net Income or Deficit			\$	(1,302,644)
E. Balance			\$	(7,813,958)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/19	\$	(7,813,958)

I. Preparer's/Reviewer's Certification

Name of Facility Autumn Lake Heathcare At New Britain	License No. 2402	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
CJLC LLC				
Address Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				