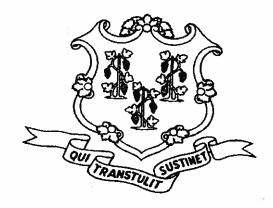
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as	licensed)			•				
McLean Health Cente	er							
Address (No. & Stree		• •						•
75 Great Pond Road,	Simsbury, CT	06070						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	th Nursing				
✓ Nursing Home	only		Supervision on	ıly	$\mathbf{\nabla}$	Residentia	l Ca	re Home
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2018			9/30/2019					
License Numbers:		CCNH	RHNS	Reside	ntial Care	Home	Me	dicare Provider
	.	884-C			1712-RCH			07-5216
Medicaid Provider N	umbers:	CC	CNH	RH	INS		IC	F-IID
	***************************************	884-C						712-RCH
For Department Us	e Only		4-					
Sequence Number	Signed and	Date	Sequence N	Number	Signed a	nd Notariz	ьd	Date Received
Assigned	Notarized	Received	Assign	ed	Digited a	110 11000112		Date Received

State of Connecticut Annual Report of Long-Term Care Facility CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
McLean Health Center	884-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 McLean Health Center [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.

		1/	
Signed (Administrator)	Date	Signed (Owner)	Date
Los Clan	2/10/20	Min	2/10/20
Printed Name (Administrator)		Printed Name (Owner)	, ,
Lisa Clark		David Bordonaro, President	
Subscribed and Sworn State of	Date	Signed (Notary Public)	Comm. Expires
Subscribed and Sworn to before me: Jennifer B Broant CT	aliojao (Lague B. Bugina	6130132
Address of Notary Public 75 Great Pond R Simply, CT OC	load	· · · · · · · · · · · · · · · · · · ·	
Simoburg, CT OC	070		

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
McLean Health Center				10/1/2018	9/30/2019
Address of Facility 75 Great Pond Road, Simsbury, CT 06070					
Report Prepared By		Phone Num		Date	
McLean Affiliates, Inc.		(860) 658-3	759	12/26/2019	
Item		Total	CCNH	RHNS	Residentia Care Home
1. Dietary wages paid	\$	7,880		141110	7,880
2. Laundry wages paid	\$	18			18
3. Housekeeping wages paid	\$	5,427			5,427
4. Nursing wages paid	\$			_	
5. All other wages paid	\$	56,678			56,678
6. Total Wages Paid	\$	70,003			70,003
7. Total salaries paid	\$	6,641			6,641
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	76,644			76,644

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

		Pho	ne No. of Fa	cility	Report for Ye	ar Ended	Page	of	
		(860)658-3700		9/30/2019		2	37	
Name of Facility (as shown on license)		-	Address (A	0. & i	Street, City, Sto	ate, Zip)	· · · · · · · · · · · · · · · · · · ·		
McLean Health Center					oad, Simsbury		70		
	CCNH	Ĭ	RHNS	Resi	dential Care H	ome	Medicare I	rovider N	lo.
License Numbers:	884-C			1712	2-RCH		07-5216		
Type of Facility (Check appropriate box(es	s))								
Chronic and Convalescent	_	Rest	Home with	Nurs	ing				
Nursing Home only (CCNH)			ervision only			Resident	ial Care Hor	ne	
Type of Ownership (Check appropriate box	ν\			, (,		<u></u>		
	•								
O Proprietorship O LLC O	Partnership	0	Profit Corp.	•	Non-Profit Co	rp. O	Government	O Trus	st
				Date	Opened	Date Clo	sed		
If this facility opened or closed during repo	ort vear provid	e:							
Has there been any change in ownership									
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain full	y.	
Administrator									
Name of Administrator					Nursing H				
Lisa Clark					Administra	1	001842		
					License 1	No.:			
Other Operators/Owners who are assistant	administrators	(full	or part time	e) of t					
Name					License 1	No.:			
N/A									

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility McLean Health Center		License No. 884-C	Report for Y 9/30/2019	ear Ended	Page 3	of 37
Legal Name of Part	nership/LLC	Business	. · · · · · · · · · · · · · · · · · · ·	State(s) and		(s) in
N/A			11441435	Willon	registered	
Name of Partners/Members	Business Ac	ddress		Γitle	% Ov	vned
N/A						
			 	<u>-</u>		
					l l	
						-
					 	
			; 			
			Ī			

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CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Er	nded	Page of
McLean Health Center	884-C	9/30/2019		3A 37
If this facility is owned or operated as a cor	poration, provide th	e following informa	ntion:	
Legal Name of Corporation		ss Address		ch Incorporated
McLean Affiliates, Inc		oad, Simsbury, CT	СТ	on moorporated
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
See Attached List of				
McLean Affiliate Directors				
Names of Stockholders Owning at Least 10% of Shares				
N/A				:

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2019	3B	37
If this facility is owned or operated as an indi	ividual proprietorship,	provide the following inform	ation:	
	Owner(s) of Facility			
				
N/A				
			<u></u>	
*				
	·			
		<u> </u>		
				

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Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility McLean Health Center		License N 88	884-C		Report for Year Ended 9/30/2019			Page 4	of 37
Are any individuals recemariage, ability to contr	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel	ated thro	1 4	Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of	ovide the	Name/Adc ation on Pa	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.
Are any individuals or control including the rental of properties of the control of the association to any of the	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?	or service to this far control, of this far	ces, cility, or busing	SSS	© Yes O No	If "Yes," provide the following information:	vide the	following	information:
	1								
		Also	Provides	s		Indicate Where	/here		
		Goods	Goods/Services to	; و		Costs are Included	cluded		
Name of Related	Business	Non-R	Non-Related Parties	ties	Description of Goods/Services	<u>.=</u>	Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %	**%	Provided	Page # / Line #	ine #	Reported	Related Party
McLean Fund	75 Great Pond Road, Simsbury, CT 06070	0	0		Gifts to McLean Affiliates, Inc. through inco Various	h inco Various			
The McLean Foundation, Inc.	75 Great Pond Road, Simsbury, CT 06070	0	•)	Gifts to McLean Affiliates, Inc for various et Various	ous es Various			
ean Game Refuge, Inc.	75 Great Pond Road, Simsbury, CT 06070	0	0	<u>, , , , , , , , , , , , , , , , , , , </u>	None - McLean Affiliates, Inc provides	Page 10, 11b		•	
		0	•		(continued) bookkeeping services				
		0	•						
		0	•				_	ļ	
		0	•						
		0	0						
		0	•						

* Use additional sheets if necessary.

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

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Annual Report of Long-Term Care Facility

CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No) .	Report for Year Ended	Page	ot
McLean Health Center	884-C		9/30/2019	5	37
If the facility is licensed as CDH and/or RCH o		IDS or TB	services with special Medicai	d rates,	costs
must be allocated to CCNH and RHNS as follo-	ws:				
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provided	by EAG	CH
Nursing		employee o	classification, i.e., Director (or	Charge '	Nurse),
		Registered	Nurses, Licensed Practical Nu	rses, Ai	des and
		Attendants			
Direct Resident Care Consultants	·	Number of	hours of resident care provided	d by EA	CH
		specialist ((See listing page 13)		
Maintenance and operation of plant	·	Square fee	t		
Property costs (depreciation)		Square fee	t		
Employee health and welfare	·	Gross salai	ries		
Management services	·	Appropriat	e cost center involved		
All other General Administrative expenses		Total of D	rect and Allocated Costs		
The preparer of this report must answer the foll	owing quest	ions applic	able to the cost information pro	vided.	
1. In the preparation of this Report, were all	⊙ Yes		If "No," explain fully why suc	h alloca	tion was
costs allocated as required?	• Yes	O No	not made.		
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data		
The McLean Foundation, Inc., supports certain	programs at	nd capital a	cquisitions of the Health Cente	r via do	nations
and grants. The McLean Fund uses income fro					
funding by these entities is at cost.			•		-
3. Did the Facility appropriately allocate and se	elf-disallow	direct and	indirect costs to non-nursing ho	me cosi	t centers?
(e.g., Assisted Living, Home Health, Outpat	ient Service:	s, Adult Da	y Care Services, etc.)		
1	_		If "No," explain fully why suc	h alloca	ition was
	Yes	O No	not made.	ii uiioou	Was
			1100 111000004		

Annual Report of Long-Term Care Facility State of Connecticut CSP-6 Rev. 9/2002

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	ear Ended		Page of
McLean Health Center			884-C	9/30/2019			6 37
	Related * to	d * to					
	Owners,	ers,					
	Operators,	tors,				Annual	
	Officers	ers		Date of	Term of	Amonnt	Amonut
Name and Address of Lessor	Yes	Š	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Mailfinance (Formerly Neopost), 478 Weelers Farm Rd, Milford, CT 06461	0	0	Postage Meter	05/24/11		912'1	743
TCF National Bank, P.O. BOX 77077, MINNEAPOLIS, MN 55480-7777	0	0	Service Bus	11/15/16	Monthly	13,380	(adjsted on pg. 28)
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage I og Book Maintained for All Leased Vehicles?	y passa	hicles	o Yes	0	oN o	Total ***	743

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Total ***

* 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.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
McLean Health Center	884-C	9/30/2019		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
0.4	M. C. J.C. J.				
	Modified Cash				
Is the accounting basis for this					
•	Yes	If "No," explain.			
previous period? O	No				
Indonesia Firm					
Independent Accounting Firm Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Blum, Shapiro & Company, P.	r	29 South Main Street, West Hartford, CT	06127		
2	C.	29 South (viali) Street, West Harriord, CT	00127		
3					
4					
Services Provided by This Firm (de	scribe fully)				
			<u> </u>	56,956	
1 Independent Audit of 2019 Financials	s & Employee 401k runo, Preparat	on of F1 2019 Medicare CR		30,930	
			\$		
3			<u> </u>		
4			\$		
			Charge fo	r Services Pi	rovided
			\$	56,956	
		es, Specify Expense Classification and Line No.	_		
	Pg 15, 1D - CCNH \$22,526	, RCH \$305, Outpatient/Other not on Annual R	eport \$34,	,125.	
Legal Services Information			- 1		
Name of Legal Firm or Independen	t Attorney		Telephone	e Number	
1 Wiggin & Dana					
2 Michalik, Bauer, Silvia					
 Michalik, Bauer, Silvia Day Pitney, LLP SIEGEL, O'CONNOR, O'DONI 	NELL & DECV DC				
5 SHIPMAN & GOODWIN LLI					
Address (No. & Street, City, State,					
1	Lip Couc)				
2					
3					
4					
5					
Services Provided by This Firm (de	scribe fully)				
1 Various Service and Advice - all cost	s will be adjusted on Pg 28 of the	CR	\$	19,577	
2	5 Will be adjusted on 1 g 20 of the		\$.,,,,,,	
· · · · · ·			<u>\$</u>		
3					
4			\$		
			\$		• • •
			Charge fo	r Services P	rovided
	•		\$	19,577	
Are These Charges Reflected in the Expen		Yes, Specify Expense Classification and Line No.		. ,	0.11
⊙ Yes O No	•	RCH \$105 Outpatient/Other not on Annual Rep	ort \$8,237	(see page 2)	8 line 10
3	adjustment for \$8,133 and \$	5105)			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Total All Cont. Total All	Z	Name of Facility			License No.	ζο.	:		Report fo	Report for Year Ended	ą.		Page	Jo
Certified Bed Capacity Total All All All All All Total All All All All All All All All All A	Σ	Lean Health Center			8	84-C			9/30/2019				∞	37
Certified Bed Capacity Total Levels Levels CroNH Levels PARA Levels Total Levels Level Care Home Total Care Home CCNH RHNS Residential Care Home CONH RHNS Care Home CONH RHNS Residential Care Home CONH RHNS Residential Care Home CONH RHNS Residential Care Home CONH RHNS RHNS CARE Home CONH RHNS RHNS CARE Home CONH RHNS RHNS CARE HOME RHNS RH								eriod 10/	1 Thru 6/	30		Period 7/1	Thru 9/3	0.
Certified Bed Capacity A. On last day of PREVIOUS report period Number of Passidems B. A. So finidingly of PREVIOUS report period Number of Passidems A. As of midnight of PREVIOUS report period Number of Passidems B. A. As of midnight of PREVIOUS report period Number of Passidems B. A. As of midnight of PREVIOUS report period A. As of midnight of PREVIOUS report period A. Medicare B. A. As of midnight of PREVIOUS report period A. Medicare B. A. Medicare C. Medicarid (Cohn.) C. Medicarid			Total All	Total CCNH	Total RHNS	Total Residential	Loto Loto	HNSO	SNHa	Residential	Total	HNO	RHNS	Residential Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period B. A. On last day of PREVIOUS report period Certified Bed Capacity A. On last day of PREVIOUS report period S. As of midnight of PREVIOUS report period S. As of midnight of PREVIOUS report period A. As of midnight of PREVIOUS report period A. As of midnight of PREVIOUS report period C. As of midnight of THIS report period A. As of midnight of THIS report period C. Medicaid Conn.) C. Medicaid Conn.) C. Medicaid (other states) C. Medicaid (other states) C. Medicaid (other states) C. Total Number of Days Ouring Period (34 thru P) C. Medicaid Bed Reserve Days C. Total Care Days During Period (34 thru P) C. Total Number of Days Not Included in Figures in 3G G. Total Care Days During Period (34 thru P) C. Medicaid Bed Reserve Days C. Medicaidem Days (36 + 44 + 4B) C. Total Number of Days Out included in Figures in 3G C. Total Number of Days Out included in Figures in 3G C. Total Number of Days Out included in Figures in 3G C. Total Number of Days Out included in Figures in 3G C. Total Residem Days (36 + 44 + 4B) C. Total Residem			revels	Level	רכאכו	Care House	IOI	11,13	2	2 Carron		3		
B. On last day of THIS report period 89 9 99		Certified Bed Capacity A. On last day of PREVIOUS report period	92	89		3	25	88		3	92	68		3
Number of Residents Number of Days Care Provided During Period 81 79 81 79 81 8		B. On last day of THIS report period	92	89		3	92	68		3	92	68		3
A. As of midnight of PREVIOUS report period 81 79 2 81 79 2 81 79 2 81 79 2 81 79 2 81 79 81 81 79 81 81 79 81 81 79 81 81 79 81 81 79 81 81 81 79 81 81 81 79 81 81 79 81	5.	Number of Residents						,		•		;		•
B. As of midnight of THIS report period 82 81 1 82 81 1 82 81 Total Number of Days Care Provided During Period 5,186 5,186 5,186 5,186 5,186 1,247 1,247 1,242 1,243 <t< td=""><td></td><td></td><td>81</td><td>29</td><td></td><td>2</td><td></td><td>62</td><td>i</td><td>2</td><td>82</td><td></td><td></td><td>-</td></t<>			81	29		2		62	i	2	82			-
A. Medicare S,186 S,197 S,100 3,100 3,100 3,100 S,100			82	81		1	82	-81		-	82	81		-
A. Medicaid (Conn.) 5,186 5,186 5,186 3,944 3,944 3,944 1,242 1,247 2,277 <td>μ.</td> <td>Total Number of Days Care Provided During Period</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>	μ.	Total Number of Days Care Provided During Period										-		
B. Medicaid (other states) 12,617 12,617 12,617 9,517 9,517 9,517 9,517 9,517 9,517 9,517 9,517 9,517 9,517 9,517 9,517 9,517 9,517 9,517 2,777 2,777 2,777 9 D. Private Pay E. State SSI for RCH 579 487 487 487 2,277		A. Medicare	5,186	5,186	ļ		3,944	3,944			1,242	1,242		
C. Medicaid (other states) 8,711 <th< td=""><td><u> </u></td><td>1</td><td>12,617</td><td>12,617</td><td></td><td></td><td>9,517</td><td>9,517</td><td></td><td></td><td>3,100</td><td>3,100</td><td>i</td><td></td></th<>	<u> </u>	1	12,617	12,617			9,517	9,517			3,100	3,100	i	
D. Private Pay B. 711 8,711 8,711 8,711 8,711 8,711 8,711 8,711 8,711 8,711 8,711 8,711 8,711 2,032 2,043 487 487 7,163 7,071 2,032 G. Total Care Days During Period (3A thru F) 29,125 28,546 579 21,962 21,475 487 7,163 7,071 7,071 Total Number of Days Not Included in Figures in 3G A Medicaid Bed Reserve Days 487 7,163 7,071 7,071 7,071 7,071 7,071 7,071 7,116 <t< td=""><td></td><td>ı</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		ı												
E. State SSI for RCH S19 579 487 487 92 9			8,711	8,711			6,434	6,434			2,277	77,72	!	
F. Other (Specify) HMO, Managed Medicare 2,032 2,032 2,032 2,032 2,032 2,032 2,032 2,032 2,032 2,032 2,032 2,032 2,032 2,032 2,0346 579 21,962 21,475 487 7,163 7,071 7,071 G. Total Number of Days During Period (3A thru F) 29,125 28,546 579 21,962 21,475 487 7,163 7,071 7,071 Total Number of Days Not Included in Figures in 3G A. Medicaid Bed Reserve Days			579			579	487			487	92			92
G. Total Care Days During Period (3A thru F) 29,125 28,546 579 21,962 21,475 487 7,163 7,071 7,071 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved A. Medical Received for Reserve Days A. Medical Reserve Days A. Medical Reserve Days A. Medical Reserve Days A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Reserve Days A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Reserve Days A. Medical Resident Days (3G + 4A + 4B) A. Medical Reserve Days A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G + 4A + 4B) A. Medical Resident Days (3G +		l	2,032	2,032			1,580	1,580			452	452		
Total Number of Days Not Included in Figures in 3G Total Number of Days Not Included in Figures in 3G Figure 10 mode of the Served of the Ser		G. Total Care Days During Period (3A thru F)	29,125	28,546		579	21,962	21,475		487	7,163	7,071		92
Beds A. Medicaid Bed Reserve Days 68 68 68 23 23 23 23 45 45 45 Fotal Resident Days (3G + 4A + 4B) 29,193 28,614 579 21,985 21,498 487 7,208 7,116	4	Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved										•		
A. Medicaid Bed Reserve Days 68 68 68 23 23 487 45 45 B. Other Bed Reserve Days 487 7,208 7,116 7,116		Beds												
B. Other Bed Reserve Days 68 68 68 23 23 45 45 Total Resident Days (3G + 4A + 4B) 29,193 28,614 579 21,985 21,498 487 7,208 7,116		A. Medicaid Bed Reserve Days									1	1		
Total Resident Days (3G + 4A + 4B) 29,193 28,614 579 21,985 21,498 487 7,208 7,116		- 1	89	89	ļ		23	23			45	45	ŀ	
	ν.		29,193	28,614		579	21,985	21,498		487	7,208	7,116		92

State of Connecticut

Annual Report of Long-Term Care Facility

2. Restorative Treatments

D. Total Occupational Therapy Treatments

C. Other

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd) Name of Facility License No. Report for Year Ended Page of McLean Health Center 884-C 9/30/2019 37 4. Were there any changes in the certified bed capacity during the report year? O Yes O No If "YES", provide the following information: Place of Change Change in Beds Capacity After Change Residential Date of CCNH RHNS Care Home Lost Gained Residential Change (1) (2) (3) **(I)** (2) (3) (1) (2) (3) CCNH **RHNS** Care Home Reason for Change 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. Residential Care Change in Resident Days **CCNH** RHNS Home 1st change 2nd change 3rd change 4th change 6. Number of Residents and Rates on September 30 of Cost Year Medicare Medicaid Self-Pay Other State Assisted Residential **CCNH CCNH RHNS** CCNH **RHNS** R.C.H. Care Home **ICF-MR** No. of Residents Per Diem Rate a. One bed rm. RUGS 270.56 \$507-\$538 138.00 b. Two bed rms. RUGS 270.56 \$486-511 c. Three or more bed rms. Residential 7. Total Number of Physical Therapy Treatments **TOTAL CCNH** RHNS Care Home A. Medicare - Part B 1,249 1.249 B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other 18,766 18,766 D. Total Physical Therapy Treatments 20,015 20,015 8. Total Number of Speech Therapy Treatments A. Medicare - Part B 94 94 B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other 1,010 1,010 D. Total Speech Therapy Treatments 1,104 1,104 9. Total Number of Occupational Therapy Treatments A. Medicare - Part B 676 676 B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments

15,834

16,510

15,834

16,510

Report of Expenditures - Salaries & Wages

Name of Facility McLean Health Center	License No. 884-C		Report for Yes 9/30/2019	ar Ended	Page 10	of 37
Are time records maintained by all individuals receiving co	-		Yes		No	3/
	mipensuitoni		Total Cost		NO	
					T	
Item	CCNH	Llaum	DIDIC	١.,.	Residential	
A. Salaries and Wages*	CCNT	Hours	RHNS	Hours	Care Home	Hours
Operators/Owners (Complete also Sec. 1	BENEFIT BE				京都 化线线	
of Schedule A1)	101,498	747	Section 1995		1,373	No. B. M. W.
2. Administrator(s) (Complete also Sec. III	2017470	Section Section	AND DESCRIPTION OF THE PARTY OF	A CONTRACTOR		salt made
of Schedule A1)	87,720	1,118	ALCOHOL: NAME OF PERSONS ASSESSED.	-	1,773	NAME OF STREET
3. Assistant Administrator (Complete also Sec. IV	(1000)	ALCOHOLD STREET	A September 1	Charles and the		GENERAL STATE
of Schedule A1)		Marine C. Alberta Co.		Company of the	STATE OF THE PARTY	Total Section
4. Other Administrative Salaries (telephone	SHOW BEING	SE CRESSES	State of the State of	N. COLUMN CO.	NUMBER OF STREET	
operator, clerks, receptionists, etc.)	447,598	11,523		The state of the s	3,496	1
5. Dietary Service	None and the last	and the same		SERVICE STATE	3,470	The will state
a. Head Dietitian				1		The same of the same
b. Food Service Supervisor				19		
c. Dietary Workers	389,951	24,276			7,880	4
6. Housekeeping Service		ZIENE		Sen Ander	(A)	C VINOR
a. Head Housekeeper	16,856	748			634	00000000
b. Other Housekeeping Workers	144,261	10,488		and the same	5,427	3
7. Repairs & Maintenance Services	A SOLD OF SOLD		是有TANGE ME	MARKET AND		High to
 Engineer or Chief of Maintenance 	33,371	873			1,255	
b. Other Maintenance Workers	48,159	2,679	166	0.2	1,812	1
8. Laundry Service	阿里斯斯尼斯	SEPTEMBER ST	TANK AND		5 日本作品的	The state of
a. Supervisor						
b. Other Laundry Workers	26,887	2,035			18	
Barber and Beautician Services					*	- W
10. Protective Services						
11. Accounting Services	State State State St				The second	199
a. Head Accountant	39,524	823			535	
b. Other Accountants 12. Professional Care of Residents	85,882	3,149			1,162	
	SHOPE SOURCE	HEARGIN	E C M	NAME OF STREET		
a. Directors and Assistant Director of Nurses	110,141	2,118				
b. RN	Tenesco de la companya della companya della companya de la companya de la companya della company		A STATE OF THE STA	THE REPORT	SULVENTED IN	加速数
1. Direct Care	1,520,881	83,905				
2. Administrative**	131,938	3,405			30,427	1,1
c. LPN		STATE STATE			Section 1	
1. Direct Care 2. Administrative**	293,052	8,729		-		
	2000 000	100.074			12.121	
d. Aides and Attendants e. Physical Therapists	2,066,655 393,399	102,874	-	-	19,428	1,0
f. Speech Therapists	53,742	10,945		_		
g. Occupational Therapists	239,551	939 6,533		-		
h. Recreation Workers	101,946			-	200	
i Physicians	101,940	4,681	Portugal Comment	A Thin was below to	2,060	200000 4004
1. Medical Director		Contract Con	STREET, SQUARE, SQUARE,	The state of the s	Seminary Social Services	A STATE OF
2. Utilization Review					—	
3. Resident Care***						
4 Other (Specify)	《 图》的图像图	NAVA PIN		San San Land		STATE OF THE PARTY
j. Dentists						
k. Pharmacists	 		-		-	
Podiatrists Podiatrists	 	2.000		-		
m. Social Workers/Case Management	74,804	2 777			 	7.
n. Marketing	/4,804	2,777		-		
o. Other (Specify)	Intelligence of the last of	To the second		Section of the last of the las		and the same
See Attached Schedule	43,985	2,086	C. N. O. SHILL STATE OF SHIP	TO ALLE AS DESCRIPTION	Charles College College	The State of the Local
A-13. Total Salary Expenditures	6,451,800	287,451		_	77,279	3,52

^{*} 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)

		CCN	H	R	HNS	Residential	Care Home
Position		5	Hours	S	Hours	S	Hours
Medical Records	\$	43,985	2,086	图图性COVCH	新疆市外部部	SECTION 1	市后 ⁰ 00年1月。1月1日
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	AND PLAN	524 E	PASTA PARTY	State In the late		3 1952 (121-14)	结构体的
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	100 100	37.7857				Sur Marie	SECTION OF THE
THE STATE OF THE PROPERTY OF THE PARTY OF THE PARTY.		71.57.6.51		PARAMETER STATE	2. CL 1. E 1. C.		CONTRACTOR OF THE PARTY OF THE
	5 (K. 1928)	PRESENTED I	September 5	Marches Co.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S. Waller and	9740 Ashbus
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	AND FIGURE	705 225 23	MOST NOT SEE	OF GOALSTEED IN	A STATE OF STREET	19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (50 3 250 550
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	23/15 5/402 23/15 5/402	PROPERTY OF		TIC WAY TO AN AND A STATE OF	APROPERTY OF A PARTY	ACTIVITY AND ADDRESS.	ALCOHOLD TO THE
	Stan Stan	MATERIAL PROPERTY.	STATE OF THE STATE OF			2009 257 5987	SEMINATED STATE
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		100000000	数型的速度器多数	EASTERN SEC.	3 3 Year 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SA TUAL CINE	
Total	\$	43,985	2,086	\$300000		\$	1000 A 100 A

Schedule of Other Fees (Page 13)

		CCNH	Ri	HNS	Residentia	Care Home
Service	S	Hours	S	Hours	S	Hours
		经验证的	SEP BUSINESS	100000000000000000000000000000000000000	1000	"程度"建筑 。中
Mark Television Specification and the Contraction	See Section 1994	No this plant in		MARKET NO.	Section 200	A REAL PROPERTY.
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	in the ball of		建设建筑设施	NOTE SEE	LE CONTRACT	
	us account of		B STATE OF STATE	A SECTION	Section 1	用性性关系
	名 包括证明	SE NOTE TOUR	H WHEN A PROSEN	7 Asthonyolida	The Parkets	LANGE AREA
	25 是关键的。 25	13 St. 1755	THE PARTY OF THE	自己发展的	Para Contract Contract	OF SERVICE
	DE REFERE	HA SELECTION	第一次被决定的 事情	PATERFE		2. 为相比位于成的
Total	S	"海"的经济总是	\$	NO. OF THE PARTY O	\$	O STATE OF THE STATE OF

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005 State of Connecticut

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

			Assistant		Administrators and Omer Related Parties	Relate	d rariles			
Name of Facility				License No.		Report for	Report for Year Ended		Page	of
McLean Health Center			_	884-C		9/30/2019		The state of the s	=	37
		Salary Paid	P							
				Fringe Benefits and/or Other		Total	Line Where	:	Total	,
Name	CCNH	RHINS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
David J. Bordonaro, CEO, President McLean Affiliates					President McLean			McLean Fund, Foundation, Game Refine & OP		
Inc. (Amt Claimed on C/R)	62,342		843	843 Standard Package Affiliates	Affiliates	379	10 A I	Services	944	189,750
Carol Barno, CFO, Treasurer, McLean Affiliates, Inc (Amt					CFO, McLean			McLean Fund, Foundation, Game Refuge, & OP		
Claimed on C/R)	39,156		530	530 Standard Package Affiliates	Affiliates	379	10 A1	Services	944	119,178
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).						•				
			·							
			-							
a Marchaelan and community and a	abionos es	ed malace 6	4 loss 6.11 in Comment	orl Laborates	The enditerior of a contract of the contract of					

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

** Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		∢;	ssistant	Administra	Assistant Administrators and Other Related Parties*	Kelated	Farties*			
Name of Facility (as licensed)		:		License No.		Report for Year Ended	ear Ended		Page	of
McLean Health Center				884-C		9/30/2019			12	37
		Salary Paid	p							
			Residential		Full Description of	Total Hours	4) C	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHINS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Keceived
Section III - Administrators***			:							
Lisa Clark, Administrator, Secretary, McLean Affiliates	87,720		1,773	Licensed 1,773 Standard Package Administrator	Licensed Administrator	1,140	1,140 10 A2	McLean Outpatient Allocation	940	73,739
Section IV - Assistant Administrators										
	:									
*No allowance for calaries will be considered unless full information is provided. Use additional sheets if required.	he consider	ed unless f	iull informatic	on is provided. Us	additional sheets if rec	nired.				

*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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility McLean Health Center	License No. 884	-C	Report for Y 9/30/2019	ear Ended	Page 13	of 37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee	Mark Mark		设持续发现	\$ 6 X X		
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	34,470	796			697	16
2. Dentist						
3. Pharmacist						
4. Podiatrist			_			
Physical Therapy a. Resident Care			A STATE OF THE STA			
b. Other						
6. Social Worker						
7. Recreation Worker						-
8. Physicians			Control of the second	医生物型		Telegraphic Control
a. Medical Director (entire facility)	68,904	1,120				
b. Utilization Review	NOW THE RES		W. 49-75-12-1	MARKET NO.		12 2 N (2)
(Title 18 and 19 only) monthly meeting		-				COLUMN TO SERVICE SERVICES
c. Resident Care**	13,200	72				
d. Administrative Services facility				NO STATE	建设设置	NAME OF STREET
1. Infection Control Committee			Ī			
(Quarterly meetings)						
Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee	-				 	
(Once annually)						
e. Other (Specify)	A STATE OF STATE OF	SHIP WAS AND	S. State Spring	De Charles and the	100	Carlo Sala
(disallowed)	7,992	A STATE OF THE PARTY OF THE PAR	Completel Science	Lamber and accordance	and the second second	
9. Speech Therapist			Table Kalley	第一次的时间	Chickenson	Park States
a. Resident Care				CHEST AND PROPERTY.	Rock Ethinish in next	
b. Other					 	
10. Occupational Therapist	THE PERSON	55 Sect 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Smerting during	A CONTRACTOR	PROPERTY.
a. Resident Care	Control of the Contro		A THE RESIDENCE OF THE PARTY OF	Control of the Control	Carrier of Albander	
b. Other					- 	
11. Nurses and aides and attendants	Party Park	Market Project	R. W. Blanch	STATISTICAL PROPERTY.	EAST COLORS	April of the springer
a. RN						
1. Direct Care	Committee of the Commit	STREET, STREET	Salar Marier Control	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	SATISFIES INVESTIGATION	3079030338
2. Administrative***					 	
b. LPN	Contraction of	SELECTION SERVICE	THE COUNTY	Profession Contract	经产品的 有关	WEST MAN TOWN
1. Direct Care	The second second second	Section of the second	TO AMERICAN SERVICE			-ATTICATION
2. Administrative***					 	
c. Aides						
d. Other					 	
12. Other (Specify)	North Street Control		China Salaman	THE PERSON NAMED IN	in the second	Car Million
See Attached Schedule	THE RESERVE OF THE PARTY OF THE	The second second	Constitution of the State of th		Manager of the second	2000年1000年
B-13 Total Fees Paid in Lieu of Salaries				l	L	

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

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

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

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
McLean Health Center			9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers	Evola	nation of Re	lationshin
	p-minion of Oct 1100	Yes	No No	Expia	nanon oi ive	renonamp
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Dietary Consultant/Dietician	0	•			
PAULEKAS, WAYNE M.D., 251 Wickham Road, Glastonbury, CT 06033	Medical Director	0	0		<u>,</u>	
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Housekeeping Services	0	0			 :
COLLITON, MATTHEW M.D., 20 Isham Rd West Hartford, CT 06107	Assistant Medical Director	0	0			
The Center for Geriatric & Psychiatric Services, 55 Nye Road, Suite 102, Glastonbury, CT 06033	Psych Services to Patients	0	•		-	
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^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Lic	ense No.		port for Ye	ar Ended	Page	of
IcLean Health Center	884-C	9/3	30/2019		15	37
Item			Total	CCNH	RHNS	Residential Care Home
Administrative and General						
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	128,250	126,731.37		1,518
2. Disability Insurance		\$	5,881	5,811.48		70
3. Unemployment Insurance		\$	6,589	6,511.44		78
4. Social Security (F.I.C.A.)		\$	480,160	474,476.27		5,684
5. Health Insurance		_\$	374,646	370,210.95	-	4,435
6. Life Insurance (employees only)		Mil			PER NAME OF	
(not-owners and not-operators)		\$	8,364	8,265.10		99
7. Pensions (Non-Discriminatory)		\$_	415,844	410,921.52	Name and Address of Street	4,923
(not-owners and not-operators)			論學的學		CT NO.	
8. Uniform Allowance		\$		<u> </u>		
9. Other (Specify)		\$_	42,275	41,774.21	The state of the s	500
See Attached Schedule			H. A.	A CONTRACTOR		
b. Personal Retirement Plans, Pensions, and		\$_		-	A Lancaco Company of the land	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
c. Bad Debts*		\$		22.226		20
d. Accounting and Auditing		\$	22,831	22,526		30
e. Legal (Services should be fully described or	1 Page 7)	\$	8,237	8,133	 -	10
f. Insurance on Lives of Owners and		\$	ALIE SANDARANDANA	a executive as the word	NATIONAL PROPERTY.	
Operators (Specify)*		8		11.650		97
g. Office Supplies		\$	42,626	41,652	E ESCUCIONES CONTRACTO	97
h. Telephone and Cellular Phones		1	SELECTION OF THE PARTY OF THE P	10.000		1.0
1. Telephone & Pagers		\$	11,040	10,893	 	14
2. Cellular Phones		\$			+	
i. Appraisal (Specify purpose and		\$	City on the Park Town Co. S.	Co. (Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	THE MERITAL STATE OF THE STATE	CAMPINE DISTRICT
attach copy)*						
j. Corporation Business Taxes (franchise tax)	\$		TO THE PARTY OF THE		Marie Congression and
k. Other Taxes (Not related to property - See	Page 22)	- 1		对于	MI WASHINGTON	ALC: NO SERVICE STATE OF THE PARTY OF THE PA
1. Income*		\$				
2. Other (Specify)		\$		AND PROPERTY OF THE PERSON NAMED IN	Control of the Contro	
See Attached Schedule			SECTION S			
3. Resident Day User Fee		\$	454,02			100
Subtotal		<u> </u>	2,000,76	8 1,981,93	1	18,8

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

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	C	CCNH	RHNS	 dential Home
HUM RES TRAINING/INSERVICE	\$	1,197		\$ 14
EDUCATION SUPPLIES	\$	2,584		\$ 31
EDUCATION PURCHASED SERVICES	\$	2,550		\$ 31
EMP BEN OTHER	\$	-		\$ -
EMP BEN INMUNIZATIONS	\$	2,871		\$ 34
EMP BEN-EMPLOYEE HEALTH/X RAYS	\$	493		\$ 6
EMP BEN-PRE-EMPLOYMENT EXPENSES	\$	7,076		\$ 85
EMP BEN TOTAL BEN ADMIN EXP	\$	5,612		\$ 67
EMP BEN WKLY BEN:PENS,FICA,GH-ACCRU	\$	1,751		\$ 21
EMP BEN BENEFITS ERGONOMICS	\$	1,400		\$ 17
EMP BEN_BENEFITS-EXTENDED ILLNESS	\$	16,241		\$ 195
Total	\$	41,774	\$ -	\$ 500

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
McLean Health Center	884-C		9/30/2019		16	37
			u.			
_			50			Residential
Item	·		Total	CCNH	RHNS	Care Home
	totals Brought Forwa	ırd:	2,000,768	1,981,931		18,837
l. Travel and Entertainment						
Resident Travel and Entertainment		\$	7,257	7,113		144
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents	<u>, </u>	\$	3,157	3,120		37
4. Employee Travel		\$	2,207	2,159	_	49
5. Education Expenses Related to Seminar		\$	5,745	5,616		128
6. Automobile Expense (not purchase or a	lepreciation)	\$				
7. Other (Specify)	-	\$				
See Attached Schedule						Part State
m. Other Administrative and General Expenses				ではいせ		
1. Advertising Help Wanted (all such expe	nses)	\$	3,195	3,184		10
2. Advertising Telephone Directory (all su	ch expenses)***	\$				
3. Advertising Other (Specify)***		\$	49,663	47,115		2,549
See Attached Schedule			No.		Y YE	
4. Fund-Raising***		\$			A PARTY OF THE PAR	
5. Medical Records		\$	19,305	19,305		
6. Barber and Beauty Supplies (if this serv	ice is supplied	\$	9,385	8,923		461
directly and not by contract or fee for se			The state of the s			
7. Postage		-\$	6,342	6,257		85
* 8. Dues and Membership Fees to Profession	nal	\$	12,998	12,738		260
Associations (Specify)		•				le let en mane
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other No	n-Allowable Org.***	\$				Part of the second
9. Subscriptions		\$	488	484		4
10. Contributions***		\$		101		
See Attached Schedule		*		100	SEAR STATE	Mark State of the
11. Services Provided by Contract (Specify of	and Complete	\$	39,705	39,225		480
Schedule C-2, Page 21 for each firm or		۳	27,103	37,443	15-10-15 A. 16 75-7	400
12. Administrative Management Services**		\$	1000 00 1000 00 00 00 00 00 00 00 00 00		A STATE OF THE PARTY OF THE PAR	
13. Other (Specify)	 ·	\$	168,068	166,187		1,880
See Attached Schedule		Ψ	100,000	100,107	UNIONITA DENIES	1,000
C-14 Total Administrative & General Expenditur		\$	2,328,283	2,303,358		24.024
* Do not include Subscriptions, which should		Ψ	2,320,203	2,303,336		24,924

^{*} 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	Residential Care Home
CLOCKER CAMERA DAMAGE DESCRIPTION DE LA PRECIONARIO DE LA PROCESSA DEL PROCESSA DE LA PROCESSA DE LA PROCESSA DEL PROCESSA DE LA PROCESSA DEL PROCESSA DE LA PROCESSA DEL PROCESSA DE LA PROCESSA DEL PROCESSA DE LA PRO	F 9803800787	DAY SERVICE	STATES OF
《14年集集》中学的《大学的大学》中的《1984年中的《1884年中的《1884年日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	STREET, STREET,	NEW SECOND POR	600000000000
的复数形式等的第三人称单数 网络美国拉斯特特 医克里特氏病	Trial Take Line Ris	CHECK BOOK	# CATTAGENO
2000年以前第四年的600年的1900年的	A ASSESSMENTED	59-78 (\$1599)	THE SEA HOUSE
为中华15万里的中部的国际区域的基础的基础的基础的。	SALES CONTRACT	36300343670	THE REAL PROPERTY.
1645年,1867年,1887年,1888年,1882年,1882年,1882年,1882年,1882年,1882年,1882年,1882年,1882年,1882年,1882年,1882年,1882年,1882年,1	S STATE AND WILL	THE STEEL STATES	1000/07/15/60
的复数经验的现在分词 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	7 SWARROWSTV	Abordan	NAME OF STREET
Total Other Travel and Entertainment	S SEASONT CONT	\$ 690387.74	\$100 and 12

Schedule of Other Advertising

Description		CCNH	RHNS		idential e Home
Various Marketing Expenses (Disallowed - See Pg 28)	\$	47,115	GREET STEEL	S	2,549
【特別數學的數學的數學的數學的數學的數學的數學的數學的數學的數學的數學的數學的數學的數	2,493	C1465000	STATE OF	5.5	9.107.4
	F \$550	AS STORE	Wald day	\$ 989	(475/2E/KA
Total Other Advertising	S	47,115	\$	S	2,549

Schedule of Dues

Description		CCNH	RHNS		idential e Home
AL CALA	\$	(ETHA) **YET	Charling 1	\$	74
ALTCFM	\$	269	200 FOX 150	5	4
CALTC	5	396	名をひを合いるの	5	5
CHA CHARLES TO THE CONTROL OF THE CO	\$	2,159	SECTION AND	5	29
Leading Age	9 5	5,698	NG LO IN	S	91
Vistage WW	\$	3,393	保息期产 [4]	S	46
Misc Adjust (Page 28)	s	823	AND TOXAGO	s	11
		906A-076	PRESIDENT	2990 S	E STATE
Total Dues	S	12,738	2000000	\$	260

Schedule of Contributions

CCNH	RHNS	Residential Care Home
82 14 50 00 00 000	3850785030	AT PERSON
图 内容是是"图点	*** X 42010	最深色的 类。
G SECTION SE	GREEK COST	\$214X3279436
3 1 4 6 5 5 2	\$ 508A855X	\$ 200,000,000
	CCNH	CCNH RHNS

Schedule of Other Administrative and General

Description		CCNH	RHNS		sidential re Home
HOUSEKEEPING-COMPUTER SUPPORT FEES	100000000000000000000000000000000000000	58	STATE OF THE PARTY.	\$	5/10/2
INFORMATION SYSTEMS-EQUIPMENT	SC基品物件 (1)	359	G0/G5599900	S	FARTE 5
MRKTG, SALES-EQUIPMENT	STATE STATE	794	Printerior	\$	755A1
INF SYS_PURCHASED SERVICES	TATELLINE SA	810	SCHLOSOF ST.	S	特的特別
HUMAN RESOURCES-EQUIPMENT	EMERICAN IST	974	RESERVE OF	S	12
ADMIN LICENSE, PERMITS, REGIST	15	981	CONTRACTOR	\$	13
ADMIN PROFESSIONAL FEES	学科教授编 15 位	998	10年 河北市安全	\$	14
BUS OFF EQUIPMENT	and the same of the	1,240	A SERVICE	\$	17
ACRETION EXPENSE MCLEAN	PART PROPERTY AND A	1,224	Right States	\$	46
ADMISSIONS-COMPUTER SUPPORTFEES	STATE OF THE STATE	2,093	DESIGNATION OF THE PERSON OF T	5	diff. W
BUS OFF_BANK CHARGES (Disallowed)	NOT THE PERSON	2,124	Winds of the last	\$	29
NURSING PURCHASED SERVICES	(A) (A) (A) (A)	2,355	PERMIT	S	ATM LOC
ADMISSIONS-EQUIPMENT	STATE OF STA	2,455	1/10/2017	5	95671
ADMINISTRATION-EQUIPMENT	TO STEEL S.	3,707	West Control	\$	50
HUM RES_PURCHASED SERVICES	\$ 0.00 miles	6,076	CONTRACTOR	5	73
BUS OFF COMPUTER SUPPORT FEES	TARREST ST	10,125	のなると	S	137
NURSING_COMPUTER SUPPORT FEES	THE STATE OF	21,768	MARIAN SEC	S	ráthách (e)
INF SYS_COMPUTER SUPPORT FEES	S	108,046	Anarata)	\$	1,462
Total Other Administrative and General	COLONICU S	166,187	\$ -	S	1,880

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
McLean Health Center	884-C	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Cost of Management Service 76,716	Full Description of Mgmt. Service Provided Inpatient Dietary Mgmt	Indicate Where Costs are Included in Annual Report Page #/Line # Pg 18, 2c
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	47,368	Housekeeping Services	Pg 20, 4c

^{*} 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)

_			n Page 5)			
	ne of Facility	Licens		Report for Y		Page of
Mc.	Lean Health Center		884-C	9/30/2019) 	18 37
	Item		Total	CCNH	RHNS	Residential Care Home
2.	Dietary			Switz City		《 图图图》
	a. In-House Preparation & Service					
	1. Raw Food		251,646	246,662		4,984
	2. Non-Food Supplies	\$	42,421	41,581		840
	3. Other (Specify)	\$	1,	53,091		1,073
	Laundry, Linen, Dues & Fees, Non-Cor	ntrollable	S			
	b. Purchased Services (by contract other	9			The second	
	than through Management Services)		BASA NORTH		A STATE OF THE STA	Telephone State
	(Complete Schedule C-2 att. Page 21)					
	c. Other (Specify)	\$	76,715	75,196		1,519
	Management Fee					
2D.	Total Dietary Expenditures (2a + b + c + d)	\$	424,947	416,531		8,416
2F	Dietary Questionnaire		Total	CCNII	DIDIO	Residential Care
F.		<u> </u>		CCNH	RHNS	Home
	Resident Meals: Total no. of meals served per de		241	236	L.,	5
G.	Is cost of employee meals included in 2D?	Yes		No		
H.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Co	ost Repor	t? (Page/Line	Item)	·	
	Is cost of meals provided to persons other					
J.		Yes	0	No	If yes, specify	
	Members, Guests) included in 2D?				cost.	\$98,310
K.	Is any revenue collected from these people? •	Yes	0	No	If yes, specify amt.	\$98,310
 L.	Where is the revenue received reported in the Co	ost Renoi	t? (Page/Line	Item)		Pg 30, Line IV 1
	Is cost of food (other than meals, e.g.,		** (1 mgo/23mg)			1 g 30, Ellic 1 v 1
М.	snacks at monthly staff meetings, hoard	Yes	0	No	If yes, specify cost.	
N.		Yes	•	No	If yes, specify amt.	
Э.	Where is the revenue received reported in the Co					

^{*} 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 McLean Health Center	License	No. 84-C	Report for Y 9/30/2019	ear Ended	Page	of 37
WicLean Hearth Center			3/30/2017		Resident	
Item	l	Total	CCNH	RHNS	Но	
Laundry a. In-House Processing* Bed linens, cubicle curtains, draperies,	Lbs.					
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
processed.***	Amt. \$		_			
Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					9.
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs. Amt. \$	7,144				241
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (Specify) LAUNDRY CONTRACTED SRVC FEES	\$	51,73	50,71			1,025
3D. Total Laundry Expenditures (3a + b + c)	\$	66,14	64,87	4		1,266
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 Cos	t Report	?	(Page/Lin	e Item)	N/A	
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	<u> </u>	No	If yes, specify amt.		
K. Where is the revenue received reported in the Cos			(Page/Lir	e Item)	1 1	

^{*} 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.

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

	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
McI	Lean Health Center	884-C	<u> </u>	9/30/2019		20	37
	Item			Total	CCNH	RHNS	Residential
4.	Housekeeping	Sq. Ft. Serviced		39,457	38,060		1,397
	a. In-House Care	by Personnel		,	,	ļ	.,5>/
	1. Supplies - Cleaning (Mops,	Amt.	\$	31,345	30,209	*	1,136
	pails, brooms, etc.)			´	,		",,,,,,,
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					!
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)			1			
	C. Other (Specify)		\$	47,368	45,651		1,717
	HOUSEKPG_CONTRACTED SE			TOWN BENTH		No. of the last of	
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	78,714	75,860		2,854
5.	Resident Care (Supplies)**		ĺ	· 1000000000000000000000000000000000000		是"是"的"有"的	BE COMMON
	a. Prescription Drugs***		200	16.73			
	1. Own Pharmacy		\$				
	2. Purchased from		\$	245,363	245,363		
	Omnicare		9			and the state	1 000000000000000000000000000000000000
	b. Medicine Cabinet Drugs		\$	25,958	25,958		
	c. Medical and Therapeutic Supplies		\$	175,678	175,678	_	
	d. Ambulance/Limousine***		\$	2,928	2,928		
	e. Oxygen	•					
	1. For Emergency Use		\$	6,890	6,890		
	2. Other***		\$	16,083	16,083		
	f. X-rays and Related Radiological		\$	38,559	38,559	_	
	Procedures***		200				
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	37,856	37,856		
	i. Recreation		\$	14,005	13,726		278
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				1.4528.5
	1. Other (Specify)****		\$	33,559	33,213		346
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j) — <u>—</u>	\$	596,879	596,255		624

^{*} 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	CCN	H RHNS		dential Home
NURSING CONSULTANTS	\$ 4	,000	\$	
NURSING_PHARM CONSULTANT	\$ 13	,787	\$	
NURSING_PURCHASED CNA	\$,522	\$	A STATE
NURSING_TRAINING/INSERVICE	\$	824	\$	
NRSG SUPPL_BILL/BLOOD TEST ACCUCHEC	\$ 2	2,131	\$	
REHAB_SUPPLIES	\$,115	\$	-
REHAB PURCHASED SERVICES ST	\$	869	\$	PARTY.
REHAB COMPUTER SUPPORT FEES	\$	1,209	S	
REHAB TRAINING/INSERVICE	\$	1,570	\$	-
ASTD LIV PLUS-CONSULTANTS	\$		\$	317
ASTD LIV PLUS-PURCHASED CNA	\$		\$	29
IV_SUPPLIES MCR	\$	185		
Total Other Resident Care	\$ 3	3,213 \$ -	\$	346

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

Name of Facility McLean Health Center				License No. 884-C	Report for Year Ended 9/30/2019	-			Page 21	of 37
		Related ** to Owner: Operators, Officers	** to Owners,				Total Cost/	Total Cost/Page Ref ***		
Name of Individual or Company	Address	Yes	, oX	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
Please see attached.		0	•			:				
		0	0							
		0	0							
		0	0			:				
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0				·			
		0	0				;			
		0	0							
		0	0							
		0	•							
]

^{*} 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 Yo	ear Ended		Page	of
McLean Health Center	884-C	9/30/2019			22	37
Item		Total	CCNH	RHNS		tial Care
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	166,486	161,184			5,303
b. Heat	\$	34,697	33,439			1,258
c. Light & Power	\$	143,225	138,032			5,193
d. Water	\$	11,003	10,604		 	399
e. Equipment Lease (Provide detail on	page 6) \$	712	703		†	10
f. Other (itemize)	\$	37,625	36,261			1,364
See Attached Schedule		語的問題首都				2,301
6g. Total Maint. & Operating Expense (6a	- 6f) \$	393,748	380,222	educate despendant	Course of Management of St.	13,526
7. Depreciation (complete schedule page 2.						15,520
a. Land Improvements	\$	87,736	84,986			2,750
b. Building & Building Improvements	\$	200,840	192,341		-	8,499
c. Non-Movable Equipment	\$	172,488	169,280			3,208
d. Movable Equipment	\$	73,410	72,155	· .		1,255
*7e. Total Depreciation Costs (7a + b + c + c		534,475	518,761			15,713
8. Amortization (Complete att. Schedule Pa		,,,,,	310,701			15,715
a. Organization Expense						
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + c					 	
9. Rental payments on leased real property						
real estate taxes included in item 10b	\$					
10. Property Taxes	<u> </u>					- 2-
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	<u>\$</u>					<u> </u>
c. Personal property taxes	\$	 				
11. Total Property Expenses (7e + 8e + 9 +		534,475	518,761			15,713

^{*} 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	CCN	H RHNS	sidential re Home
PLANT_UTILITIES-REFUSE REMOVAL	\$ 1	0,540	\$ 397
PLANT_UTILITIES-CABLE TV	CALL AND RESERVED AND ADMINISTRATION OF THE PARTY OF THE	5,806	\$ 595
PLANT_UTILITIES SEWER	OUTS, CHIEF AND RESIDENCE THE ARREST OF THE PARTY OF THE	9,914	\$ 373
			-
		A STATE OF THE STA	
			M. a. Kali
			Mary Trans
	Andrew Control		
Total Other Repairs and Maintenance	\$ 36	,261 \$ -	\$ 1,364

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:: 42			27	Deprec	Depreciation Schedule	hedule					
Name of Facility McLean Health Center				License No.			Report for Year Ended	Ended		Page	90
				884-C	ا ب		9/30/2019			23.2	37
550,000				Historical Cost	Less		Accumulated Depreciation to	Method of			
Property Items				Exclusive of	Salvage	Cost to Be	Beginning of	_	Useful	Depreciation	
A. Land Improvements				Land	Value	Depreciated	Year's Operations	_		for This Year	Totals
				2,000,000				_			
2. Disposals (attach schedule)				4,093,799		773,545	696,209	SL	Various	188,698	
ω.	ich schedule	_		07 302		000					
A-4. Subtotal				795,17	The Control of the Control	97,382		SL	Various	5530	
B. Building and Building Improvements					· · · · · · · · · · · · · · · · · · ·						188.698
l. Acquired prior to this report period				14 212 600						200	TO STATE OF THE PARTY OF THE PA
2. Disposals (attach schedule)				14,515,580		14,313,580	8,721,886 SL	SL	Various	470,439	
	oh ochodula			(16,783)			14,545			(559)	
B-4. Subtotal	on senentic			1,575,860		1,575,860		SL	Various	65.620	
C. Non-Movable Equipment					問はのなから子					京 の の の の の の の の の の の の の の の の の の の	535 400
I. Acquired prior to this report period											
				5,426,535		5,418,494	3,557,330 SL	SL	Various	273,854	
3. Acquired during this report period (attach school-12)	chodula)			(19,200)			8,886			(1.581)	
C-4. Subtotal	our sericonnic)			1,104,379		1,085,179		TS	Various	61.252	になって
					THE REAL PROPERTY.	の記録がは	· · · · · · · · · · · · · · · · · · ·	からの は の は の は の は の は の は の は の は の は の は	Sales and Sales		202 606
	Is a mileage	9									333,525
	logbook					_	Accumulated				
	maintained?	\perp	Acquisition	Historical Cost	Less		Depreciation to	Method of			
	- X	- Month	2	Exclusive of			Beginning of	Computing	Useful	Depreciation	
D. Movable Equipment	- 65	100	8	Land	v alue	Depreciated	Year's Operations	Depreciation	Life 1	for This Year	Totals
1. Motor Vehicles (Specify name model						The state of the s					
and year of each vehicle)											
ęż	×	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Į,	277.67	STATE OF THE PERSON	THE REAL PROPERTY.	COMP.				The state of the s
þ.		3	đ	47,447	1	42,442	42,442	SL	Various		
۲,					†						
Ġ.	-		Ť		+	-					
2. Movable Equipment		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s	Sales Contraction	A CONTRACTOR OF THE PERSON NAMED IN				3	
a. Acquired prior to this report period				7 577 800		Strong The Strong					
b. Disposals (attach schedule)			\dagger	2,072,800	1	2,723,278	2,052,756		_	126,018	
c. Acquired during this report period		San State of	10 Sept. 10 Sept. 10		Section School Section 2019					100	
(attach schedule)				701 000							
3. Subtot			2000年	293,180	The property of the	AND DESCRIPTION OF THE PERSON NAMED IN				17,089	
E. Total Depreciation								1			143,107
				The second second						The state of the s	1,200,830

Schedule of Land Improvements Acquired during this report period

chedule of Land Improveme	ents Acquired during this report period		Useful	
equisition Date	Description of Item	Cost	Life	Depreciation
dditions:				
BENEFIT STATE	METAL THE TOTAL SECTION OF THE SECTI	Control of the control of		
ALCOHOLD BY THE PARTY.	的是由于企业的企业中的企业的企业的企业。 第一个企业中心企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企	Selection of Ottom Page		N STATES
acesses on always		网络欧洲亚洲 医拉斯克氏线	WHERE S	No. of the Park of the
SERVICE PERSON	DER 1997年 1998年 中国 1998年 1997年 1997年 1998年 1	的现在分词是 对公共共和国的	PRINCIPALITY	as such and the
ma versuled in 1956 bill		CONTROL AND A SEC.	Street	S WARRENCE
AND THE RESERVE TO STATE OF THE PARTY OF THE	Transport of the National States and Committee	STATUTE VETS VEST	14年20日	N DASTRONS
otal additions for Land Im	provements	\$ 97,382		\$
eletions:			-	
CENTRAL STATE	HARRY TO HERVER TO THE SERVE PERSON	2000年基 BREAKS	统等名的证	A CHARLES
now electronic de district	EST CONTRACTOR CONTRACTOR CONTRACTOR	CAS KANTEL E PROCEEDE	BELFARE UND	
AVE DUTCH CAR TOTALED		に成者が行う。「は、湯とうてん」は	研究于55约至	量 计显示数据
THE WORLD PROPERTY OF THE PARTY	A PLANTA DE PARTIE PARTIE DE L'EXPERIENCE	HERETERS HASTON AND	Edit Der	图 6%年提出的
CHECK CONTRACTOR OF THE LEE		CANADA CARACTERIA		E 杨昭家总统
	DOMESTIC OF THE PROPERTY OF TH	a subject to a problem	Services	A TOTAL BURNEY
otal deletions for Land Im	TO LONG THE STATE OF THE STATE	SECTION OF SECTION AND ADDRESS.	Onlaws to	\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:					
SPEND AFTER	Please see attached.	(1957年) 中华人名西西西		2007	
2014年7月2日	SECURITY OF THE SECURITY OF TH	A STATE OF THE STA		N MARKET	Part of State
and the same	PUBLICATION CONTRACTOR OF A STATE OF A STATE OF	CONTROL OF	STORY DODGE	RE MERCEN	A STATE OF THE STA
对对的图形表示	Date of the second seco		SEMBERS SE	19 85520	APPLICATION OF THE PERSON OF T
(以)的数位的数据	THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	CANNERSON CHAINFUNCTION CO.	ALTER MORRE	00 91 90 E	STATE OF THE STATE
	D. H.J V	\$ 1,575,860		S	65,620
	Building Improvements	THE RESIDENCE OF STREET	CONTRACTOR CO	- A-C	100
Deletions:	TO BE A VINCENCY OF THE STREET OF THE STREET, THE STRE	\$ (16,783)	BERGER CO.	S	(559)
11/30/1992	GAZEBO	3 (10,783)	A CONTRACTO	0.000	(353)
		the contract of the second	thurster)	SP 7536	Seat Hardin
CONTRACTOR OF THE STATE OF THE		STATE WINDS	Horizonia	9 3/8	22 F 186 C
		entallis interest	DEVELOPED.	S 1083	450 PT P
AVER SOURCE STATE		5年40年8月5日日本	ALUE PROPERTY	AT PASS	E PRINT
Total deletions for	Building Improvements	\$ (16,783)	A TANKS AS	\$	(559)

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:			course agreed their	The state of the s
2006年7月20日本	Please see attached.			
是有其一种的基本	The Delivery of the Control of the C		Control of the Control	a Depres de la companya de la compan
				1 2 2 3 7 3 5 6 5
		unimers in the Carlotte	Correlated Action	A PROPERTY OF
	programme and the second secon	CONTRACTOR ACCORDA	CHARLES NO	CONTRACTOR
Total additions for	Non-Movable Equipment	\$ 1,104,379	THE REAL PROPERTY.	\$ 61,252
Deletions:			Para Maria de Maria de Cara de	
9/13/2002	Radiator Core for Generator	\$ (3,000)		\$ (120)
8/17/2017	GAZEBO Loading dock	\$ (3,576)		\$ (199)
	Generator Project	-9078.94	ELECTRICAL PROPERTY.	-907.894
8/17/2017	Telephone System Circuit Board	-3545.34		-354.534
			DEPLY SERVE SER MEBARATAN	
Total deletions for	Non-Movable Equipment	\$ (19,200)	THE DIVINE	\$ (1,581)

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Useful

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
进程的人物200	Please see attached.			STATES STATES
ALTO SULTA	24 CAR STATE OF THE STATE OF TH	亚基国农 网络多名美国	districtly	19. 20 图 数 图 20
	SECURIOR PROPERTY AND AND AND ASSESSMENT OF THE PROPERTY OF TH	CHEST ENGINEER	4474014	
TARREST TOTAL	上发现的大型。12.12年12.12年12日12月1日日本的工作。12.15年12日	NEW CHEST AND		S AFOCHDAR
A CHIEF PROPERTY		化共產黨 经帐户扩充	Treat lexibi	8 争进50条证据
		£ 202.196		£ 17.000
	Movable Equipment	\$ 293,186	R.144.127.186	\$ 17,089
Deletions:				
Salar Kata By		发展生态的 医肾髓炎病		E ROVERSELET
是其他的特色。	was a second substitution of the second second second second	等面质的位置 医阴道性 医皮肤	种技术的	a lander desk
	的學問心思思維持的思想也可以對於自己的思想的意思		667.63	\$ 15 TO 3 TO 1000
《南京中国共享》			NEW 201605	A Company
			ELSE PAGE	P GRANES
Property As	2. 数据器的编辑系统符号编数字 经经济的产品的 医现代性 电电路电路 电电路电路 电电路电路 医电路电路 医电路 电电路电路 医电路电路 医电路电路 医电路电路 医电路电路 医电路电路 医电路电路 医电路电路 医电路电路 医电路电路 医电路 电电路电路 电电路 电电路电路 电电路 电电路电路 电电路电路 电电路电路 电电路电路 电电路 电电路 电电路 电电路 电电路 电电路 电电路 电电路 电电路 电路	CARLETT CITED ATTES	45 (FEE TH)	
Total deletions for	Movable Equipment	3000000000000000000000000000000000000		\$

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Dat	Description of Item	Cost	Useful Life	Depreciation
Additions:				
P. C. T. 100	Please see attached.		和可能的数据的	建 制度起 的音樂
法学员车的 图5		學結婚師 显然实际证	PROPERTY.	司 成品公司2次3号。
		医神经测 医哈洛斯氏炎		E REFERENCES
Alexander School		THE STATE OF	WAS MILES	
	200 2000年6月1日日本日本の大阪の大阪の大阪の日本の大阪の大阪		FARIETY S-H	E TENTENTE
GREEK TRACTURE		指於原理的 被计算符的 非	经的证明的	经验的
Fotal additions	for Leasehold Improvement	是數語放置 S做人致行為語		\$
Deletions:				
NESK SELEC		ASSESSED OF STREET	A SHARWAY	t designation
Selection of	and the Coulombian of the Council and the Council and the Council and Council	Test and Sections	A STATE OF THE STATE OF	图 经公司公司的股份
欧洲居住182 5	The Special Control of the Control o	race leads agreement as	Mar bakt	A CENTRAL PROPERTY.
基础的		源行為任主 建筑和现代变形	就是影響。	是 经营业的
	THE PROPERTY AND THE PROPERTY OF THE PARTY O	美国逐渐简 法联络 社会经	SECTION STATE	排 对抗和对性和特殊
11/2012/11/25		作品的 EA THE ACT	ARMIN'S P	W BESTORY
Cotal deletions	for Leasehold Improvement	S at the same	CAN SHOW STATE	SERVER SERVE

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

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

Amortization Schedule*

McLean Health Center		License No.		Report for Year Ended	ar Ended		Page	Jo
		Ó	004-C	9/30/2019			24	37
	Date of			Accumulated				
	Y Statistical			AMOR. TO				
	uomsimov —	<u> </u>		Beginning of	Basis for			
ř		Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
1	Month Year	ar Amortization	n Amortized	Operations	Amortization**	6	Far T. 17	
A. Organization Expense				cupinido	Tallioi rizatioii	%	ior inis year	Iotals
1.								
2.	_							
3.						1		
A-4. Subtotal		The second secon	Transmission des risector					
B Mortoage Evnence	And the second second		The same of the same of					
								The second second
1:								
2.	 					\dagger	10000	
3.						1		
B-4. Subtotal	· · · · · · · · · · · · · · · · · · ·		日本の 一日 日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本	Part of the Control of the Control	Transferred to Administration	-		
C. Leasehold Improvements and Other					The state of the s			
1. Acquired prior to this report period			10					
2. Disposals (attach schedule)	-					1		
3. Acquired during this report period	のないないのである。		The second second		The state of the s	The state of the s		
(attach schedule)								
C-4. Subtotal	THE RESERVE		THE PERSON NAMED IN	N Company of the Company		and the same of th		The Part of the Pa
D. Total Amortization								
* Straight-line method must be used		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	STREET, STREET	· · · · · · · · · · · · · · · · · · ·		State of the		

** 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	License No.	Report for Year E	nded		T	
McLean Health Center	884-C	9/30/2019	naea		Page	of
11. Property Questionnaire		1510012015			25	37
Part A						
Is the property either owned by the	a Facility					
or leased from a Related Party?*	e racinty (⊙ Yes	0	No	If "Yes," comple	te Part B.
	silibe to anlare at the Co. 19	10 74			If "No," complete	e Part C.
*If any owner or operator of this factors association to any person of the state of	only is related by family	, marriage, ownership, ab	ility to control or	•		
a related party transaction.		on bundings are leased, ti	nen it is considered]		
Description		Total	CONTRACTOR OF THE PARTY OF THE		THE PARTY NAMED IN	CONTRACTOR OF THE PARTY OF THE
1. Date Land Purchased		Unknown, Prior to 1930				
2. Date Structure Completed	197	I, Additions '74,'89 & '01				
3. If NOT Original Owner, Date	of Purchase	War war and the				
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity 6. Square Footage		92				
6. Square Footage 7. Acquisition Cost		141,249				
a. Land						
b. Building		29,950	THE THE PARTY HAVE THE PROPERTY AND THE			
Part B - Owner and Related Par	41	1,460,189	A STATE OF THE OWNER,			
1. Financing	ties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortga	ige
a. Type of Financing (e.g., fix	red veriable)	THE RESERVE OF THE PARTY OF THE	STATE OF THE PARTY			
b. Date Mortgage Obtained	(cu, variable)					
c. Interest Rate for the Cost	'ear	+				
d. Term of Mortgage (number						
e. Amount of Principal Borro	wed			3 - 300		
f. Principal balance outstandi	ng as of					<u> </u>
Complete if Mortgage was R	efinanced		San Hills Charle	SALES AND DESCRIPTION OF THE PERSON OF THE P	SOMEONIC SCIENCE OF THE PARTY.	STATE OF STREET
During Current Cost Yea	r	SERVICE STREET				
g. Type of Financing (e.g., fix	ed, variable)			12 mg	STATE OF PERSONS AND ADDRESS.	
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number			/			-
k. Amount of Principal Borro					·	
I. Principal Outstanding on N	ote Paid-Off					
Part C - Arms-Length Leases						
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount o	of Lease
				4-1		10000
	I.	10	-			
					Lange to the second	
						7 - 3
			1			
						70-70

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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-26 Rev. 6/95

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

Name of Facility	License No.		Report for Y	ear Ended		Page	of
McLean Health Center	884-C		9/30/2019			26	37
I	tem		Total	CCNH	RHNS	Residen Ho	tial Care
12. Interest				00		1	
A. Building, Land Impi	rovement & Non-Moval	ole	r.				
Equipment						1	
1. First Mortgage		\$			NAME OF TAXABLE PARTY.		
Name of Lender		Rate					
Address of Lender		_					
2. Second Mortgage		\$	Macress en en en en en en				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		_\$				A CONTRACTOR	Tal Good water
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage	:	\$		A STATE OF THE PARTY OF THE PAR		A) Inches de la constant	
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Infor	mation						
1. Original Loan A	mount	\$					
2. Loan Origination	n Date						
3. Interest Rate %							
4. Term							
5. CHEFA Interest	Expense						
12 B7. Total Building Interest	<i>Expense</i> (A1 - A4 + B:	5) \$					

(Carry Subtotals forward to next page)

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

Name of Facility	•	License No.		Report for Y	ear Ended		Page	of
McLean Health Cer	iter	884-C		9/30/2019	-	 	27	37
				1				lential
	Ite			Total	CCNH	RHNS	Care	Home
		Subtotals Br	ought Forward	:				
	Equipment							
	otive Equipme			<u> </u>				
A. Iter	n	Rate	Amount					
Lender	Addition to the second	X 12						
Address of Lender				-				
2. Other	(Specify)							
A. Iter		Rate	Amount					
Lender	9.2	<u> </u>					The second	
Address of Lender								
B. Iter	1	Rate	Amount					
				7.				
Lender							1	
Address of Lender								
12. C. 3. Total l	Movable Equip	ment Interest		Account to the state of the sta		A TANK AND A SHARE OF	S. C. Philosophia	
Expen	se (C1 + 2)			6				
12. D. Other Into	erest Expense (Specify)		B				
					1		TO CK	
13. Total All Inte	rest Expense (1	2B7 + 12C3 + 12	2D)	\$	建筑的铁道 (1985)			
14. Insurance								
a. Insurance	on Property (b	uildings only)		35,489	35,015			474
	on Automobile			2,067	2,039		 	28
	other than Pro	perty (as specified					 	
	ella (<i>Blanket Co</i>			8				
	d Extended Co			2,037	2,010			27
3. Other	(Specify)			12,879	12,707			172
		y, Fiduciary, Cybe						
14d. Total Insuran	ce Expenditur	es (14a + b + c)		52,472	51,771			701
15. Total All Exp	enditures (A-1.	3 thru C-14)		B 11,129,997	10,983,997		 	46,000

D. Adjustments to Statement of Expenditures

	of Fa an He		Center	Lic	ense No. 884-C	Report for Yea 9/30/2019	r Ended	Page of 28 37
No.	Page No.	No.	Item Description		Total Amount of Decrease	CCNH	RHNS	Residential Car Home
age	<u> 10 - S</u>		es and Wages		The second second	以外来的	ALC: NO HOLD BY	
1.			Outpatient Service Costs	\$		ļ l	<u> </u>	
2.			Salaries not related to Resident Care	\$				
3.	10		Occupational Therapy	\$	239,550	239,550		
4.			Other - See attached Schedule	\$		and the same of th	NAME OF THE OWNER OF THE OWNER.	The second secon
			sional Fees		140 160		Sales Property	
5.	13	B8c &	Resident Care Physicians **	\$	21,192	21,192		<u> </u>
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$	834	823	AND A STREET, MARKET PARKET PARKET	1
'age	s 15 d	16 -	Administrative and General			E SELECTION OF THE PARTY OF THE	1900年100日	
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.			Accounting	\$				
10a.		<u> </u>	Legal	\$		8,133		10
11.			Telephone	\$				
12.			Cellular Telephone	\$				
13.		ľ	Life insurance premiums on the life			On the second		
			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or					
		ĺ	universities for tuition and related costs					The state of the s
			for owners and employees	\$				
16.			Travel for purposes of attending conferences or seminars outside the					
			continental U.S. Other out-of-state					
		1		ď				
		1	travel in excess of one representative	<u> \$</u>		9,152		17
17.			Automobile Expense (e.g. personal use)	<u>\$</u>		_		2,54
18.		M3_	Unallowable Advertising *	<u>s</u>		47,107		2,34
19.	_	┼	Income Tax / Corporate Business Tax	<u></u>				
20.	-	 	Fund Raising / Contributions			 		
21.		1	Unallowable Management Fees	<u>{</u>		8,923		46
22.		M6	Barber and Beauty Other - See attached Schedule					13
23.		<u></u>		\$	10,573	10,437		
			ry Expenditures					
24.	. 30	111	Meals to employees, guests and others		40.100	47.124		1.04
			who are not residents		48,182	47,134	25 (200 (150) (20)	1,04
		Laun	dry Expenditures				Control of the second	
25.			Laundry services to employees, guests		hat the same of	N. C.	A CONTRACTOR OF THE PARTY OF TH	M. ALLES OF COMPANY
	ل	<u> </u>	and others who are not residents	-	Andrew Street Street Street	and Agrand on the Control	CONTROL OF THE PARTY OF THE PAR	
		Hous	ekeeping Expenditures				No. of Contract	
26			Housekeeping services to employees, guests		and the second		THE PARTY	
			and others who are not residents		B			
			Subtotal (Items 1 - 26) 5	396,933	392,450		4,48

* 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				CCNI	H RHNS	Residential Care Home
多為認定為	ASSESSED TO THE SECOND			是是一种的 包括	A GARRES		
							A STATE
THE RESERVE			na de la companya de	100 100 100		Dat Tak Page	49 38 6 2 13 2 34 2
STORES !	Several Grant State				W NAMES	TO THE PERSON	
AND DESCRIPTION OF THE PARTY OF	STATES ASSESSED.		The State of	15. 原列,列克斯中之的	Market State of the Control of the C		SE ADMISSION NEW
		The series of the series of	GOLD WAR	A SECURIOR STATE	100.4% 数	心起 建生产的	
	TANK AND MESSAGES			TO BE A STATE OF	题 開裝禁止	交通 医长头皮炎	E BROKE SEE
Total Other	Salaries Adjustment			EXPERIENT STREET	\$	- S	\$

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS		idential e Home
E PARTY	015t8164	ADMIN_DUES & FEES	\$	823	16551-645	\$	11
EN EN	GENERAL			(Z. 7. 16.	989711924	5.5788	SERVICE
					2011/2011/6	的视频	STATISTICS.
15 12 15 13	2.5		16 STORY	建筑设施		B) 500 (8)	1000
	La Carrie	战争等的公共宣击。1985年1980年1988年1987年1987年1987年1987				S THE	
	SELECTION.	网络拉拉斯特尔拉斯特斯特尔斯斯斯特斯斯斯特斯特斯特斯特斯特斯特斯特斯特斯特斯特斯特斯				A 345%	
							6550,5
A SCHOOL	TESTER		a term		1903 1903	rit i late	NO PROPERTY
Total Othe	r Fees Adj	ustments	\$	823	\$ -	\$	11

Schedule of Other A&G Adjustments

ge Ref	Line Ref	Description	(CCNH	RHNS		sidential re Home
16	M 13	ACCOUNTING BANK CHARGES	\$	2,124	12 A 18	\$	29
16	L3	HUM RES_PERS RECOG	\$	3,116	THE STATE OF	\$	37
16	L 5	ADMIN_MEETINGS	S	4,374	2000年	\$	59
16	M 8	Dues & Fees	\$	823	177579	\$	11
al Othe	r A&G Ad	justments	S	10,437	\$	- \$	136

State of Connecticut

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

-			D. Adjustments to Statemen						
	of Fa			Lic		Report for Y	ear Ended	Page	of
McLe	an He	alth C	Center		884-C	9/30/2019		29	37
					Total				
Item	Page	Line			Amount of			Reside	ntial Care
No.	No.	No.	Item Description	- 5	Decrease	CCNH	RHNS	H	ome
			Subtotals Brought Forward	\$	396,933	392,450			4,483
Page	20 - F	Reside	nt Care Supplies***						
27.			Prescription Drugs	\$	245,363	245,363			
28.	20	5 d	Ambulance/Limousine	\$	2,928	2,928			
29.	20	5 f	X-rays, etc	\$	38,559	38,559			
30.	20	5 h	Laboratory	\$	37,856	37,856			
31.			Medical Supplies	\$					
32.	20	5 e2	Oxygen (non emergency)	\$	16,083	16,083			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	8,109	7,763			346
Page	22 - 1	Maint	enance and Property		AND A SECOND	三张学的	A STATISTICS OF THE PARTY OF TH	1111	The White
35.			Excess Movable Equipment Depreciation			图 图 100 图			A THE R
			See Attached Schedule	\$					
36.			Depreciation on Unallowable		是在海岸的	1			
	ļ		Motor Vehicles	\$					
37.		t	Unallowable Property and Real			Programme and the second	Property of the		A. 17 (187)
			Estate Taxes	\$					
38.		1	Rental of Building Space or Rooms	\$					
39.		 	Other - See Attached Schedule	\$	6,411	6,184			227
	27 - 1	nsura				CO STATE	200 P. C.		
40.		Π	Mortgage Insurance	\$					
41.	<u> </u>		Property Insurance	\$					
	r - Mi	scella	neous		自然的人数的产品	STATE OF THE STATE		1000	的
42.			Other - Indirect	\$	12,235	11,865			370
43.		 	Interest Income on Account Rec.	\$	·	†			
44.	1	 	Other - Miscellaneous Administrative	\$	·- ·				
45.	1	†	Management Fees Direct	\$			_		
46.			Management Fees Indirect	\$					
47.		 	Other - Direct	\$			T		
		rofit F	Providers Only		医马二甲的 网络种	THE PARTY OF THE P	THE PARTY	No. of the last	THE WOOD
48.	_	T	Building/Non Movable Eq. Depreciation		ARREST MASSESSEE				
70.			Unallowable Building Interest -		CHARLES TO	Det 22 35	DA 6 - 25 15		
			See Attached Schedule	\$			Committee of the Commit		Marie Control
40	Total	l Ama	ount of Decrease (Items 1 - 48)	\$		759,052	 	1	5,426

^{***} 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.

Schedule of Other Ancillary Costs

Page Ref		Description		CCNH	RHNS		idential e Home
20	51	REHAB_SUPPLIES	S	1,115	ATT GOOD TO	§ 15 180	9:30 W 61:3
20	51	REHAB PURCHASED SERVICES ST	\$	869	2020 198	2	HINDING!
20	51	REHAB COMPUTER SUPPORT FEES	MANAGER TORS	4,209		\$	
20	51	REHAB TRAINING/INSERVICE	S	1,570	141.518713.25	S	
20	5l	ASTD LIV PLUS-CONSULTANTS	STATES STATES		ELAPTER STATE	S	317
20	51	ASTD LIV PLUS-PURCHASED CNA	(A) 1	TWO SE		\$	29
					Santa Villa	O SECTION	
	ALC: NO			Hadasa		Mag	
Total Othe	r Ancillary	/ Costs	S S	7,763	\$ -	S	346

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
112000			24年1月1日	E A PERSONAL PROPERTY.	1.612.753.52
SV TREAS OF	C3C40767A		A ALPERTALIS		
ALTERNATION OF	MEDICAL PROPERTY.	Mark Color (1984) - 1991 (1997) A COLOR (1987) (1987) (1987)		a Saletia Maria	人 放出信息科斯伊尔
1000	是不多地	All of the Child San County of the County of	E ATTACABLE	one Toys Lan	建设设施
4505246	THE SHAPE	表数据 2.5.30 PC (在2007年) 2.6.20 (2007年)	D TENTED PROPERTY	Service Control	A 188 V Maria
SERVEL!	和Street,		t AND STATE		The section of
TO SECURE	经的数据	THE TOWNSHIP IN A STATE OF THE	第 (25-17-47) と記る		
1965			SEC SHIPPED	STATES OF	THE REPORT OF THE
526167	是以此是	CHARLES AND LESS IN THE STREET, AND THE STREET,	a device as	Sold Street	1 Care Children
Total Exce	ss Movable	Equipment Depreciation	\$	\$ -	S -

Schedule of Other Property Adjustments

age Ref		Description	C	CNH	RHNS		idential e Home
22	7C	To adjust 25 yr deprec taken on sprinkler written off as 5 yrs	\$	6,184	ALTERNATIVE STATE	\$38.2	227
		Note: The final year for this adjustment will be 09/30/2030	THE THE	VELVEY.	15-75-1016		8,39,5
255	85,020,020,			WATER !	71:452.62	10 100	Mark St
	但如何因是		经收益 计程度	STATE OF THE STATE OF	THE WATER	S. Maria	AVAV.
Section 1	医 属于2008			HES HEST		强 新常数	CHOICE OF
10.0	No. of the least		STATE SHALL	No.	1200	S MESSE	27.00
4,615				WERDS		4 28 W	15000
FE. 134				952 NAT	SESSIMIL	A TEST	
	2000			The Salar			
tal Othe	r Property	Adjustments	\$	6,184	\$	S	227

Schedule of Other - Indirect Adjustments

	Ref Description	CCNH	RHNS		lential Home
10	11 Bookkeeping McLean Game Refuge	\$ 9,492	Sec. 1257.5	\$ 52.55	338
30 IV 4	Radio and Television Revenue	\$ 2,373	No reverse	\$	32
THE PERSON		SEA		12/32/94	A COL
(四七年) (100年)	文學 其代表的特別的民族的人民族的政治的人民族的人民族的人民族的人民族			\$ \$.74525	ALUKA)

-		
Ŀ	906	29

otal Other Adjustments	Services and the service and the service and the services and the services and the services and	\$ 11,865	2	\$ - 10 S	370
	I Other Adjustments		HERE STATE	SSN YFERN	2500
		at 1990 gatta 215	A 196 G 19	CONTRACTOR STATES	NAME:
		经 图 24 VEQUE	TELEVISION OF	FRED PRODUCT	PLAN
	Taylor Control of Control Section (Control Control Con	SHAPE SHEET	\$36 ED10	Chan austal	2,421
COLORS COLORS SUBSECTION OF THE COLORS OF TH		the analysis of	STANTON AND	STATE OF THE	5778.VA
		200 中心不适应的企业		TREAT PRINTS	2

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
of a product	1558 A P. N. M		a section as a second	印度 计图像设置	CONTRACTOR
65552X:50	100000000000000000000000000000000000000		P AND LOST THE	51724777778833	"" 自然和特殊的现在分词
KINGS TWO	ATEC STATES		The state of	26-45-34 SMM	CANAL SEPTEMBER
V-300/47 9E	SALES SECTION OF SALES		A CONTRACTOR	THE PROPERTY OF	12年8岁建筑对水
KENTONS.	PARTY NAMES	AND THE COMMENCE AND ADDRESS OF THE PARTY OF	· 在日本地区中1964年6月	SAVAGE STATE	Carrier 197
SCO-Local	MET WO	PERSONAL PROPERTY OF THE PROPE		Sala Albania	LEADING AND SECOND
The second	elected:		NAME OF TAXABLE	THE PARTY	2000年間の日本の日本
SE CLEONEZ	100 S / S S S S S S S S S S S S S S S S S			有数型原则 类型的	有数据的图象
of Value Colo	4.257275		A CENTURY OF THE PARTY.		DEDICATE AND A
otal Othe	r Adjustm	ente	MALE SEPTIMES TO SEE	407-21-22	DURE STORT AND
		THE PERSON NAMED IN COMPANY OF	2	\$ 6.000000000000000000000000000000000000	15 强烈党医院 20

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
South See		PERMENDING VENERAL PROPERTY AND THE PERMENDING PROPERTY OF THE		The same	
	(VOLUMEN)		STATE AND	No. 14 Comp	7. 自建岛湖南极岭
PARELIE	E WHE		21,100,742	Consultation of the Consul	
102 FEB	THE RES	HUMBERS OF THE STATE OF THE STA	Digital Section	15 an 15 a	A RECEIVED BY
ADVINCE.	AND PERSON	CHARLES AND THE PROPERTY OF THE PARTY OF THE	种类的主体的	STATE OF THE	a besterviores.
William Co.	W. SALES	2000年1月1日 - 1900年1月1日 - 1900年1月 - 1900年1日 -	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ESTATE OF THE
14 5 2 9 10		SECTION OF THE PROPERTY OF THE			
AT (45) (4)	572478.450A		SCHOOL STATE		a diwerthing
				THE STATE OF	
SERVERN	hinasida		ALEXE PROPERTY.	123	
Total Othe	r Adjustm	ents	\$	\$	STEERS

Schedule of Unallowable Building Interest

Line Ref	Description	CCNH	RHNS	Residential Care Home
STATISTICS.		SECTION SECTION	Committee	THE PARTY OF
20.50		S.C. P. Parkette	STEPS, NO	, restronation
55.2853	MERCHANIST NEW PROPERTY.	PARTIES AND	100	。对于自由的原则
Water St.	THE RESERVE THE PERSON WAS TRUE WITH A PROPERTY OF THE	计位为对2	APRICATE SERVICE	A STATE OF THE STATE OF
PRODUCTION OF	ALTERNATION AND THE RESERVE OF THE PROPERTY OF THE	等研究的联合系统	TO THE REAL PROPERTY.	SALES IN SEC.
NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,		SAN STATE OF STATE		Property and
100		国际公司	公司 医肺髓	WEST YEST
SUPPLIES.		50% 被放弃	THE PERSON	MALE NO THE
Postalia.		\$2.96 E \$2.00 E	家 學是	
4177 E 73		3473458514	JEN SESSE	12000000000000000000000000000000000000
llowable B	uilding Interest	\$	\$	\$
		Line Ref Description		

F. Statement of Revenue

Name of Facility McLean Health Center	License No. 884-C		Report for Y 9/30/2019	ear Ended		Page of 30 37
	Item		Total	CCNH	RHNS	Residential Car Home
I. Resident Room, Board & Routine						
1. a. Medicaid Residents (CT only		\$	6,142,621	6,041,393	-	101,229
b. Medicaid Room and Board C	Contractual Allowance **	\$			-	(12,090
2. a. Medicaid (All other states)		\$				(13,07
b. Other States Room and Board	d Contractual Allowance **	\$				
3. a. Medicare Residents (all inclu	isive)	\$	2,651,623	2,651,623		-
b. Medicare Room and Board C	ontractual Allowance **	\$		302,146		
4. a. Private-Pay Residents and Ot	her	\$	5,449,195	5,449,195		
b. Private-Pay Room and Board	Contractual Allowance **	\$	(139,950)	(139,950)		
II. Other Resident Revenue			Salas Maria Maria	HE WASH	A THE REAL	
1. a. Prescription Drugs - Medicar	e	\$	172,363	172,363	A STATE OF THE PARTY OF THE PAR	
b. Prescription Drugs - Medicar		\$	(172,363)	(172,363)		
c. Prescription Drugs - Non-Me		\$	70,443	70,443		
	dicare Contractual Allowance **	\$	(69,855)	(69,855)		
2. a. Medical Supplies - Medicare		\$	(02,000)	(02.055)		<u> </u>
b. Medical Supplies - Medicare	Contractual Allowance **	* \$				
c. Medical Supplies - Non-Med		\$	-			
d. Medical Supplies - Non-Med		\$				
3. a. Physical Therapy - Medicare	- Thomas Community and Communi	\$	743,847	743,847		
b. Physical Therapy - Medicare	Contractual Allowance **	<u> </u>	(688,688)	(688,688)		
c. Physical Therapy - Non-Med		\$	263,197	-		
d. Physical Therapy - Non-Med		\$		263,197		
4. a. Speech Therapy - Medicare	Contractant / Howanie	<u>\$</u>	(242,435)	(242,435)		
b. Speech Therapy - Medicare C	ontractual Allowance **	\$	62,311	62,311		
c. Speech Therapy - Non-Medic		<u>\$</u>	(54.624)	(54,624)		
d. Speech Therapy - Non-Medic		<u> </u>	27,770	27,770	· <u>-</u>	<u> </u>
5. a. Occupational Therapy - Med		<u> </u>	(21,043)	(21,043)		
b. Occupational Therapy - Med			626,289	626,289	_	-
c. Occupational Therapy - Non-			(596,732)	(596,732)		
	Medicare Contractual Allowance **	\$	207,057	207,057		
6. a. Other (Specify) - Medicare	Wiedicare Contractual Allowance	\$	(198.982)	(198,982)		
b. Other (Specify) - Non-Medica	are .	\$	3,211	3,211		<u> </u>
II. Total Resident Revenue (Section 1		\$	4,484	4,484		
V. Other Revenue*	. till d Section II.)	\$	11,763,904	11,674,766	THE RESIDENCE	89,138
	9		ZEREERS!			Elicinic Control
1. Meals sold to guests, employees	& others	\$	98,310	95,999		2,311
2. Rental of rooms to non-residents		\$			_	
3. Telephone		\$				
4. Rental of Television and Cable S	ervices	\$	17,392	9,492		7,900
5. Interest Income (Specify)		\$				
6. Private Duty Nurses' Fees		-\$				
7. Barber, Coffee, Beauty and Gift s	hops	\$	20,883	16,176		4,707
8. Other (Specify)		\$	7,500	7,500		
. Total Other Revenue (1 thru 8)		. \$	144,085	129,167		14,918
I. Total All Revenue (III+V)		\$	11,907,990	11,803,933		104,056

^{*} 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	Residential Care Home
225/53/60	PHARMACY MEDICARE-FLU VACCINE	条件中部/10/00/2018/8/22/	3,211	TOTAL STATE OF	Care Home
STYRES	XRAY MCR I SUB	PATRICUS SERVICES (I	22,979	MANAGEMENT PROCESS	THE REPORT OF
SHOW	XRAY MCR SNF LT	CATHADA ANA PARADAMAN	800	100 I C 4 10 T 4 10	A SUBMITTER STATE
150,6039	LAB MCR I SUB	R. Artest Toron Service	26,521	AND ASSESSMENT OF	C PRODUCTION OF STREET
221196	LAB MCR SNF LT	- SECURE SERVICE SERVI	1,125	No. Color Color St.	* Surb-saling
Castorian	OXYGEN MCRISUB	A.C. 1414 (1900年 1904年	3,645		Company of Contract
に行る中に対	OXYGEN MCR SNF LT	A CANADA CANADA CANADA	673	Street and Committee	BUT TO STAN
SALESSINS	ALLOW XRAY MCR I SUB	Actor August especialistics access to a	(22,979)	Block Block	REPORT OF THE
107(00.0)	ALLOW XRAY MCR SNF LT	Market Company	(800)		Expense Block
Medical P. E	ALLOW LAB MCRISUB	LINISCTNETHIA COTOGO	(26,521)		ALCOHOLOGY IN
25-247-03	ALLOW LAB MCR SNF LT	THE CONTRACT PRODUCTION OF	(1,125)		Design the College of the
20,000	ALLOW OXY MCR I SUB	SERVICE ALCOHOLOGICAL CONTROL	(3,645)		A STATE OF THE PARTY OF THE PAR
	ALLOW OXY MCR SNF LT	CAYCO MOTO ARCTIONS OF THE	(673)		STREET, STREET, SQUARE, SQUARE
PHINE	THE STATE OF THE S	NEXT ADDRESS OF SECURITION	(013)	Mark Tistory	LTHERMONE
Total Other	r Resident Revenue - Medicare	ACRES ELV. PERTONE SV	3,211	\$ 400 000.00	Station . L

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	Residential Care Home
579,507,51	XRAY PRIISUB	\$	204		Care nome
47/6600000	XRAY HMO I SUB	S	9,687		de Editoria de la compa
STAR VE	XRAY HMO SNF LT	S	414	1947165054	at the base of the
2000	LAB_PVT SNF SUB	Š	CAE 17	- The services	9 825 375 339
的特殊制	LAB_HMO I SUB	S	7,199	NASHBING, AN	I had about the
49/15/52/2	LAB HMO SNF LT	s	404	5.89233-136	C SECRETARY
01/28/605	OXYGEN PVT I SUB	S	363	10720-27540	AMTEGRAL
MARKET	OXYGEN-PVT SNF HSP	2	145	SP WINDS FOR	Chrysta and
STATE A	OXYGEN PVT SNF1LT	2	6	Charles Halley	ST S
16/20/6/18	OXYGEN PRIVATE SNF LT HSP	\$	445	Skircunos e	and the state of the state of
學者學學是	OXYGEN PRIVATE SNF LT	2	3,274	SESSION SAVES	1 30 (0.000 5000
2350	OXYGEN HMO SNF SUB	\$	748	BIS 54.5736-14	V A/SYSAVENIKA
477-Year	OXYGEN HMO SNF LT	3	231	CASSING AND AND A	THE REST OF THE PROPERTY.
	ALLOW XRAY HMO I SUB	3	(9,687)	ORDER OF STREET	CALDI-LIA EL
	ALLOW XRAY HMO SNF LT	\$	(414)		F 396,577-198655,1
等的被告	ALLOW LAB HMO I SUB	S	(7,169)	***	10 SERVICE AND 10
diction.	ALLOW LAB HMO SNF LT	S	(404)		1 PO VERVISOR A
	ALLOW OXY FIMO SNF SUB	3	(748)		1 10 10 10 10 10 10 10 10 10 10 10 10 10
中文學也沒	ALLOW OXY HMO SNF LT	\$			A STATE OF THE PARTY OF
FEEDON	CONTRACTOR SHARE CHARLES DEPARTURES OF THE PROPERTY CANCELS	3	(231)	Fig. 45 Sept.	STEERING SALES
Sept.		200	COLUMN IN	CAN DISCUSSION	THE SAME
Total Othe	r Resident Revenue	\$	4,484	\$	\$

Interest Income

Account

Page Ref A	Account	Balance	CCNH	RHNS	Residential Care Home
SCHROOL D	PS-WC-10199741中国公共工程的设计分别的企业的企业的联系的企业。如何是2019	SANTENS NEWS	STATE SHOW	VALUE OF STREET	TOWNSHIELD BY
191629	。我不是这个对位我们的关键在大规模等,就是用自己的规则,就是让他们	d/XXToHiseahogh	STISS PROPERTY	Employable (September 1997)	28 2 Still 2 still
SEATOUR S	SEEDINGS (1577) 177 177 177 177 177 177 177 177 177	STREET, STREET	WEST BEFELOW	6500 2000000	NAME OF THE PARTY OF
SECTION S	CHARLE THE CONTRACTOR STREET,	AND STREET, STOP	29643*KA305	AMERICAN STATE	E HORSE CONTRACTOR
Total Interes	st Income a the survey desired and the entire the arrange representation.	OPPOSITE ALV	S Children To	\$17,0966.00	C HEED AV.

Schedule of Other Revenue

Page Ref			CNH	RHNS	Residential Care Home
DEADS.	HÆW RENT OFFICES/MTG ROOMS	2	1,500	501-00m/84	- AND THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM
75(204	BOOKKEEPING-REFUGE (Disallowed)	\$ 100	6,000	QUARTER OF	WENTER
AND DOCUMENTS	2. 化共享的证据 20. 不是知识的是有关的 10. 在 10	7650	Robins S	ENERGISCO)	g 15 e8 h 2174
MINORAL PROPERTY	2. A STATE OF THE PROPERTY OF	VOID	mer of	SECURALISTS	1965/1967/50
03.0	AND STREET, THE PROPERTY OF TH	alad)	Chicago	SARK OST	051425/CAP20
AND REAL PROPERTY.	THE THE TRANSPORT OF THE PROPERTY OF THE PROPE	(0)35	Michigan	STATE STATE	AGGGPV99FHS
CPUINT IN	CONTRACTOR OF THE CONTRACTOR OF THE PROPERTY OF THE CONTRACTOR OF	frish	GREET E	SHAPE REPORT	TENTAL BRIDE
side ed di	College Colleg	W532	De-SW	Editor Erwin	METATORIES
1901/100		35.27	FAR-S	Harris State	SEMESTRATES.
CHESIN	STATE OF PRINCIPAL STATE OF THE CONTRACT OF TH	56583	CAME.	東京を行うを なる	MACHINE TO P
15273976		27-16	98.4PS	BY-HOLDER	\$1120E\$168
otal Othe	er Revenue	South	0596506	DEPOSITE OF THE PROPERTY.	statement, co
	The state of the s	\$	7,500	2	Samuence

G. Balance Sheet

		Facility	License No.		oort for Year Ended		Page	of
MCL	ean	Health Center	884-C	9/3	0/2019		31	37
	. 4 .		Account				An	nount
Asse								
4 .		rrent Assets	`			•		4.050.974
		Cash (on hand and in banks	<u> </u>	an Dad	I Dake)	\$ \$		4,959,874
		Resident Accounts Receivable				\$		1,831,767
		Other Accounts Receivable	Excluding Owners of	r Kelai	ted Parties)	\$	-	
		Prepaid Expenses				\$		484,783
	э.	• •				The state of the s	GIANATE Z	404,703
		a. b.						
		d. See Schedule			484,783			
	6	Interest Receivable			404,703	\$	24.1	
		Medicare Final Settlement R	ecaivable			\$		
		Other Current Assets (itemiz				\$		151,322
	о.	Other Current Assets (nemiz	<i>c)</i>			9		131,322
								通知是對於
		See Schedule	· · · · · · · · · · · · · · · · · · ·		151,322			
Δ_Q	To	tal Current Assets (Lines A)	thru 8)		131,322	\$		7,427,746
B.		ked Assets			·· -	+		7,427,740
υ.		Land				\$		29,950
9-		Land Improvements	*Historical Cost		2,191,181	\$		1,306,274
	۷.	Land improvements	Accum. Depreciation		884,907 Net	۳		1,500,27
	3	Buildings	*Historical Cost	OII	15,872,658	\$		6,615,269
	٠.	Dunumgo	Accum. Depreciati		9,257,389 Net	۱۳		0,013,203
	4	Leasehold Improvements	*Historical Cost	OII	3,237,303 1100	\$		
	••	Boasonora Improvements	Accum. Depreciati		Net	ľ		
	5.	Non-Movable Equipment	*Historical Cost		6,511,713	\$		2,620,857
	٠,		Accum. Depreciati	on —	3,890,856 Net			_,==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	6.	Movable Equipment	*Historical Cost		2,965,981	\$		770,119
		, -p	Accum. Depreciati	on	2,195,863 Net	1		
	7.	Motor Vehicles	*Historical Cost		42,442	\$		- 8:
			Accum. Depreciati	on	42,442 Net	3. 27		
	8.	Minor Equipment-Not Depr	•		, -	\$		7
	9.	Other Fixed Assets (itemize)			\$		12,726,13
		See Schedule			12,726,132	-		
B-10	<u></u>	Total Fixed Assets (Lines B	31 thru 9)		12,720,102	\$		24,068,60

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

Schedule of Prepaid Expenses Page 31 Line AS

Page Ref	Line Ref	Description		
夕島時間		AR Other Auxiliary C Card	\$	1,044
5.69M/d	明を存むさ	Prepaid Insurance Liability	\$	89,204
1975: por		Propaid Expense 1/15 (1971) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)	S	281,963
WATER	5183978	Propaid Property Taxos	5	112,573
的原果因	\$1,550,7653	THE PARTY OF THE P	(Gra	C9597-12
STATUTE OF	作的系統	是1000年中國新聞的自1000年代的1000年2月2日 1000年1日 1	25%	2014/12
	175170095	图1000 1000 1000 1000 1000 1000 1000 100	199	Rathy (L)
otal Prep	aid Expens	en 对那种发现是否是非常特别的复数形式,并不是一种的一种,可以不是一种的一种,但是一种不多的是一种不多的。	S	484,783

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

Page Ref	Line Ref	Description		
MARKET STATE		Due from Related Party	2	13,822
5年2000月	2393	Notes Receivable	\$	137,500
STEWNERS.	12-28-87	美国国际的国际的 自然的自然的自然的自然的自然的自然的自然的自然的自然的自然的自然的自然的自然的自	PER	PL 25120
(1) 医数数	THE STATE	和分析的企業的企業的研究的企業的企業的企業。企業的企業的企業的企業的企業的企業的企業。企業的企業的企業的企業。 企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企	98	State
CUSEARE	NATIONAL PROPERTY.	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	PXX	OCH STA
312,465	CH 2575	注题的1.25mm(表面)和1.2cm定则的大约的1.5mm。2.3cm和2.5cm的2.5cm。2.5cm和2.5cma2.5cm和2.5cm和2.5cm和2.5cm和2.5cm和2.5cm和2.5cm和2.5cm和2.5cm和2.5cm和2.5c	142	dillens
CHARMA	Bittives:	成果的形式等。在1975年的1978年的1976年的1989年的1976年的1976年的1976年的1976年	5,3	0.000 (0.000
STEM	19477510	CANADA SE COMO CARROLLO DE LOS CALOS CONTRACADOS ANOS CONTRACADOS DE LOS CONTRACADOS DE CONTRACA	4776	122 1223
Fotal Othe	r Current.	Assets (Itemize)	3	151,322

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

Dage	D-£	8 t	D-¢	Description
LHEC	Kei	Lane	Ret	Description

MINERS !	SCHOOL SECTION	Village and Village Not Asset (Independent Living)	\$ 10,435,539
2月代8月65年	335	Construction in Progress	\$ 2,290,594
100000	FISCH	C INTERNATIONAL RELEASE AND EAST OF THE STATE OF THE STAT	HAMP-CHARLES
GO SERVER	1587514	FOR AN ADMINISTRATION AND PRODUCED FOR THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PROPER	STANGERRAN
SPERME.	Autos	The control of the co	5/52/51/57/0
OF MARK	4.5674	1 图象数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据	SWEWER A
Fotal Other	Other I	(Ised Assets (Itemize)	\$ 12,726,132

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

194557-4933	Assets Whoe Use Is Limited	\$ 100	299,108
9739452E VI	Interest in McLean Foundation (Charitable Romainder Trust, Net)	3	535,634
A 100 100	多数计量系统 法国际法院的 计图片 医克里特氏 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	P 265	10 X & CO.
all drives as	UNIC TESTS PORTED NEEDS AND TOTAL EXCESSAL, THE RESEARCH WITH EXCESSAL PROPERTY OF THE PROPERTY OF	1,49	5.12.50
の記事の	等。2011年1日 1日 1	00.0	E. Prividad
HOMOS IS	· 1987年,1983年(1985年) 1985年 - 1	550	ALL PERSONS
ACCEPANT NO	Area 大海水 医中枢软件 机合金性 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	1083	Winds.
Total Other A	sets of the development of the set of the se	\$	834,742

Schedule of Notes Payable (Itemize) Page 33 Line A2

	GIPG MG
	michigan)
	STATE OF STREET
	FRODERICS:
	SUPPLY SEED
	与时间代的 等
Total Notes Payable	244505430

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

Dame.	D-f	II too	Dat.	Description
FAKE	MCI	LANC	SAC1	nescubuon

100 A 100 A	Deferred Revenue	\$ 541,912
SAME I	Deposits Held for Residents	\$ 1,174,643
(FitSX	Accrued Psyables	\$ 468,242
A. C. S. S.	· 中华人士为1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1964年,1	SALMS ANY ANY AND ANY
がなる。	CONTROL OF THE CONTRO	DESCRIPTION OF THE PARTY OF THE
10070000	在APIE 15种产品的自然自然的特别的特别的特别是不是在自然与自然的企业。	COURT CARRYNATIVE
Total Other	Corrent Liabilities (Itemize)	\$ 2,184,797

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

Page Ref Line Ref Description

ACCURAGE SEL	Refundable Entrance Fees	\$ 3,928,025
14年以前中 1967	Deferred Revenue from Nonrefundable Entrance Fees	\$ 5,444,852
等的使於 多类	FIN 47 Asset Retirement Obligation	\$ 65,527
NEW 1987 STOP	WHAT SOMEONE ARE SENSOR WITH CONTROL CONTROL CONTROL THAT IN THE CONTROL CONTR	DATE OF STREET
SLANDA - 30	CALLED A THE REPORT OF THE PROPERTY OF THE STATE OF THE PROPERTY OF THE PROPER	A REAL PROPERTY AND ADDRESS OF THE
ASSESSED WITH	THE ASSESSMENT REPORTED AND AND THE REPORT OF THE PARTY O	NEW TANKS AND ASSESSED FOR THE PARTY OF THE
stal Other Cu	rrent Liabilities (Itemize)	\$ 9,438,404

G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year Ended		Page	of
McI	ean	Health Center	884-C	9/30/2019		32	37
			Account			Amount	
				Total Brought Forward:	\$	31,4	96,348
C.		asehold or like property recor	ded for Equity Purpose	es.			<u>.</u>
		Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	3.	Buildings	*Historical Cost				
		37 34 11 5 1	Accum. Depreciatio	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	٥.	Movable Equipment	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
	~	N. F.	Accum. Depreciation	n Net	\$		
		Minor Equipment-Not Depre			\$		
C-8		tal Leasehold or Like Proper	ties (C1 thru 7)		\$		
D.		vestment and Other Assets					
		Deferred Deposits			\$		
	_	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
	4	Contail (D. 1. 10.1)	Accum. Depreciation	n Net	\$		
		Goodwill (Purchased Only)	Inva Co. (tr. 1.)		\$		
	Э.	Investments Related to Resid			\$	12,43	33,505
		PLANT REPLACEMENT	I TRADE REC-SCHV	V 12,433,505			
	6.	Loans to Owners or Related	Parties (itemize)		\$		2004000
		Name and Address	Amount	Loan Date	The same	10/25/19/19/19	US AND

				2.200		The page 12	
	7.	Other Assets (itemize)			\$	8.	34,742
						深刻 描绘。	
					穩		
	<u></u>	See Schedule		834,742			NAME OF STREET
		tal Investments and Other As			\$		58,247
<u> ე-9.</u>	10	tal All Assets (Lines A9 + B1	0 + C8 + D8)		\$	44,70	54,595

^{*} 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 Fac			License No.	Report for Year	Ended	Page	0
McLean Hea	ilth C		884-C	9/30/2019		33	3′
			Account			Aı	nount
Liabilities	_	. T * 1 *1*.*					
Α.		rrent Liabilities					
	1.	Trade Accounts Payable	<u> </u>			<u> </u>	2,235,578
	2.	Notes Payable (itemize)			į.		fallensson statistical sta
			·				
			<u> </u>				
		See Schedule					W. STAN
	3.	Loans Payable for Equipme	ent (Current portio	n)(itemize)		\$	Control of the Contro
		Name of Lender	Purpose	Amount	Date Due		
33 89	No.		50,540				
			1				
		A 1D- 11/P 1 1	10 11	<u> </u>		有用品级	
	4.	Accrued Payroll (Exclusive		\$	1,200,831		
	5.	Accrued Payroll (Owners of	+	<u>\$</u>			
	6.	Accrued Payroll Taxes Pay				<u>\$</u>	
	7.	Medicare Final Settlement				<u>\$</u>	
	8.	Medicare Current Financin				\$	
	9.	Mortgage Payable (Curren		3 1 . ID .: \		\$	·
		Interest Payable (Exclusive	oj Owner ana/or k	(elatea Parties)		\$	
		Accrued Income Taxes*	itami-a)			<u>\$</u>	0.104.70
	12.	Other Current Liabilities (i	iemize)		1		2,184,797
				See Schedule	2 194 707		
A-13.	To	tal Current Liabilities (Line	es Al thru 12)	See Schedule	2,184,797	\$	5,621,206

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

State of Connecticut

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

ame of Facility License No. Report for Year Ended		Ended	Page	of	
McLean Health Center	884-C	9/30/2019		34	37
	Account			<u>An</u>	nount
T : 1 111/2 / A D		Total Broug	ht Forward:		5,621,206
Liabilities (cont'd)					
B. Long-Term Liabilities 1. Loans Payable-Equipment	(itemize)		s		
Name of Lender	Purpose	Amount	Date Due		RATE SERVICES
			1 2 110		78.75
			1 8		
			1 4		
	G.				
2 Martana Pauli				7, 10, 15	
2. Mortgages Payable	\$				
3. Loans from Owners or Re			\$		
Name and Address of Lender	Amount	Loan I	Date		
		1			
	f-				
4. Other Long-Term Liabiliti	es (itemize)		\$	Control Control Control	9,438,404
					
					
See Schedule		0.420.404			
B-5. Total Long-Term Liabilities	Lines B1 thru 4)	9,438,404	\$		9,438,404
C. Total All Liabilities (Lines A.			\$		15,059,610
					.0,007,010

State of Connecticut

Annual Report of Long-Term Care Facility

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

Nan	ne of Facility	License No.	Report for	Year Ended	Page	of			
Mc	Lean Health Center	884-C	9/30/2019		35	37			
		Account				Amount			
Α.	Reserves								
ļ <u>.</u>	1. Reserve for value of lease	d land	_		\$				
	2. Reserve for depreciation v	value of leased build	ings and appurt	enances					
	to be amortized	.			\$				
	3. Reserve for depreciation v	value of leased person	onal property (E	quity)	\$				
	4. Reserve for leasehold real	properties on which	n fair rental valu	ie is based	\$				
	5. Reserve for funds set asid	e as donor restricted			\$				
	6. Total Reserves				\$\$				
В.	Net Worth								
<u> </u>	Owner's Capital				\$				
	2. Capital Stock				\$				
	3. Paid-in Surplus	_			\$				
	4. Treasury Stock				\$				
	5. Cumulated Earnings				\$	27,807,518			
	6. Gain or Loss for Period	10/1/20)18 thru	9/30/2019	\$	1,897,467			
	7. Total Net Worth				\$	29,704,985			
C.	Total Reserves and Net Wort	h			\$	29,704,985			
D.	Total Liabilities, Reserves, an	nd Net Worth			\$	44,764,595			

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Annual Report of Long-Term Care Facility

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H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year E	nded	Page	of
McLean Health Center		884-C	9/30/2019		36	37
	Account					mount
A. Balance at End of Prior Period as shown on Report of 09/30/2018						27,807,518
B. Total Revenue (From Statement of Revenue Page 30)					\$	29,598,736
C. Total Expenditures (From Statement of Expenditures Page 27)					\$	28,117,373
D. N	Net Income or Deficit				\$	1,481,363
E. E	Balance				\$	29,288,881
	Additions 1. Additional Capital Contributed	(itemize)		,		
2	2. Other (itemize) Interest and Dividend Inco Change in Unrealized Loss Change in Temporary Res	ses on Investment	273,377 188,694 (45,967)			
F-3 '	Total Additions				\$	416,104
	Deductions					
	. Drawings of Owners/Operators/Partners (Specify)				\$	
	Name and Address (No., City		Title	Amount		
	2. Other Withdrawings (Specify)				\$	
 	Purpose		Amount			
					\$	
	3. Total Deductions					20.504.005
H.	Balance at End of Period	09/3	0/19		\$	29,704,985

I. Preparer's/Reviewer's Certification

Name of Facility	License No.		Report for Year Ended	Page	of						
McLean Health Center	884-C		9/30/2019	37	37						
Check appropriate category											
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home									
Preparer/Reviewer Certification											
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.											
Signature of Preparer	Title Budget + Account	ting	Date Signed 2/12/2020								
Printed Name of Preparer											
Adam Axelrad Addres Address			Phone Number		<u>-</u> .						
75 Great Pond Road, Simsbury, CT 06070		(860) 658-3749									
Contacted Person Regarding Additional Informa		Phone Number									
Adam Axelrad		(860) 658-3749									
Contact Email Address											
adam.axelrad@mcleancare.org											