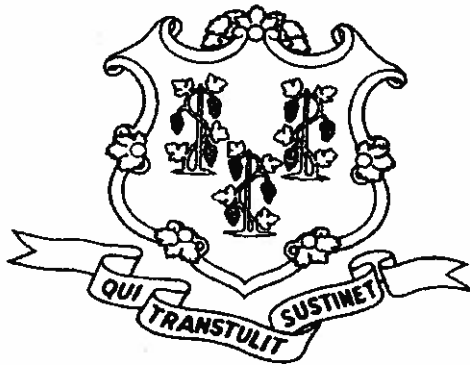


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) McLean Health Center	
Address (No. & Street, City, State, Zip Code) 75 Great Pond Road, Simsbury, CT 06070	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider 07-5216
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Medicaid Provider Numbers:	CCNH 884-C	RHNS	ICF-IID 1712-RCH
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For Department Use Only

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

General Information

Name of Facility (as licensed) McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 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.

Signed (Administrator) <i>Lisa Clark</i>		Date 2/10/20	Signed (Owner) <i>David Bordonaro</i>		Date 2/10/20
Printed Name (Administrator) Lisa Clark			Printed Name (Owner) David Bordonaro, President		
Subscribed and Sworn to before me: <i>Jennifer B. Bryant</i>	State of CT	Date 2/10/20	Signed (Notary Public) <i>Jennifer B. Bryant</i>		Comm. Expires 6/30/22
Address of Notary Public 75 Great Pond Road Simsbury, CT 06070					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility McLean Health Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 75 Great Pond Road, Simsbury, CT 06070				
Report Prepared By McLean Affiliates, Inc.		Phone Number (860) 658-3759	Date 12/26/2019	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 7,880			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.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860)658-3700	Report for Year Ended 9/30/2019	Page 2	of 37
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Name of Facility (as shown on license) McLean Health Center	Address (No. & Street, City, State, Zip) 75 Great Pond Road, Simsbury, CT 06070
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License Numbers: CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider No. 07-5216
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home	

Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship	<input type="radio"/> LLC	<input type="radio"/> Partnership	<input type="radio"/> Profit Corp.
<input checked="" type="radio"/> Non-Profit Corp.	<input type="radio"/> Government	<input type="radio"/> Trust	

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
--	---------------------------	-------------------------------------	--------------------------

Administrator		
Name of Administrator Lisa Clark	Nursing Home Administrator's License No.:	001842

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name N/A	License No.:

General Information and Questionnaire
Individual Proprietorship

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
McLean Fund	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>	Gifts to McLean Affiliates, Inc. through inco	Various		
The McLean Foundation, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>	Gifts to McLean Affiliates, Inc for various ex	Various		
McLean Game Refuge, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>	None - McLean Affiliates, Inc provides (continued) bookkeeping services	Page 10, 11b		
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

The McLean Foundation, Inc., supports certain programs and capital acquisitions of the Health Center via donations and grants. The McLean Fund uses income from investments to fund a portion of the Operating Expenses. Any funding by these entities is at cost.

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended		Page	of	
McLean Health Center		884-C		9/30/2019		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Mailfinance (Formerly Neopost), 478 Weelers Farm Rd, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	05/24/11	Paid Quarterly	1,716	743	
TCF National Bank, P.O. BOX 77077, MINNEAPOLIS, MN 55480-7777	<input type="radio"/>	<input checked="" type="radio"/>	Service Bus	11/15/16	Monthly	13,380	(adjusted on pg. 28)	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
							743	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4			Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127	
Services Provided by This Firm (<i>describe fully</i>)				
1	Independent Audit of 2019 Financials & Employee 401k fund, Preparation of FY 2019 Medicare CR			\$ 56,956
2				\$
3				\$
4				\$
				Charge for Services Provided \$ 56,956
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15, 1D - CCNH \$22,526, RCH \$305, Outpatient/Other not on Annual Report \$34,125.				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 Wiggin & Dana 2 Michalik, Bauer, Silvia 3 Day Pitney, LLP 4 SIEGEL, O'CONNOR, O'DONNELL & BECK P.C. 5 SHIPMAN & GOODWIN LLP				Telephone Number
Address (No. & Street, City, State, Zip Code) 1 2 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Various Service and Advice - all costs will be adjusted on Pg 28 of the CR			\$ 19,577
2				\$
3				\$
4				\$
5				\$
				Charge for Services Provided \$ 19,577
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15, 1E - CCNH \$8,133 RCH \$105 Outpatient/Other not on Annual Report \$8,237 (see page 28 line 10 adjustment for \$8,133 and \$105)				

Schedule of Resident Statistics

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019						Page 8	of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Residential Care Home	Residential Care Home		
		Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total				
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	92	89		3	92	89	92	3	
B. On last day of THIS report period	92	89		3	92	89	92	3	
2. Number of Residents									
A. As of midnight of PREVIOUS report period	81	79		2	81	79	82	1	
B. As of midnight of THIS report period	82	81		1	82	81	82	1	
3. Total Number of Days Care Provided During Period									
A. Medicare	5,186	5,186			3,944	3,944	1,242		
B. Medicaid (Conn.)	12,617	12,617			9,517	9,517	3,100		
C. Medicaid (other states)									
D. Private Pay	8,711	8,711			6,434	6,434	2,277		
E. State SSI for RCH	579			579	487		92	92	
F. Other (Specify) HMO, Managed Medicare	2,032	2,032			1,580	1,580	452		
G. Total Care Days During Period (3A thru F)	29,125	28,546		579	21,962	21,475	7,163	92	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days									
B. Other Bed Reserve Days	68	68			23	23	45		
5. Total Resident Days (3G + 4A + 4B)	29,193	28,614		579	21,985	21,498	7,208	92	

Schedule of Resident Statistics (Cont'd)

Name of Facility McLean Health Center			License No. 884-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days							CCNH	RHNS	Residential Care Home				
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay		Other State Assisted						
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	14		30		29			1					
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.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	Residential 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													
2. Restorative Treatments													
C. Other							15,834	15,834					
D. Total Occupational Therapy Treatments							16,510	16,510					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	101,498	747			1,373	10
2. Administrator(s) (Complete also Sec. III of Schedule A1)	87,720	1,118			1,773	23
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	447,598	11,523			3,496	101
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	389,951	24,276			7,880	491
6. Housekeeping Service						
a. Head Housekeeper	16,856	748			634	28
b. Other Housekeeping Workers	144,261	10,488			5,427	395
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	33,371	873			1,255	33
b. Other Maintenance Workers	48,159	2,679			1,812	101
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	26,887	2,035			18	1
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	39,524	823			535	11
b. Other Accountants	85,882	3,149			1,162	43
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	110,141	2,118				
b. RN						
1. Direct Care	1,520,881	83,905				
2. Administrative**	131,938	3,405			30,427	1,123
c. LPN						
1. Direct Care	293,052	8,729				
2. Administrative**						
d. Aides and Attendants	2,066,655	102,874			19,428	1,073
e. Physical Therapists	393,399	10,945				
f. Speech Therapists	53,742	939				
g. Occupational Therapists	239,551	6,533				
h. Recreation Workers	101,946	4,681			2,060	95
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	74,804	2,777				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	43,985	2,086				
A-13. Total Salary Expenditures	6,451,800	287,451			77,279	3,526

* 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)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 43,985	2,086				
Total	\$ 43,985	2,086	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility		License No.		Report for Year Ended		Page	of		
McLean Health Center		884-C		9/30/2019		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section I - Operators/Owners									
David J. Bordonaro, CEO, President, McLean Affiliates, Inc. (Amt Claimed on C/R)	62,342			President, McLean Affiliates	379	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	944	189,750
Carol Barro, CFO, Treasurer, McLean Affiliates, Inc (Amt Claimed on C/R)	39,156			CFO, McLean Affiliates	379	10 A1	McLean Fund, Foundation, Game Refuge, & OP 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).									

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

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

Name of Facility (as licensed) McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019		Page 12	of 37				
		Residential Care Home	Other Employment**						
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Lisa Clark, Administrator, Secretary, McLean Affiliates	87,720		Standard Package	Licensed Administrator	1,140	10 A2	McLean Outpatient Allocation	940	73,739
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	34,470	796			697	16
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	68,904	1,120				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	13,200	72				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) (disallowed)	7,992					
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	124,565	1,988			697	16

* 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 McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Dietary Consultant/Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
PAULEKAS, WAYNE M.D., 251 Wickham Road, Glastonbury, CT 06033	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Housekeeping Services	<input type="radio"/>	<input checked="" type="radio"/>		
COLLITON, MATTHEW M.D. , 20 Isham Rd West Hartford, CT 06107	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
The Center for Geriatric & Psychiatric Services, 55 Nye Road, Suite 102, Glastonbury, CT 06033	Psych Services to Patients	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019	Page 15	of 37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. 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) (not-owners and not-operators)	\$ 8,364	8,265.10		99
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 415,844	410,921.52		4,923
8. Uniform Allowance	\$	-		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 42,275	41,774.21		500
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$	-		
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 22,831	22,526		305
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 8,237	8,133		105
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 42,626	41,652		974
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 11,040	10,893		147
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 454,025	454,025		
Subtotal	\$ 2,000,768	1,981,931		18,837

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
HUM RES TRAINING/INSERVICE	\$ 1,197		\$ 14
EDUCATION SUPPLIES	\$ 2,584		\$ 31
EDUCATION PURCHASED SERVICES	\$ 2,550		\$ 31
EMP BEN OTHER	\$ -		\$ -
EMP BEN IMMUNIZATIONS	\$ 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 Year Ended		Page	of
McLean Health Center	884-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	2,000,768	1,981,931		18,837	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 7,257	7,113		144	
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 3,157	3,120		37	
4. Employee Travel	\$ 2,207	2,159		49	
5. Education Expenses Related to Seminars and Conventions	\$ 5,745	5,616		128	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 3,195	3,184		10	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 49,663	47,115		2,549	
4. Fund-Raising***	\$				
5. Medical Records	\$ 19,305	19,305			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 9,385	8,923		461	
7. Postage	\$ 6,342	6,257		85	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,998	12,738		260	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 488	484		4	
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 39,705	39,225		480	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 168,068	166,187		1,880	
C-14 Total Administrative & General Expenditures	\$ 2,328,283	2,303,358		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
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Various Marketing Expenses (Disallowed - See Pg 28)	\$ 47,115		\$ 2,549
Total Other Advertising	\$ 47,115	\$ -	\$ 2,549

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
AL CALA	\$ -		\$ 74
ALTCFM	\$ 269		\$ 4
CALTC	\$ 396		\$ 5
CHA	\$ 2,159		\$ 29
Leading Age	\$ 5,698		\$ 91
Vistage WW	\$ 3,393		\$ 46
Misc Adjust (Page 28)	\$ 823		\$ 11
Total Dues	\$ 12,738	\$ -	\$ 260

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
HOUSEKEEPING-COMPUTER SUPPORT FEES	\$ 58		\$ 2
INFORMATION SYSTEMS-EQUIPMENT	\$ 359		\$ 5
MRKTG.SALES-EQUIPMENT	\$ 794		\$ 11
INF SYS PURCHASED SERVICES	\$ 810		\$ 11
HUMAN RESOURCES-EQUIPMENT	\$ 974		\$ 12
ADMIN LICENSE,PERMITS,REGIST	\$ 981		\$ 13
ADMIN PROFESSIONAL FEES	\$ 998		\$ 14
BUS OFF EQUIPMENT	\$ 1,240		\$ 17
ACRETION EXPENSE MCLEAN	\$ 1,224		\$ 46
ADMISSIONS-COMPUTER SUPPORTFEES	\$ 2,093		\$ -
BUS OFF BANK CHARGES (Disallowed)	\$ 2,124		\$ 29
NURSING PURCHASED SERVICES	\$ 2,355		\$ -
ADMISSIONS-EQUIPMENT	\$ 2,455		\$ -
ADMINISTRATION-EQUIPMENT	\$ 3,707		\$ 50
HUM RES PURCHASED SERVICES	\$ 6,076		\$ 73
BUS OFF COMPUTER SUPPORT FEES	\$ 10,125		\$ 137
NURSING COMPUTER SUPPORT FEES	\$ 21,768		\$ -
INF SYS COMPUTER SUPPORT FEES	\$ 108,046		\$ 1,462
Total Other Administrative and General	\$ 166,187	\$ -	\$ 1,880

Schedule C-1 - Management Services*

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

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2019	18	37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
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) _____ Laundry, Linen, Dues & Fees, Non-Controllables	\$ 54,164	53,091		1,073
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management Fee	\$ 76,715	75,196		1,519
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 424,947	416,531		8,416
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*	241	236		5
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				\$98,310
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.				\$98,310
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg 30, Line IV 1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				N/A

* 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. 884-C	Report for Year Ended 9/30/2019		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.	7,144	7,139		5
		Amt. \$	14,404	14,164		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		\$	51,735	50,711		1,025
3D. Total Laundry Expenditures (3a + b + c)		\$	66,140	64,874		1,266
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			N/A	
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2019		Page 20	of 37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel	39,457	38,060		1,397
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	31,345	30,209		1,136
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other (<i>Specify</i>) HOUSEKPG CONTRACTED SERVICES			\$ 47,368	45,651		1,717
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 78,714	75,860		2,854
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare	\$	245,363	245,363		
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 Procedures***	\$	38,559	38,559		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	37,856	37,856		
i.	Recreation	\$	14,005	13,726		278
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (<i>Specify</i>)**** See Attached Schedule	\$	33,559	33,213		346
5M. Total Resident Care Expenditures (5a - 5j)			\$ 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	CCNH	RHNS	Residential Care Home
NURSING CONSULTANTS	\$ 4,000		\$ -
NURSING PHARM CONSULTANT	\$ 13,787		\$ -
NURSING PURCHASED CNA	\$ 4,522		\$ -
NURSING TRAINING/INSERVICE	\$ 824		\$ -
NRSNG SUPPL BILL/BLOOD TEST ACCUCHEC	\$ 2,131		\$ -
REHAB SUPPLIES	\$ 1,115		\$ -
REHAB PURCHASED SERVICES ST	\$ 869		\$ -
REHAB COMPUTER SUPPORT FEES	\$ 4,209		\$ -
REHAB TRAINING/INSERVICE	\$ 1,570		\$ -
ASTD LIV PLUS-CONSULTANTS	\$ -		\$ 317
ASTD LIV PLUS-PURCHASED CNA	\$ -		\$ 29
IV SUPPLIES MCR	\$ 185		
Total Other Resident Care	\$ 33,213	\$ -	\$ 346

**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 of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line	
Please see attached.		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
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		<input type="radio"/>	<input checked="" type="radio"/>								

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
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 (<i>Provide detail on page 6</i>)	\$ 712	703			10	
f. Other (<i>itemize</i>)	\$ 37,625	36,261			1,364	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 393,748	380,222			13,526	
7. Depreciation (<i>complete schedule page 23*</i>)						
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 + d)	\$ 534,475	518,761			15,713	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 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	CCNH	RHNS	Residential Care Home
PLANT UTILITIES-REFUSE REMOVAL	\$ 10,540		\$ 397
PLANT UTILITIES-CABLE TV	\$ 15,806		\$ 595
PLANT UTILITIES SEWER	\$ 9,914		\$ 373
Total Other Repairs and Maintenance	\$ 36,261	\$ -	\$ 1,364

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ 97,382		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Please see attached.			
Total additions for Building Improvements		\$ 1,575,860		\$ 65,620 *
Deletions:				
11/30/1992	GAZEBO	\$ (16,783)		\$ (559)
Total deletions for Building Improvements		\$ (16,783)		\$ (559) **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Please see attached.			
Total additions for Non-Movable Equipment		\$ 1,104,379		\$ 61,252 *
Deletions:				
9/13/2002	Radiator Core for Generator	\$ (3,000)		\$ (120)
8/17/2017	GAZEBO Loading dock	\$ (3,576)		\$ (199)
9/24/2014	Generator Project	-9078.94		-907.894
8/17/2017	Telephone System Circuit Board	-3545.34		-354.534
Total deletions for Non-Movable Equipment		\$ (19,200)		\$ (1,581) **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Please see attached.			
Total additions for Movable Equipment		\$ 293,186		\$ 17,089 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Please see attached.			
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility McLean Health Center		License No. 884-C		Report for Year Ended 9/30/2019		Page 24	of 37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	Unknown, Prior to 1930			
2. Date Structure Completed	1971, Additions '74,'89 & '01			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	92			
6. Square Footage	141,249			
7. Acquisition Cost				
a. Land	29,950			
b. Building	1,460,189			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				4th Mortgage
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2019			Page 26	of 37
Item			Total	CCNH	RHNS	Residential Care Home	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility McLean Health Center		License No. 884-C		Report for Year Ended 9/30/2019			Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$				
14. Insurance								
a. Insurance on Property (buildings only)				\$ 35,489	35,015			474
b. Insurance on Automobiles				\$ 2,067	2,039			28
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$ 2,037	2,010			27
3. Other (Specify) Management Liability, Fiduciary, Cyber				\$ 12,879	12,707			172
14d. Total Insurance Expenditures (14a + b + c)				\$ 52,472	51,771			701
15. Total All Expenditures (A-13 thru C-14)				\$ 11,129,997	10,983,997			146,000

D. Adjustments to Statement of Expenditures

Name of Facility McLean Health Center			License No. 884-C	Report for Year Ended 9/30/2019	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 239,550	239,550		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c &	Resident Care Physicians **	\$ 21,192	21,192		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 834	823		11
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 8,238	8,133		105
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	27	14A&	Automobile Expense (e.g. personal use)	\$ 9,323	9,152		171
18.	16	M3	Unallowable Advertising *	\$ 49,656	47,107		2,549
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 9,385	8,923		461
23.			Other - See attached Schedule	\$ 10,573	10,437		136
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 48,182	47,134		1,049
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	396,933	392,450	4,483

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		ADMIN DUES & FEES	\$ 823		\$ 11
Total Other Fees Adjustments			\$ 823	\$ -	\$ 11

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M 13	ACCOUNTING BANK CHARGES	\$ 2,124		\$ 29
16	L 3	HUM RES PERS RECOG	\$ 3,116		\$ 37
16	L 5	ADMIN MEETINGS	\$ 4,374		\$ 59
16	M 8	Dues & Fees	\$ 823		\$ 11
Total Other A&G Adjustments			\$ 10,437	\$ -	\$ 136

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

Name of Facility			License No.	Report for Year Ended	Page	of	
McLean Health Center			884-C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 396,933	392,450		4,483
Page 20 - Resident Care Supplies***							
27.	20	5 a2	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 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 6,411	6,184		227
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 12,235	11,865		370
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 764,478	759,052		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	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	51	REHAB SUPPLIES	\$ 1,115		\$ -
20	51	REHAB PURCHASED SERVICES ST	\$ 869		\$ -
20	51	REHAB COMPUTER SUPPORT FEES	\$ 4,209		\$ -
20	51	REHAB TRAINING/INSERVICE	\$ 1,570		\$ -
20	51	ASTD LIV PLUS-CONSULTANTS	\$ -		\$ 317
20	51	ASTD LIV PLUS-PURCHASED CNA	\$ -		\$ 29
Total Other Ancillary Costs			\$ 7,763	\$ -	\$ 346

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7C	To adjust 25 yr deprec taken on sprinkler written off as 5 yrs Note: The final year for this adjustment will be 09/30/2030	\$ 6,184		\$ 227
Total Other Property Adjustments			\$ 6,184	\$ -	\$ 227

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	11	Bookkeeping McLean Game Refuge	\$ 9,492		\$ 338
30	IV 4	Radio and Television Revenue	\$ 2,373		\$ 32

Total Other Adjustments			\$ 11,865	\$ -	\$ 370

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2019			Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 6,142,621	6,041,393			101,229	
b. Medicaid Room and Board Contractual Allowance **	\$ (2,777,980)	(2,765,890)			(12,090)	
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 2,651,623	2,651,623				
b. Medicare Room and Board Contractual Allowance **	\$ 302,146	302,146				
4. a. Private-Pay Residents and Other	\$ 5,449,195	5,449,195				
b. Private-Pay Room and Board Contractual Allowance **	\$ (139,950)	(139,950)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 172,363	172,363				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (172,363)	(172,363)				
c. Prescription Drugs - Non-Medicare	\$ 70,443	70,443				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (69,855)	(69,855)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 743,847	743,847				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (688,688)	(688,688)				
c. Physical Therapy - Non-Medicare	\$ 263,197	263,197				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (242,435)	(242,435)				
4. a. Speech Therapy - Medicare	\$ 62,311	62,311				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (54,624)	(54,624)				
c. Speech Therapy - Non-Medicare	\$ 27,770	27,770				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (21,043)	(21,043)				
5. a. Occupational Therapy - Medicare	\$ 626,289	626,289				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (596,732)	(596,732)				
c. Occupational Therapy - Non-Medicare	\$ 207,057	207,057				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (198,982)	(198,982)				
6. a. Other (Specify) - Medicare	\$ 3,211	3,211				
b. Other (Specify) - Non-Medicare	\$ 4,484	4,484				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,763,904	11,674,766			89,138	
IV. Other Revenue*						
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 Services	\$ 17,392	9,492			7,900	
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 20,883	16,176			4,707	
8. Other (Specify)	\$ 7,500	7,500				
V. Total Other Revenue (1 thru 8)	\$ 144,085	129,167			14,918	
VI. 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
	PHARMACY MEDICARE-FLU VACCINE	\$ 3,211		
	XRAY MCR I SUB	\$ 22,979		
	XRAY MCR SNF LT	\$ 800		
	LAB MCR I SUB	\$ 26,521		
	LAB MCR SNF LT	\$ 1,125		
	OXYGEN MCR I SUB	\$ 3,645		
	OXYGEN MCR SNF LT	\$ 673		
	ALLOW XRAY MCR I SUB	\$ (22,979)		
	ALLOW XRAY MCR SNF LT	\$ (800)		
	ALLOW LAB MCR I SUB	\$ (26,521)		
	ALLOW LAB MCR SNF LT	\$ (1,125)		
	ALLOW OXY MCR I SUB	\$ (3,645)		
	ALLOW OXY MCR SNF LT	\$ (673)		
	Total Other Resident Revenue - Medicare	\$ 3,211	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	XRAY PRI I SUB	\$ 204		
	XRAY HMO I SUB	\$ 9,687		
	XRAY HMO SNF LT	\$ 414		
	LAB PVT SNF SUB	\$ 17		
	LAB HMO I SUB	\$ 7,199		
	LAB HMO SNF LT	\$ 404		
	OXYGEN PVT I SUB	\$ 363		
	OXYGEN-PVT SNF HSP	\$ 145		
	OXYGEN PVT SNF I LT	\$ 6		
	OXYGEN PRIVATE SNF LT HSP	\$ 445		
	OXYGEN PRIVATE SNF LT	\$ 3,274		
	OXYGEN HMO SNF SUB	\$ 748		
	OXYGEN HMO SNF LT	\$ 231		
	ALLOW XRAY HMO I SUB	\$ (9,687)		
	ALLOW XRAY HMO SNF LT	\$ (414)		
	ALLOW LAB HMO I SUB	\$ (7,199)		
	ALLOW LAB HMO SNF LT	\$ (404)		
	ALLOW OXY HMO SNF SUB	\$ (748)		
	ALLOW OXY HMO SNF LT	\$ (231)		
	Total Other Resident Revenue	\$ 4,484	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	H&W RENT OFFICES/MTG ROOMS	\$ 1,500		
	BOOKKEEPING-REFUGE (Disallowed)	\$ 6,000		
	Total Other Revenue	\$ 7,500	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,959,874
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,831,767
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	484,783
a. _____				
b. _____				
c. _____				
d. See Schedule		484,783		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	151,322

See Schedule		151,322		
A-9. Total Current Assets (Lines A1 thru 8)			\$	7,427,746
B. Fixed Assets				
1. Land			\$	29,950
2. Land Improvements	*Historical Cost	2,191,181	\$	1,306,274
	Accum. Depreciation	884,907		
	Net			
3. Buildings	*Historical Cost	15,872,658	\$	6,615,269
	Accum. Depreciation	9,257,389		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost	6,511,713	\$	2,620,857
	Accum. Depreciation	3,890,856		
	Net			
6. Movable Equipment	*Historical Cost	2,965,981	\$	770,119
	Accum. Depreciation	2,195,863		
	Net			
7. Motor Vehicles	*Historical Cost	42,442	\$	
	Accum. Depreciation	42,442		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	12,726,132

See Schedule		12,726,132		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	24,068,601

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		AR Other Auxiliary C Card	\$ 1,044
		Prepaid Insurance Liability	\$ 89,204
		Prepaid Expense	\$ 281,963
		Prepaid Property Taxes	\$ 112,573
		Total Prepaid Expenses	\$ 484,783

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

Page Ref	Line Ref	Description	
		Due from Related Party	\$ 13,822
		Notes Receivable	\$ 137,500
		Total Other Current Assets (Itemize)	\$ 151,322

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

Page Ref	Line Ref	Description	
		Village and Village Not Asset (Independent Living)	\$ 10,433,539
		Construction in Progress	\$ 2,290,594
		Total Other Fixed Assets (Itemize)	\$ 12,726,132

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Assets Whose Use Is Limited	\$ 299,108
		Interest in McLean Foundation (Charitable Remainder Trust, Net)	\$ 535,634
		Total Other Assets	\$ 834,742

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

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

Page Ref	Line Ref	Description	
		Deferred Revenue	\$ 541,912
		Deposits Held for Residents	\$ 1,174,643
		Accrued Payables	\$ 468,242
		Total Other Current Liabilities (Itemize)	\$ 2,184,797

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

Page Ref	Line Ref	Description	
		Refundable Entrance Fees	\$ 3,928,025
		Deferred Revenue from Nonrefundable Entrance Fees	\$ 5,444,852
		FIN 47 Asset Retirement Obligation	\$ 65,527
		Total Other Long-Term Liabilities (Itemize)	\$ 9,438,404

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	31,496,348
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
3. Buildings				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
4. Non-Movable Equipment				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
5. Movable Equipment				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
6. Motor Vehicles				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
			*Historical Cost _____	
			Accum. Depreciation _____ Net	
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
			\$	12,433,505
<u>PLANT REPLACEMENT TRADE REC-SCHW</u>				12,433,505
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
\$				
7. Other Assets (<i>itemize</i>)				
			\$	834,742
<u>See Schedule</u>				834,742
\$				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$				

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	2,235,578
2. Notes Payable (<i>itemize</i>)			\$	

See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	1,200,831
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	2,184,797

See Schedule				
			2,184,797	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	5,621,206

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,621,206	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					
					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					
Name and Address of Lender		Amount	Loan Date	\$	
4. Other Long-Term Liabilities (<i>itemize</i>)					
					\$
					9,438,404
See Schedule					9,438,404
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$
					9,438,404
C. Total All Liabilities (Lines A-13 + B-5)					\$
					15,059,610

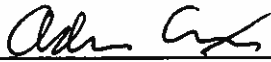
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. 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			\$	1,897,467
				10/1/2018 thru 9/30/2019
7. Total Net Worth			\$	29,704,985
C. Total Reserves and Net Worth			\$	29,704,985
D. Total Liabilities, Reserves, and Net Worth			\$	44,764,595

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
McLean Health Center		884-C	9/30/2019	36	37
Account				Amount	
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.	Net Income or Deficit			\$	1,481,363
E.	Balance			\$	29,288,881
F.	Additions				
	1. Additional Capital Contributed (itemize)				
	2. Other (itemize)				
	Interest and Dividend Income		273,377		
	Change in Unrealized Losses on Investment		188,694		
	Change in Temporary Restricted Net Assets		(45,967)		
F-3.	Total Additions			\$	416,104
G.	Deductions				
	1. Drawings of Owners/Operators/Partners (Specify)			\$	
	Name and Address (No., City, State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)			\$	
	Purpose		Amount		
	3. Total Deductions			\$	
H.	Balance at End of Period		09/30/19	\$	29,704,985

I. Preparer's/Reviewer's Certification

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