

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Bride Brook Health and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 23 Liberty Way, Niantic, CT 06357	
Type of Facility <input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider 07-5375
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Medicaid Provider Numbers:	CCNH 2082-C	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Bride Brook Health and Rehabilitation Center	License No. 2082-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 Bride Brook Health and Rehabilitation 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)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lisa Mailloux			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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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 Bride Brook Health and Rehabilitation Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 23 Liberty Way, Niantic, CT 06357				
Report Prepared By Margaret Philen		Phone Number 832-467-6225	Date 2/14/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-739-4007		Report for Year Ended 9/30/2019	Page 2	of 37		
Name of Facility (as shown on license) Bride Brook Health and Rehabilitation Center		Address (No. & Street, City, State, Zip) 23 Liberty Way, Niantic, CT 06357				
License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider No. 07-5375		
Type of Facility (Check appropriate box(es))						
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)						
Type of Ownership (Check appropriate box)						
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust						
If this facility opened or closed during report year provide:		Date Opened	Date Closed			
Has there been any change in ownership or operation during this report year?						
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.						
<p>Administrator</p> Name of Administrator <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Nursing Home Administrator's License No.:</td> <td></td> </tr> </table>					Nursing Home Administrator's License No.:	
Nursing Home Administrator's License No.:						
Other Operators/Owners who are assistant administrators (full or part time) of this facility.						
Name		License No.:				

**General Information and Questionnaire
Related Parties***

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-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	%**				
SSC Administrative Svc, LLC	One Ravinia Dr, Ste 1500, Atlanta,GA 30346	<input type="radio"/>	<input checked="" type="radio"/>		Back Office Services	Page 16/C.1.m.12	312,042	312,042
SSC Consulting Svc, LLC	One Ravinia Dr, Ste 1500, Atlanta,GA 30346	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Services	Page 16/C.1.m.12	589,649	589,649
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-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 (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

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

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

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

**General Information and Questionnaire
Leases (Excluding Real Property)**

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

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C	Report for Year Ended 9/30/2019			Page 6	of 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						
	<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 ***

* 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 Bride Brook Health and Rehabilitat	License No. 2082-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
Charge for Services Provided	
\$	

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

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

1

2

3

4

5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
\$	

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

Schedule of Resident Statistics

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C		Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	126	126			126	126			125	125		
B. As of midnight of THIS report period	118	118			125	125			118	118		
3. Total Number of Days Care Provided During Period												
A. Medicare	10,480	10,480			8,277	8,277			2,203	2,203		
B. Medicaid (Conn.)	25,878	25,878			18,883	18,883			6,995	6,995		
C. Medicaid (other states)												
D. Private Pay	3,597	3,597			2,709	2,709			888	888		
E. State SSI for RCH												
F. Other (Specify) Veterans and Hospice	3,784	3,784			2,684	2,684			1,100	1,100		
G. Total Care Days During Period (3A thru F)	43,739	43,739			32,553	32,553			11,186	11,186		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	43,739	43,739			32,553	32,553			11,186	11,186		

Schedule of Resident Statistics (Cont'd)

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-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 checked="" type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents													
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									31,145	31,145			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									4,952	4,952			
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments									36,097	36,097			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									7,223	7,223			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									878	878			
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments									8,101	8,101			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									39,553	39,553			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									7,952	7,952			
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments									47,505	47,505			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bride Brook Health and Rehabilitation Center	2082-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	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	159,780	2,088				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	349,039	15,385				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	365,304	25,601				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,976	2,088				
b. Other Maintenance Workers	44,644	2,110				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	215,960	4,176				
b. RN						
1. Direct Care	1,921,935	50,037				
2. Administrative**	208,538	5,289				
c. LPN						
1. Direct Care	602,506	19,203				
2. Administrative**	119,723	3,228				
d. Aides and Attendants	1,451,504	84,711				
e. Physical Therapists	619,724	15,673				
f. Speech Therapists	140,491	3,021				
g. Occupational Therapists	521,169	14,844				
h. Recreation Workers	138,896	6,911				
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	129,695	4,166				
n. Marketing						
o. Other (Specify) See Attached Schedule	69,585	2,439				
<i>A-13. Total Salary Expenditures</i>	<i>7,120,470</i>	<i>260,970</i>				

* 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		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Wheelchair Transport Driver	\$ 7,810	440				
Medical Records Supervisor	\$ 61,775	1,999				
Total	\$ 69,585	2,439	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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

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

Name of Facility				License No.		Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation Center				2082-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	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bride Brook Health and Rehabilitation Center				2082-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Lisa Mailloux	159,780			Standard package	Administrative Responsibilities over day to day operations	2,088				
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		
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,000					
3. Pharmacist	16,641					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	10,076					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	120,000					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	27,179					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	(2,348)					
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,651					
2. Administrative***	1,254					
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	180,452					

* 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 Bride Brook Health and Rehabilitation Center		License No. 2082-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			
		<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"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 410,459	410,459			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 71,517	71,517			
4. Social Security (F.I.C.A.)	\$ 521,657	521,657			
5. Health Insurance	\$ 303,467	303,467			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,208	4,208			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 3,698	3,698			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 5,196	5,196			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 182,147	182,147			
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 84,806	84,806			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 27,377	27,377			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 28,834	28,834			
2. Cellular Phones	\$ 1,428	1,428			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 550	550			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 38,421	38,421			
3. Resident Day User Fee	\$ 699,902	699,902			
Subtotal	\$ 2,383,668	2,383,668			

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Innoculations	\$ 5,196		
Total	\$ 5,196	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax - Administrative	\$ 38,421		
Total	\$ 38,421	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,383,668	2,383,668		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	13,303	13,303		
4. Employee Travel	\$	6,475	6,475		
5. Education Expenses Related to Seminars and Conventions	\$	16,359	16,359		
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>)	\$	8,120	8,120		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	15,334	15,334		
4. Fund-Raising***	\$				
5. Medical Records	\$	989	989		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	2,852	2,852		
7. Postage	\$	4,613	4,613		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	13,188	13,188		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	929	929		
9. Subscriptions	\$	1,046	1,046		
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>)	\$	46,135	46,135		
12. Administrative Management Services**	\$	781,746	781,746		
13. Other (<i>Specify</i>) See Attached Schedule	\$	2,119,519	2,119,519		
C-14 Total Administrative & General Expenditures	\$	5,414,275	5,414,275		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Unallowable Advertising - Adjusted off	\$ 15,334		
Total Other Advertising	\$ 15,334	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Professional Dues - Occupational Therapy	\$ 205		
Professional Dues - Physical Plant	\$ 877		
Professional Dues - Administrative	\$ 12,105		
Total Dues	\$ 13,188	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Director & Trustee Fees	\$ 525		
Staff Meetings	\$ 163		
Employee Background Screening	\$ 16,974		
Licenses	\$ 3,925		
Memoriam/Benevolence	\$ 634		
Bank Charges	\$ 19,170		
Surety Bonds	\$ 2,363		
Casualty Loss / Lost Resident Property	\$ 2,688		
Interest Expense	\$ 2,073,075		
Total Other Administrative and General	\$ 2,119,519	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Bride Brook Health and Rehabilitation Ce	License No. 2082-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 #

*** 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 Bride Brook Health and Rehabilitation Center		License No. 2082-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food \$	3,922	3,922		
2.	Non-Food Supplies \$	6,109	6,109		
3.	Other (Specify) _____ Dietary Equipment Lease \$	2,774	2,774		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$		442,982	442,982		
c. Other (Specify) _____ \$					
2D. Total Dietary Expenditures (2a + b + c + d) \$		455,787	455,787		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D? <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 type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K.	Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" 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)				

* 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	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2019	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	493	493	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	17,708	17,708	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	218,398	218,398	
c. Other (<i>Specify</i>)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	236,599	236,599	
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)			
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		License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Center		2082-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	35,550	35,550		
	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. \$	256,042	256,042		
	c. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	291,592	291,592		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	315,932	315,932		
	b. Medicine Cabinet Drugs	\$	21,162	21,162		
	c. Medical and Therapeutic Supplies	\$	160,247	160,247		
	d. Ambulance/Limousine***	\$	52,226	52,226		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	16,985	16,985		
	f. X-rays and Related Radiological Procedures***	\$	35,172	35,172		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	9,528	9,528		
	i. Recreation	\$	3,440	3,440		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	269,456	269,456		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	884,149	884,149		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Supplies including Incontinent Care supplies	\$ 243,641		
Equipment Lease Expense	\$ 259		
Minor Equipment Purchase	\$ 25,557		
Total Other Resident Care	\$ 269,456	\$ -	\$ -

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

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-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	(Specify)	Pg	Line
		<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"/>							
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		<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"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation Cente	2082-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 217,442	217,442				
b. Heat	\$ 90,480	90,480				
c. Light & Power	\$ 147,525	147,525				
d. Water	\$ 55,145	55,145				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 11,387	11,387				
f. Other (<i>itemize</i>)	\$ 104,789	104,789				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 626,768	626,768				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 960,695	960,695				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 18,423	18,423				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 979,118	979,118				
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	\$ (27,286)	(27,286)				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 124,731	124,731				
c. Personal property taxes	\$ 9,564	9,564				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,086,126	1,086,126				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Supplies - Plant	\$ 3,107		
Infectious Waste Disposal	\$ 4,196		
Garbage Service	\$ 23,392		
Contract Services	\$ 35,749		
Equipment Lease	\$ 1,615		
Offsite Storage Lease	\$ 12,485		
Minor Equipment Purchase	\$ 6,269		
TV Cable/Dish	\$ 13,658		
Network WAN	\$ 4,318		
Total Other Repairs and Maintenance	\$ 104,789	\$ -	\$ -

Depreciation Schedule

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C			Report for Year Ended 9/30/2019			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			21,617,302		21,617,302	3,576,857			1,013,664				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			(291,727)						(52,969)				
B-4. Subtotal										960,695			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						631,895		631,895	531,522			35,552	
b. Disposals (attach schedule)						(17,509)						(17,509)	
c. Acquired during this report period (attach schedule)						8,325						380	
D-3. Subtotal													18,423
E. Total Depreciation													979,118

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
various	see attached	\$ 56,019		\$ 2,374
	capital lease adjustment	\$ (347,746)		\$ (55,343)
Total additions for Building Improvement		\$ (291,727)		\$ (52,969) *
Deletions:				
	capital lease adjustment			
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
various	see attached	\$ 8,325		\$ 380
Total additions for Movable Equipmen		\$ 8,325		\$ 380 *
Deletions:				
various	see attached	\$ (17,509)		\$ (17,509)
Total deletions for Movable Equipmen		\$ (17,509)		\$ (17,509) **

*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:				
Total additions for Leasehold Improvemen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation Center			2082-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
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 Bride Brook Health and Rehabilitation	License No. 2082-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 type="radio"/> Yes	<input checked="" 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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation		2082-C	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation		2082-C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 33,779	33,779		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) GL/PL & Crime/Kidnap				\$ 255,790	255,790		
14d. Total Insurance Expenditures (14a + b + c)				\$ 289,569	289,569		
15. Total All Expenditures (A-13 thru C-14)				\$ 16,585,787	16,585,787		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation Center			2082-C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 521,169	521,169		
4.			Other - See attached Schedule	\$ (44,144)	(44,144)		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 27,179	27,179		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 182,147	182,147		
10.			Accounting	\$			
10a.			Legal	\$			
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	\$ 6,900	6,900		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 15,334	15,334		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 781,746	781,746		
22.			Barber and Beauty	\$ 2,852	2,852		
23.			Other - See attached Schedule	\$ (1,057,758)	(1,057,758)		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ (584)	(584)		
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)				\$ 434,841	434,841		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A.12.o	Salaries Transport Non-Emergency	\$ 151		
10	A.12.d	Salaries -Non-license	\$ 1,459		
10	A.12.b.1.	Record Bonuses - SNF Non Certified - Supervisor - RN	\$ (5,721)		
10	A.12.c.1.	Record Bonuses - SNF Non Certified - LVN/LPN	\$ (3,231)		
10	A.12.d.	Record Bonuses - SNF Non Certified - C N A	\$ (16,408)		
10	A.12.e.	Record Bonuses - Physical Therapy - Therapist	\$ (498)		
10	A.12.e.	Record Bonuses - Physical Therapy - Therapist - Cert Asst	\$ (995)		
10	A.12.e.	Record Bonuses - Rehab Coordinator	\$ (498)		
10	A.12.g	Record Bonuses - Occupational Therapy - Therapist	\$ (498)		
10	A.12.g	Record Bonuses - Occupational Therapy - Therapist Asst	\$ (1,990)		
10	A.12.h.	Record Bonuses - Activities - Supervisor	\$ (498)		
10	A.12.h.	Record Bonuses - Activities - Non Supervisor	\$ (498)		
10	A.12.m.	Record Bonuses - Social Services - Supervisor	\$ (498)		
10	A.5.c.	Record Bonuses - Dietary - Non Supervisor	\$ (2,736)		
10	A.5.c.	Record Bonuses - Dietary - Dietary Cook	\$ (995)		
10	A.12.a.	Record Bonuses - Nursing Admin/Supv - DON - RN	\$ (990)		
10	A.12.a.	Record Bonuses - Nursing Admin/Supv - Assistant DON RN	\$ (498)		
10	A.4.	Record Bonuses - Nursing Admin/Supv - Unit Assistant	\$ (995)		
10	A.12.b.2.	Record Bonuses - Nursing Admin/Supv - MDS Coord - RN	\$ (2,239)		
10	A.12.c.2.	Record Bonuses - Nursing Admin/Supv - MDS Coord - LVN/LPN	\$ (995)		
10	A.12.o.	Record Bonuses - Medical Records - Non Supervisor	\$ (498)		
10	A.2.	Record Bonuses - Administrative - Administrator	\$ (498)		
10	A.4.	Record Bonuses - Administrative - Central Supply Clerk	\$ (498)		
10	A.4.	Record Bonuses - Administrative - Clerical/Admin	\$ (1,990)		
10	A.4.	Record Bonuses - Administrative - Admissions	\$ (498)		
10	A.7.a.	Record Bonuses - Physical Plant - Supervisor	\$ (498)		
10	A.7.b.	Record Bonuses - Physical Plant - Non Supervisor	\$ (498)		
Total Other Salaries Adjustment			\$ (44,144)	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	C.1.a.1.	Remove Workmen's Compensation Reserve Expense	\$ 95,822		
15	C.1.a.1.	Include Workmen's Compensation Paid Claims	\$ (253,899)		
15	C.1.a.4.	Record Bonuses - FICA	\$ (3,500)		
16	C.1.m.12	Adjust Mgmt Fee to Home Office CR - Administrative	\$ (312,042)		
16	C.1.m.12	Adjust Mgmt Fee to Home Office CR - Consulting	\$ (589,649)		
15	C.1.j.	Franchise Taxes in Excess of \$250	\$ 300		
16	C.1.m.8a.	Civic Dues	\$ 929		
16	C.1.m.13	Cash Over/Short	\$ 0		
16	C.1.m.13.	Memorium / Benevolence Expense	\$ 634		
16	C.1.m.13.	Lost Resident Property	\$ 2,688		
16	C.1.m.13	Director and Trustee Fees	\$ 525		
16	C.1.m.13	Interest Income	\$ 433		
Total Other A&G Adjustments			\$ (1,057,758)	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation Center			2082-C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 434,841	434,841		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 315,932	315,932		
28.			Ambulance/Limousine	\$ 52,226	52,226		
29.			X-rays, etc	\$ 35,172	35,172		
30.			Laboratory	\$ 9,528	9,528		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 16,985	16,985		
33.			Occupational Therapy	\$ 341	341		
34.			Other - See Attached Schedule	\$ 146,541	146,541		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 140,662	140,662		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,152,229	1,152,229		

*** 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.

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation	Cer 2082-C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 21,596,800	21,596,800				
b. Medicaid Room and Board Contractual Allowance **	\$ (15,326,965)	(15,326,965)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 8,355,224	8,355,224				
b. Medicare Room and Board Contractual Allowance **	\$ (2,317,920)	(2,317,920)				
4. a. Private-Pay Residents and Other	\$ 5,905,600	5,905,600				
b. Private-Pay Room and Board Contractual Allowance **	\$ (3,344,517)	(3,344,517)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 304,789	304,789				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 62,163	62,163				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,199,093	1,199,093				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 190,655	190,655				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 361,162	361,162				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 43,884	43,884				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,503,033	1,503,033				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 233,630	233,630				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (2,796,760)	(2,796,760)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (339,017)	(339,017)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,630,853	15,630,853				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ (584)	(584)				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 433	433				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 6,406	6,406				
V. Total Other Revenue (1 thru 8)	\$ 6,255	6,255				
VI. Total All Revenue (III +V)	\$ 15,637,107	15,637,107				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II.6.b	Medicare A Revenue Oxygen	\$ 4,088		
	Medicare A Revenue IV Therapy	\$ 46,118		
	Medicare A Revenue Laboratory	\$ 4,301		
	Medicare A Revenue X-Ray	\$ 19,969		
	Ancillary Contractual Adjustments	\$ (2,871,236)		
Total Other Resident Revenue - Medicare		\$ (2,796,760)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II.6.b	Oxygen - Medicaid, HMO, Hospice	\$ 4,044		
	IV Therapy - VA, Medicaid, HMO	\$ 3,087		
	Laboratory - VA, Medicaid, HMO, Hospice	\$ 218		
	X-Ray - VA, HMO	\$ 1,103		
	Other Ancillary Contractual Adjustments	\$ (347,467)		
Total Other Resident Revenue		\$ (339,017)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30.IV.5	Interest Income Administrative		\$ 433		
Total Interest Income			\$ 433	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30.IV.8	Other Income - Administrative	\$ 6,406		
Total Other Revenue		\$ 6,406	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation C	2082-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	189,998
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,230,799
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	3,435
a. Ppd Insurance	1,169			
b. Ppd Licenses	214			
c. Ppd Dues & Subscriptions	1,518			
d. See Schedule	534			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,424,232
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 21,325,575		\$	16,788,023
	Accum. Depreciation 4,537,552	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 622,711		\$	72,766
	Accum. Depreciation 549,945	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	12,367
Asset Clearing - Realty	12,367			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	16,873,155

* 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	
31	G.A.5	Ppd Software license/maintenance	\$ 308
		Ppd Other	\$ 225
Total Prepaid Expenses			\$ 534

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	G.A.12	CLO Current Portion	\$ 194,991
Total Other Current Liabilities (Itemize)			\$ 194,991

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

Page Ref	Line Ref	Description	
34	G.B.4	PL/GL Post Petition Claims	\$ 574,982
		Workers Comp Post Petition Claims	\$ 45,127
		Capital Lease Obligation	\$ 19,992,050
		Deferred Income	\$ (250,194)
		Deferred CLO Gain/Loss	
Total Other Current Liabilities (Itemize)			\$ 20,361,966

G. Balance Sheet (cont'd)

Name of Facility Bride Brook Health and Rehabilitation C	License No. 2082-C	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 18,297,387	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
3. Buildings			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
4. Non-Movable Equipment			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
5. Movable Equipment			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
6. Motor Vehicles			\$	
	*Historical Cost _____	Net	\$	
	Accum. Depreciation _____		\$	
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 _____	Net	\$	
	Accum. Depreciation _____		\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date	\$	
			\$	
7. Other Assets (<i>itemize</i>)			\$ 8,723	
Refundable Deposits		8,723	\$	
See Schedule			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 8,723	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 18,306,110	

* 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	
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2019	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	625,179	
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>)			\$	330,552	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$	78,051	
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*			\$	412	
12. Other Current Liabilities (<i>itemize</i>)			\$	919,065	
Utility Accruals	25,002	Accrued Property Taxes	90,720		
Payroll Deductions - Garnishments,	9,392	Other Accrued Taxes	188,886		
Unclaimed Patient Balances	(26,597)	Accrued Interest	251,417		
PL/GL Post Petition Claims	185,254	See Schedule	194,991		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,953,259	

* 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 Bride Brook Health and Rehabilitation Center		License No. 2082-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,953,259	
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>)					
\$ (12,539,973)					
Name and Address of Lender		Amount	Loan Date		
Intercompany Revolver - SSC		(12,539,973)			
4. Other Long-Term Liabilities (<i>itemize</i>)					
\$ 20,361,966					
See Schedule					
20,361,966					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
\$ 7,821,993					
C. Total All Liabilities (Lines A-13 + B-5)					
\$ 9,775,253					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation	2082-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			\$	9,479,538
6. Gain or Loss for Period			\$	(948,680)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	8,530,858
C. Total Reserves and Net Worth			\$	8,530,858
D. Total Liabilities, Reserves, and Net Worth			\$	18,306,110

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation C	2082-C	9/30/2019	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$		
D. Net Income or Deficit			\$		
E. Balance			\$		
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <i>Balance at End of Period</i>		09/30/19	\$		

I. Preparer's/Reviewer's Certification

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Margaret Philen				
Address Address			Phone Number	
5300 W. Sam Houston Pkwy N., Houston, TX 77041			832-467-6225	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Margaret Philen			832-467-6225	
Contact Email Address				
MLPhilen@SavaSC.com				