State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as licensed) Carolton Chronic and Convalescent Hospital, Inc.		
Address (No. & Street, City, State, Zip Code) 400 Mill Plain Road, Fairfield, CT 06824		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	606-C			07-5034

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	6064		

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)	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Carolton Chronic and Convalescent Hospital, Inc. [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) Dennis Kretzmer			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Carolton Chronic and Convalescent Hospital, Inc.	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 400 Mill Plain Road, Fairfield, CT 06824				
Report Prepared By PKF O'Connor, Davies, LLP	Phone Number 860-257-1870		Date 2/4/2020	

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.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-255-3573	9/30/2019	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Carolton Chronic and Convalescent Hospital, Inc.	400 Mill Plain Road, Fairfield, CT 06824

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	606-C			07-5034

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ◉ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Dennis Kretzmer	939

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
N/A	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
N/A			

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital,	606-C	9/30/2019	3A	37

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

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Carolton Chronic and Convalescent Hospital, Inc.	400 Mill Plain Road, Fairfield, CT 06824	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Carmen A. Tortora	400 Mill Plain Road, Fairfield, CT 06824	President	
Michael Tortora	400 Mill Plain Road, Fairfield, CT 06824	Director	
Paul M. Tortora	400 Mill Plain Road, Fairfield, CT 06824	Director	
Russell J. Melita	400 Mill Plain Road, Fairfield, CT 06824	Director	
Names of Stockholders Owning at Least 10% of Shares			
Carmen A. and Agnes E. Tortora Dynasty Tru	400 Mill Plain Road, Fairfield, CT 06824		

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	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

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
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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	%**				
CMF Realty (Tortora Family Trust)	Fairfield, CT	○	⊙		Rental of real estate and equipment.	22 9A	930,000	
Carmen A. & Agnes E. Tortora Dynasty (C)	Fairfield, CT	○	⊙		Rental of real estate and equipment.	22 9 A		
TTFT Management Associates	Fairfield, CT	○	⊙		Management services.	pg 16 M12	603,918	603,918
Peter Tortora, MD	Fairfield, CT	○	⊙		Assistant Medical Director	pg 13 B8e, pg 28a	30,000	30,000
Carmen Tortora Jr. - CAT	Fairfield CT	○	⊙		Loans	pg 31 a8,pg 34 b4	35,877	35,877
CAT Holdings	Fairfield CT	○	⊙		Loans	pg 31 a8,	1,919,051	1,919,051
TTFT Management Assoc.	Fairfield, CT	○	⊙		Loans	pg 31 a8,34 b4	73,993	73,933
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
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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 (*See listing page 13*)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

1. In the preparation of this Report, were all costs allocated as required? ⊙ 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.

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Pitney Bowes	○	⊙	Stamp Machine	Monthly	Monthly	1,929	1,929
DeLange	○	⊙	Copy Machines	Monthly	Monthly	8,329	8,329
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No **Total** *** 10,258

* 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.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
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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 PKF O'Connor Davies, LLP	100 Great Meadow Rd. Wethersfield CT
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Cost Report/Financial Statements/Tax Returns/Retirement Audit	$ 30,600
2		$
3		$
4		$
		Charge for Services Provided $ 30,600

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 Jackson Lewis	
2 Jennifer Gable	
3 Wiggen & Dana	
4 C. Jankovsky	
5	

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

Services Provided by This Firm (*describe fully*)

1	Personnel HR issues	$ 17,255
2	Title 19 Applications	$ 2,175
3	Corp. Matters - See pg 28	$ 333
4	Annual reports	$ 675
5		$
		Charge for Services Provided $ 20,438

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
⊙ Yes ○ No Pg 15 e

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Schedule of Resident Statistics

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	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	229	229			229	229			229	229		
B. On last day of THIS report period	229	229			229	229			229	229		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	144	144			144	144			141	141		
B. As of midnight of THIS report period	149	149			141	141			149	149		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,848	8,848			7,036	7,036			1,812	1,812		
B. Medicaid (Conn.)	25,867	25,867			19,159	19,159			6,708	6,708		
C. Medicaid (other states)												
D. Private Pay	15,902	15,902			11,770	11,770			4,132	4,132		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	50,617	50,617			37,965	37,965			12,652	12,652		
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	206	206			176	176			30	30		
5. ***Total Resident Days*** **(3G + 4A + 4B)**	50,823	50,823			38,141	38,141			12,682	12,682		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital,	606-C	9/30/2019	9	37

4. Were there any changes in the certified bed capacity during the report year? ⊙ Yes ○ 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						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	25	75		49				
Per Diem Rate								
a. One bed rm.		256.05		417-560				
b. Two bed rms.								
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	1,758	1,758		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	19,360	19,360		
D. ***Total Physical Therapy Treatments***	21,118	21,118		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	137	137		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,404	1,404		
D. ***Total Speech Therapy Treatments***	1,541	1,541		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,229	1,229		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	13,482	13,482		
D. ***Total Occupational Therapy Treatments***	14,711	14,711		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ 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)	100,000	2,080				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,000	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	144,000	4,160				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	695,520	32,452				
5. Dietary Service						
a. Head Dietitian	91,525	2,112				
b. Food Service Supervisor	72,607	2,080				
c. Dietary Workers	995,392	66,995				
6. Housekeeping Service						
a. Head Housekeeper	76,535	2,094				
b. Other Housekeeping Workers	634,079	46,298				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	199,036	9,578				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	135,089	9,463				
9. Barber and Beautician Services	34,099	1,740				
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	184,880	3,936				
b. RN						
1. Direct Care	1,242,671	36,500				
2. Administrative**	311,852	7,805				
c. LPN						
1. Direct Care	2,452,554	76,280				
2. Administrative**	129,929	4,182				
d. Aides and Attendants	2,806,015	164,660				
e. Physical Therapists	1,669,884	42,495				
f. Speech Therapists						
g. Occupational Therapists	674,749	19,827				
h. Recreation Workers	187,253	9,830				
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	56,521	2,110				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	60,432	2,656				
A-13. Total Salary Expenditures	13,054,622	551,413				

* 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)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Medical Records	$ 60,432	2,656				
Total	$ 60,432	2,656	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

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

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Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Carmen A. Tortora Jr.	100000 - See pg 28a				President of Corp.	2,080	A1	TTFT Mgmt Co.	Pg28 Disal	

* 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.

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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
Carolton Chronic and Convalescent Hospital, Inc.	606-C	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* **										
Dennis Kretzmer	100,000				Administrator	2,080	A2	TTFT Mgmt. Co.	Pg28 Disal	
Section IV - Assistant Administrators										
Thomas J. Tortora	72,000				Ast. Admin.	2,080	A3	TTFT Mgmt. Co.	Pg28 Disal	
Kathleen Abrahamsen	72,000				Ast. Admin.	2,080	A3	TTFT Mgmt. Co.	Pg28 Disal	

*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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	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						
2. Dentist	19,494	96				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,000	300				
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)						
Ast. Med Dir.	30,000	100				
9. Speech Therapist						
a. Resident Care	70,465	1,084				
b. Other	5,796	89				
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	155,755	1,669				

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Healthdrive Dental, 25 Needham Street, Newton, MA 02461	Dental services.	○	⊙	
Stuart Miller MD, 39 Canterbury Lane, Trumbull, CT 06611	Medical Director.	○	⊙	
Peter Tortora MD, 345 Old Oaks Drive, Fairfield, CT 06825	Assistant Medical Director. Pg 13 and 28a	⊙	○	Brother of operators.
Rehab Associates 411 Old Coach Rd Fairfield CT	Speech Therapy/OT	○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	344,924	344,924		
2. Disability Insurance	$				
3. Unemployment Insurance	$				
4. Social Security (F.I.C.A.)	$	1,052,508	1,052,508		
5. Health Insurance	$	1,397,102	1,397,102		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$	6,213	6,213		
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$				
d. Accounting and Auditing	$	30,600	30,600		
e. Legal (*Services should be fully described on Page 7)*	$	20,438	20,438		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	304,558	304,558		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	27,800	27,800		
2. Cellular Phones	$	5,174	5,174		
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*	$	(76,187)	(76,187)		
2. Other (*Specify*)	$				
See Attached Schedule					
3. Resident Day User Fee	$	835,064	835,064		
Subtotal	$	3,948,194	3,948,194		

* 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**

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,948,194	3,948,194		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$	19,726	19,726		
4. Employee Travel	$	32,087	32,087		
5. Education Expenses Related to Seminars and Conventions	$	4,822	4,822		
6. Automobile Expense (*not purchase or depreciation*)	$	179	179		
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	14,255	14,255		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	650	650		
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$				
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	350	350		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	1,585	1,585		
10. Contributions***	$	11,629	11,629		
See Attached Schedule					
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$				
12. Administrative Management Services**	$	603,918	603,918		
13. Other (*Specify*)	$	57,423	57,423		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	$	4,694,818	4,694,818		

* 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)
See pg 28	$ 650		
Total Other Advertising	$ 650	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	$ 350		
	$ -		
Total Dues	$ 350	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
See pg 28	$ 11,629		
Total Contributions	$ 11,629	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Director Fees (see pg 29)	$ 8,000		
Consulting (Inservice education $1200, Medicare PDPM $2525)	$ 3,725		
Penalties (See pg 28)	$ 15,121		
Town of Fairfield Permit/Licenses	$ 808		
Preemployment Physicals	$ 22,901		
Medicare Enrollment	$ 586		
Other (see pg 28)	$ 6,282		
Total Other Administrative and General	$ 57,423	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospi	606-C	9/30/2019	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 #
TTFT Management Associates, Fairfield, CT	603,918	Overall Management of facility	P. 16/ m12 & pg. 28

*** 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.**

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CSP-18 Rev. 9/2018

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
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	512,349	512,349		
2. Non-Food Supplies	$	115,034	115,034		
3. Other (*Specify*)_____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	627,383	627,383		

2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				

G.	Is cost of employee meals included in 2D?	○ Yes	◉ No	
H.	Did you receive revenue from employees?	◉ Yes	○ No	If yes, specify amt. 0 for exp. And rev.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	○ Yes	◉ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	◉ No	If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	○ Yes	◉ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	◉ No	If yes, specify amt.
O.	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.

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CSP-19 Rev. 9/2018

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. $	72,822	72,822		
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)*	$	5,242	5,242		
c. Other (*Specify*) Supplies	$	28,394	28,394		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	106,458	106,458		

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.
H.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	○ Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	○ Yes	⊙ No	If yes, specify amt.
K.	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 3D.

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

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CSP-20 Rev. 9/2018

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
Carolton Chronic and Convalescent Hospital, Ir	606-C	9/30/2019	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	86,117	86,117		
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$				
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	86,117	86,117		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	407,575	407,575		
b. Medicine Cabinet Drugs		$				
c. Medical and Therapeutic Supplies		$	262,815	262,815		
d. Ambulance/Limousine***		$	6,835	6,835		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	19,167	19,167		
f. X-rays and Related Radiological Procedures***		$	28,180	28,180		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	85,183	85,183		
i. Recreation		$	15,224	15,224		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	144,206	144,206		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	969,185	969,185		

* 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)
IV supplies See pg 29	$ 72,061		
Medical Supplies Personal See pg 29	$ 35,235		
Social Serv Supplies	$ 91		
PT Supplies	$ 3,300		
Med Supplies	$ 8,761		
Physician Services See pg 29	$ 24,352		
Med Supplies Managed Care See pg 29	$ 406		
Total Other Resident Care	$ 144,206	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	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
All American Waste		○	⊙		Trash Service	38,158			22	6f
Direct TV		○	⊙		TV	22,012			22	6f
D&M Landscaping		○	⊙		Landscaping/snow removal	41,866			22	6f, 6a
Cablevision Lightpath		○	⊙		Telephone (not cable tv)	22,752			15	1h
Precision Mechanicla		○	⊙		Sprinkler System	27,207			22	6f
Home Depot		○	⊙		Maint. Supplies	14,449			22	6a
Toth Mechanical		○	⊙		HVAC	11,576			22	6a, 6f
Federal Electric		○	⊙		Electrical Contractor	11,408			22	6a,6f
ICS		○	⊙		Computer System	49,251			15	1g
Pointclick		○	⊙		Computer System	68,952			15	1g
Hill ROM		○	⊙		Bed rental	36,276			22	6a
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital,	606-C	9/30/2019	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	144,075	144,075		
b. Heat	$	110,928	110,928		
c. Light & Power	$	203,657	203,657		
d. Water	$	39,827	39,827		
e. Equipment Lease (*Provide detail on page 6*)	$	10,258	10,258		
f. Other (*itemize*)	$	235,626	235,626		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	744,371	744,371		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$	134,485	134,485		
c. Non-Movable Equipment	$	6,842	6,842		
d. Movable Equipment	$	65,254	65,254		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	206,581	206,581		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$	99,448	99,448		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	99,448	99,448		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	930,000	930,000		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	246,518	246,518		
c. Personal property taxes	$	105,912	105,912		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,588,459	1,588,459		

* 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)
Purchased Services	$ 235,626		
Total Other Repairs and Maintenance	$ 235,626	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	23	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	3,689,402		2,689,700	941,395	SL	Var.	134,485	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								134,485
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	4,964,386		195,823	106,872	SL	Var.	6,842	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								6,842

	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					4,608,295		4,608,295	4,358,901	SL	Var.	50,534	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					86,197		86,197		SL	Var.	14,720	
D-3. Subtotal												65,254
E. ***Total Depreciation***												206,581

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

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

***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:					
Oct-18	24 Lift Chairs	$ 15,000	15	$ 1,000	
Jun-19	Dinning room chairs	$ 4,626	15	$ 308	
Aug-19	Dish washer	$ 20,000	10	$ 2,000	
Mar-19	Video camera equipment	$ 6,500	5	$ 1,300	
Apr-19	Computer equipment	$ 22,116	3	$ 7,372	
Jun-19	Computer equipment	$ 6,648	5	$ 1,330	
Apr-19	Vecra PT equipment	$ 6,521	7	$ 932	
Jun-19	PT Mobility Asst Device	$ 4,786	10	$ 479	
Total additions for Movable Equipment		$ 86,197		$ 14,720	*
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 perioc

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Feb-19	Disposal	$ 3,428	15	$ 229	
Jan-19	Water Heater	$ 17,500	10	$ 1,750	
Jan-19	Parking lot lighting/improvements	$ 9,306	20	$ 465	
Jan-19	Rooftop AC unit	$ 14,300	20	$ 715	
Feb-19	Heating System upgrades	$ 9,979	20	$ 499	
Apr-19	Roofing	$ 3,403	10	$ 340	
Apr-19	Walk in Freezer	$ 9,419	15	$ 628	
Sep-19	Hot Water Mixing Valve	$ 4,078	20	$ 204	
Jun-19	Rooftop AC unit	$ 8,500	20	$ 425	
Jun-19	3 AC wall units	$ 3,246	20	$ 162	
Aug-19	Rooftop AC unit	$ 10,200	20	$ 510	
Sep-19	Air Conditioning	$ 13,696	20	$ 685	
Sep-19	Water Heater	$ 3,406	10	$ 341	
Total additions for Leasehold Improvement		$ 110,461		$ 6,953	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

***Ties to Page 24, Line C3**

****Ties to Page 24, Line C2**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
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				4,701,435	3,845,484	SL		92,495	
2. Disposals (attach schedule)									
3. Acquired during this report period									
(attach schedule)				110,461		SL		6,953	
C-4. Subtotal									99,448
D. ***Total Amortization***									99,448

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Ho	606-C	9/30/2019	25	37

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	1956
2. Date Structure Completed	1956
3. If **NOT** Original Owner, Date of Purchase	05/09/05
4. Date of Initial Licensure	05/09/05
5. Total Licensed Bed Capacity	2.29
6. Square Footage	
7. Acquisition Cost	
a. Land	139,648
b. Building	66,176

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	07/01/03			
c. Interest Rate for the Cost Year	5.90%			
d. Term of Mortgage (number of years)	20			
e. Amount of Principal Borrowed	9,000,000			
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.

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent H	606-C	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*)

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent	606-C	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*) $	7,861	7,861		
Working Capital/other see pg 28				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	7,861	7,861		
14. Insurance				
a. Insurance on Property (buildings only) $	61,309	61,309		
b. Insurance on Automobiles $				
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $	27,000	27,000		
2. Fire and Extended Coverage $				
3. Other (*Specify*) $	140,073	140,073		
General Ins.				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	228,382	228,382		
15. ***Total All Expenditures (A-13 thru C-14)*** $	22,263,411	22,263,411		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $	646,584	646,584		
Page 13 - Professional Fees							
5.			Resident Care Physicians ** $				
6.			Occupational Therapy $				
7.			Other - See attached Schedule $				
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.			Bad Debts $				
10.			Accounting $				
10a.			Legal $	333	333		
11.	15	1h1	Telephone $	3,000	3,000		
12.	15	1h2	Cellular Telephone $	3,374	3,374		
13.	15	1 a 5	Life insurance premiums on the life of Owners, Partners, Operators $	1,400	1,400		
14.			Gifts, flowers and coffee shops $				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m3	Unallowable Advertising * $	650	650		
19.	15	K1	Income Tax / Corporate Business Tax $	(76,187)	(76,187)		
20.	16	m10	Fund Raising / Contributions $	11,629	11,629		
21.	16	m12	Unallowable Management Fees $	603,918	603,918		
22.	10	a9	Barber and Beauty $	34,099	34,099		
23.			Other - See attached Schedule $	234,581	234,581		
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.	Pg 28		Housekeeping services to employees, guests and others who are not residents $	6,158	6,158		
			Subtotal (Items 1 - 26) $	1,469,539	1,469,539		

* 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)
10	12e	Outpatient PT Wages	$ 415,747		
		Benefits (Pg 15 benefits $2,800,747 / pg 10 wages$13,054,622)= 21.45%	89,178		
10	12g	Outpatient OT Wages	$ 115,384		
		Benefits (Pg 15 benefits $2,800,747 / pg 10 wages$13,054,622)= 21.45%	24,750		
13	9b	Outpatient Speech	$ 1,525		
Total Other Salaries Adjustment			$ 646,584	$ -	$ -

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	L 5	Education	$ 3,698		
27	12D	Interest Expense	$ 7,861		
16	L4	Travel/Entertainment	$ 32,087		
16 A		Directors Fees	$ 8,000		
29B		Outpatient Therapy	$ 4,571		
13	8e	Med Dir Related Party	$ 30,000		
16A		Penalties	$ 15,121		
16A		Other	$ 6,282		
16	L3	Gifts	$ 8,426		
10 A1		Owner Wages	$ 100,000		
30a		Interest Income	$ 123		
22	6f	Cable TV ($22,012 - $3,600allowable)	$ 18,412		
Total Other A&G Adjustments			$ 234,581	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2019	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	1,469,539	1,469,539		
Page 20 - Resident Care Supplies***								
27.	20	5a	Prescription Drugs	$	407,575	407,575		
28.	20	5d	Ambulance/Limousine	$	6,835	6,835		
29.	20	5f	X-rays, etc	$	28,180	28,180		
30.	20	5h	Laboratory	$	85,183	85,183		
31.			Medical Supplies	$				
32.	20	5 e 2	Oxygen (non emergency)	$	19,167	19,167		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	132,054	132,054		
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	$	8,753	8,753		
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
42.			Other - Indirect	$				
43.			Interest Income on Account Rec.	$				
44.			Other - Miscellaneous Administrative	$	7,337	7,337		
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)***			$	2,164,623	2,164,623		

*** 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.

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20 A		IV Therapy	$ 72,061		
20 A		Personal Supplies	$ 35,235		
20 A		Physician Services	$ 24,352		
20 A		Medical Supplies mgd care	$ 406		
Total Other Ancillary Costs			$ 132,054	$ -	$ -

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)
		Outpatient Services	$ 1,997		
		Apartment Disallowance	$ 6,756		
Total Other Property Adjustments			$ 8,753	$ -	$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)

Total Other Adjustments			$ -	$ -	$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30a		Rental Income	$ 7,337		
Total Other Adjustments			$ 7,337	$ -	$ -

Schedule of Other - Direct 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			$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hosp	606-C	9/30/2019	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	11,940,275	11,940,275		
b. Medicaid Room and Board Contractual Allowance **	$	(5,349,006)	(5,349,006)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	5,865,947	5,865,947		
b. Medicare Room and Board Contractual Allowance **	$	(2,477,574)	(2,477,574)		
4. a. Private-Pay Residents and Other	$	9,266,253	9,266,253		
b. Private-Pay Room and Board Contractual Allowance **	$	(1,310,633)	(1,310,633)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	293,042	293,042		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	(486)	(486)		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$	6,732	6,732		
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	54,762	54,762		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$				
b. Physical Therapy - Medicare Contractual Allowance **	$	845,537	845,537		
c. Physical Therapy - Non-Medicare	$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	364,178	364,178		
4. a. Speech Therapy - Medicare	$				
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	103,443	103,443		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	1,082,046	1,082,046		
b. Occupational Therapy - Medicare Contractual Allowance **	$	151,985	151,985		
c. Occupational Therapy - Non-Medicare	$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	71,899	71,899		
b. Other *(Specify)* - Non-Medicare	$	856,451	856,451		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	21,764,851	21,764,851		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	123	123		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	97,585	97,585		
V. Total Other Revenue (1 thru 8)	$	97,708	97,708		
VI. Total All Revenue (III +V)	$	21,862,559	21,862,559		

* *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)
	Lab	$ 42,467		
	Xray	$ 21,943		
	Oxygen	$ 7,489		
Total Other Resident Revenue - Medicare		$ 71,899	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	$ 178		
	Oxygn	$ (12,935)		
	Outpatient Service	$ 869,208		
Total Other Resident Revenue		$ 856,451	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Intrerest Income see pg 28a		$ 123		
Total Interest Income			$ 123	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Rental Income (see pg 29)	$ 7,337		
	Private Duty Nursing (Rev. $73,880 - Exp $76,536)	$ (2,656)		
	Barber (Expense from pg 10 disallowed on pg 28)	$ 13,845		
	Café (Rev $39,643 Wages $30,363 Supplies $25,705)	$ (16,425)		
	Patient Personal Items (Rev $102,363 Exp $6,879)	$ 95,484		
Total Other Revenue		$ 97,585	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hos	606-C	9/30/2019	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 104,937
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 3,133,234
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 56,306
5. Prepaid Expenses				$ 5,600
a. Physician Services		5,600		
b.				
c.				
d. See Schedule				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ 2,084,449
See Schedule		2,084,449		
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 5,384,526
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	3,972,699		$ 468,345
	Accum. Depreciation	3,504,354	Net	
5. Non-Movable Equipment	*Historical Cost	58,977		$
	Accum. Depreciation	58,977	Net	
6. Movable Equipment	*Historical Cost	4,694,492		$ 270,337
	Accum. Depreciation	4,424,155	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 1,039,977
CR vs. FS Dep.		1,039,977		
See Schedule				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 1,778,659

* 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	
Total Prepaid Expenses			$ -

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

Page Ref	Line Ref	Description	
		Property Tax Escrow	$ 82,173
		Employee Loans and Advances	$ 4,780
		TIFT Management Associates	$ 73,993
		CAT Holdings	$ 1,919,051
		Loan Advances CAT Jr.	$ 4,452
Total Other Current Assets (Itemize)			$ 2,084,449

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

Page Ref	Line Ref	Description	
Total Other 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	
Total Notes Payable			$ -

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

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

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

Page Ref	Line Ref	Description	
		CAT Related Party loan	$ 31,425
			$ -
Total Other Current Liabilities (Itemize)			$ 31,425

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hos	606-C	9/30/2019	32	37

Account				Amount
		Total Brought Forward:	$	7,163,185
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			$	
2. Land Improvements	*Historical Cost			
	Accum. Depreciation	Net	$	
3. Buildings	*Historical Cost	3,528,897		
	Accum. Depreciation	1,516,458 Net	$	2,012,439
4. Non-Movable Equipment	*Historical Cost	136,846		
	Accum. Depreciation	54,737 Net	$	82,109
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation	Net	$	
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation	Net	$	
7. Minor Equipment-Not Depreciable			$	
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)			$	2,094,548
D. Investment and Other Assets				
1. Deferred Deposits			$	
2. Escrow Deposits			$	
3. Organization Expense	*Historical Cost			
	Accum. Depreciation	Net	$	
4. Goodwill (Purchased Only)			$	
5. Investments Related to Resident Care (*itemize*)			$	
6. Loans to Owners or Related Parties (*itemize*)			$	
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)			$	(2,815,769)
Deferred Tax Asset		16,000		
Due from CMF Realty (related party)		(2,831,769)		
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)			$	(2,815,769)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)			$	6,441,964

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, I	606-C	9/30/2019	33	37

Account					Amount
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable					$ 437,529
2. Notes Payable (*itemize*)					$
See Schedule					
3. Loans Payable for Equipment (*Current portion*) (*itemize*)					$
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)					$ 252,700
5. Accrued Payroll (*Owners and/or Stockholders only*)					$
6. Accrued Payroll Taxes Payable					$ 76,353
7. Medicare Final Settlement Payable					$
8. Medicare Current Financing Payable					$
9. Mortgage Payable (*Current Portion*)					$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)					$
11. Accrued Income Taxes*					$
12. Other Current Liabilities (*itemize*)					$ 474,888
Accrued Prop Tax	184,888	Due State of CT	259,419		
CT Bus. Tax	10,000				
Garnishments	2,127				
Employee 401K loan payments	18,454	See Schedule			
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)					$ 1,241,470

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital	606-C	9/30/2019	34	37

Account	Amount
Total Brought Forward:	1,241,470
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)		$ 31,425
See Schedule	31,425	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 31,425
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 1,272,895

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Ho	606-C	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	$ 2,094,548
3.	Reserve for depreciation value of leased personal property (*Equity)*	$
4.	Reserve for leasehold real properties on which fair rental value is based	$
5.	Reserve for funds set aside as donor restricted	$
6.	Total Reserves	$ 2,094,548
B.	**Net Worth**	
1.	Owner's Capital	$
2.	Capital Stock	$ 18,000
3.	Paid-in Surplus	$
4.	Treasury Stock	$ (540,000)
5.	Cumulated Earnings	$ 3,873,998
6.	Gain or Loss for Period 10/1/2018 thru 9/30/2019	$ (277,477)
7.	Total Net Worth	$ 3,074,521
C.	***Total Reserves and Net Worth***	$ 5,169,069
D.	***Total Liabilities, Reserves, and Net Worth***	$ 6,441,964

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hosp	606-C	9/30/2019	36	37

	Account	Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2018	$ 3,873,998
B.	Total Revenue (*From Statement of Revenue Page 30*)	$ 21,862,559
C.	Total Expenditures (*From Statement of Expenditures Page 27*)	$ 22,263,411
D.	Net Income or Deficit	$ (400,852)
E.	Balance	$ 3,473,146
F.	Additions	
	1. Additional Capital Contributed (*itemize*)	
	F/S Dep vs. CR Depreciation 123,375	
	2. Other (*itemize*)	
F-3.	Total Additions	$ 123,375
G.	Deductions	
	1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

	2. Other Withdrawings *(Specify)*	$

Purpose	Amount

	3. Total Deductions	$
H.	***Balance at End of Period*** 09/30/19	$ 3,596,521

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent	606-C	9/30/2019	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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

Printed Name of Preparer
PKF O'Connor, Davies, LLP

Addres Address	Phone Number
100 Great Meadow Rd. Wethersfield, CT 06109	860-257-1870

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number

Contact Email Address