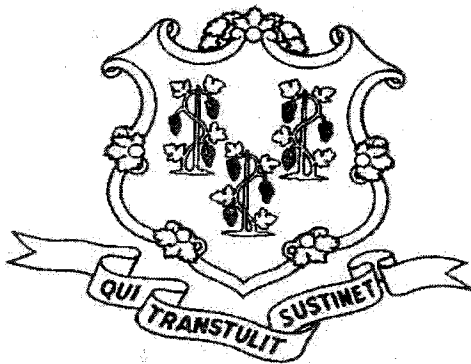


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Middlebury Convalescent Home, Inc.	
Address (No. & Street, City, State, Zip Code) 778 Middlebury Road, Middlebury, CT 06762	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 207047	RHNS	(Specify)	Medicare Provider 07-5146
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Medicaid Provider Numbers:	CCNH 7047	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

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General Information

Name of Facility (as licensed) Middlebury Convalescent Home, Inc.	License No. 207047	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 Middlebury Convalescent Home, Inc. [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

SUBJECT TO DESK AUDIT REVIEW

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Jeanine Hammitt			Printed Name (Owner) Various, see page 3A		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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 Middlebury Convalescent Home, Inc.	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 778 Middlebury Road, Middlebury, CT 06762				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/2/2019		
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 (203) 758-2471		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Middlebury Convalescent Home, Inc.		Address (No. & Street, City, State, Zip) 778 Middlebury Road, Middlebury, CT 06762		
License Numbers:	CCNH 207047	RHNS	(Specify)	Medicare Provider No. 07-5146
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 type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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.				
N/A				
Administrator				
Name of Administrator Jeanine Hammitt		Nursing Home Administrator's License No.:	001761	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Middlebury Convalescent Home, Inc.	778 Middlebury Road, Middlebury, CT 06762	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached page 3A1				
Names of Stockholders Owning at Least 10% of Shares				
See attached page 3A1				

Middlebury Convalescent Home, Inc.

Schedule 3A1

Total Retained Earnings ShareHolders	Owned Shares	Equity Ratio of
Grace Nardiello	160	11.64%
Carol Horan	84	6.11%
Harold Horan III	83	6.04%
The Estate of Jean White	84	6.11%
Bryna Potsdam	285	20.73%
Linda Kaplan	164	11.93%
Elaine Dabbo	69	5.02%
Estate of Helaine Doherty	114	8.29%
Helen Fassett	171	12.44%
Jeanine Hammitt	35	2.55%
Carin Peterson	126	9.16%
	<u>1375</u>	<u>100.00%</u>

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	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 %**				
Jeanine Hammitt	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	Directors Fees	Pg 16 / Line m13	1,750	1,750
Grace Nardiello	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	Directors Fees	Pg 16 / Line m13	1,750	1,750
Elaine Dabbo	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	Directors Fees	Pg 16 / Line m13	2,685	2,685
Helen Fassett	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	Directors Fees	Pg 16 / Line m13	3,125	3,125
Carin Peterson	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	Directors Fees	Pg 16 / Line m13	3,125	3,125
		<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 Middlebury Convalescent Home, Inc.	License No. 207047	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.

N/A

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

N/A

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.

N/A

**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	
Middlebury Convalescent Home, Inc.		207047		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					
Paylocity - 115 West 29th Street, Ste #809 New York, NY 10001	<input type="radio"/>	<input checked="" type="radio"/>	Time Clock	02/01/14	Open Ended	1,320	1,320
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/14	60 months	1,654	1,654
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/17	36 months	1,021	1,021
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	09/14/18	48 months	1,594	1,594
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
						Total ***	5,589

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* 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 Middlebury Convalescent Home, Inc	License No. 207047	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.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Warf Dr, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1	Compilation, tax preparations, cost report preparation, reimbursement consulting, month end review	\$	23,646
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 23,646

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina LLP 2 LeClairRyan 3 4 5	Telephone Number 860-240-6000 203-672-3200
--	--

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

- 1 185 Asylum Street, Hartford, CT 06103
2 545 Long Warf Dr, New Haven, CT 06511
3
4
5

Services Provided by This Firm (*describe fully*)

1	Review facility nursing issues, PRN orders, nursing/employment/handbook, survey, IDR issues, Unemployment issues	\$	9,470
2	Informal Dispute Resolution Process	\$	2,458
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 11,928

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

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047		Report for Year Ended 9/30/2019				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		
				Total	CCNH	RHNS	(Specify)	Total
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	58	58		58		58	58	
B. On last day of THIS report period	58	58		58		58	58	
2. Number of Residents								
A. As of midnight of PREVIOUS report period	54	54		54		57	57	
B. As of midnight of THIS report period	55	55		57		55	55	
3. Total Number of Days Care Provided During Period								
A. Medicare	2,061	2,061		1,720		341	341	
B. Medicaid (Conn.)	11,934	11,934		8,828		3,106	3,106	
C. Medicaid (other states)								
D. Private Pay	5,869	5,869		4,147		1,722	1,722	
E. State SSI for RCH								
F. Other (Specify) Managed Care / Commercial	26	26		26				
G. Total Care Days During Period (3A thru F)	19,890	19,890		14,721		5,169	5,169	
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)	19,890	19,890		14,721		5,169	5,169	

Schedule of Resident Statistics (Cont'd)

Name of Facility Middlebury Convalescent Home, Inc.			License No. 207047			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		32		20								
Per Diem Rate													
a. One bed rm.	Various		228.14		385.00								
b. Two bed rms.	Various		228.14		360.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,596	3,596				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								3,036	3,036				
D. Total Physical Therapy Treatments								6,632	6,632				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								522	522				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								278	278				
D. Total Speech Therapy Treatments								800	800				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								5,055	5,055				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								3,120	3,120				
D. Total Occupational Therapy Treatments								8,175	8,175				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Middlebury Convalescent Home, Inc.	207047	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)	86,957	2,041				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	154,163	5,984				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	68,701	2,143				
c. Dietary Workers	200,849	14,694				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	217,049	14,313				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	153,739	6,551				
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	91,353	2,114				
b. RN						
1. Direct Care	355,530	9,422				
2. Administrative**	240,490	6,564				
c. LPN						
1. Direct Care	419,670	15,747				
2. Administrative**						
d. Aides and Attendants	954,210	57,618				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	124,757	6,658				
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	117,374	3,772				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,184,842	147,621				

* 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
	0					
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Medical Librarian Consultant	\$ 2,393	28				
Total	\$ 2,393	28	\$ -	-	\$ -	-

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

Name of Facility Middlebury Convalescent Home, Inc.		License No. 207047		Report for Year Ended 9/30/2019		Page 11	of 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).									
Althea Stilson	15,504		Non Discrim	Recreation Staff	882	A12h			

* 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		
Middlebury Convalescent Home, Inc.		207047		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***									
Jeanine Hammit	86,957		Non Discrim	Administrator	2,041	A2			
Section IV - Assistant Administrators									

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Middlebury Convalescent Home, Inc.	207047	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	17,547	351				
2. Dentist	300	3				
3. Pharmacist	7,200	72				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	171,540	2,346				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	70,700	510				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	45,058	611				
b. Other						
10. Occupational Therapist						
a. Resident Care	224,864	2,785				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	47,474	740				
2. Administrative***						
b. LPN						
1. Direct Care	45,073	1,099				
2. Administrative***						
c. Aides	57,426	2,735				
d. Other						
12. Other (Specify)						
See Attached Schedule	2,393	28				
B-13 Total Fees Paid in Lieu of Salaries	689,575	11,280				

* 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 Middlebury Convalescent Home, Inc.		License No. 207047		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			
Christine Riley, 587 Breakneck Hill Road, Middlebury, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Marcia Cohen, 806 North Lake View Drive, Orange, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Health Pro	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Deluca, Middlebury, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
The Nurse Network, LLC	RNs, LPNs, CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Favorite Healthcare Staffing	LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Maxim Staffing Solutions	LPNs & CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
World Wide Staffing	CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Caring Nurses	Medical Librarian Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Badrigian	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Daniels, MD	Consultant at Medical Staff Meetings	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 101,641	101,641		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 40,761	40,761		
4. Social Security (F.I.C.A.)	\$ 239,161	239,161		
5. Health Insurance	\$ 88,809	88,809		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 61	61		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 846	846		
d. Accounting and Auditing	\$ 23,646	23,646		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 11,928	11,928		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 27,664	27,664		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 11,512	11,512		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 17,830	17,830		
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	\$ 374,883	374,883		
Subtotal	\$ 938,742	938,742		

* 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)
	0		
Dental Insurance	\$ 61		
Total	\$ 61	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	938,742	938,742		
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 21,380	21,380		
4. Employee Travel	\$ 688	688		
5. Education Expenses Related to Seminars and Conventions	\$ 3,467	3,467		
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>)	\$ 6,006	6,006		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 18,951	18,951		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,575	5,575		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
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>)	\$ 47,282	47,282		
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 30,733	30,733		
C-14 Total Administrative & General Expenditures	\$ 1,072,824	1,072,824		

* 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)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Promotional Advertising	\$ 18,951		
Total Other Advertising	\$ 18,951	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
Connecticut Association of Health Care Facilities	\$ 5,575		
Total Dues	\$ 5,575	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Licenses and Fees	\$ 13,253		
Professional Consulting Fees	\$ 1,827		
Celebration Team Expense	\$ 3,218		
Directors Fees	\$ 12,435		
Total Other Administrative and General	\$ 30,733	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	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 #
N/A			

*** 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
Middlebury Convalescent Home, Inc.		207047	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 111,943	111,943			
2.	Non-Food Supplies	\$ 12,981	12,981			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 4,339	4,339			
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 129,263	129,263			
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 Middlebury Convalescent Home, Inc.		License No. 207047	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,915	1,915		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	37,527	37,527		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	39,442	39,442		
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
Middlebury Convalescent Home, Inc.		207047	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. \$	41,749	41,749		
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>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	41,749	41,749		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	62,551	62,551		
b.	Medicine Cabinet Drugs	\$	163,470	163,470		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$	4,923	4,923		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	7,905	7,905		
i.	Recreation	\$	27,349	27,349		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	17,537	17,537		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	283,735	283,735		

* 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)
	0		
Medicare Related Expenses	\$ 14,762		
Personal Health Items	\$ 2,775		
Total Other Resident Care	\$ 17,537	\$ -	\$ -

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

Name of Facility Middlebury Convalescent Home, Inc.		License No. 207047	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
USA Hauling	15 Mullen Road, Enfield, CT 06082	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	15,631		22	16f
Paylocity	115 West 29th Street Ste #809, New York, NY	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	18,675		16	m11
Wescom Solutions, Inc.	PO Box 674802, Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>	N/A	PointClickCare Software	15,988		16	m11
Rinaldi Linen	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Washing Services	37,527		19	3b
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						

* 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
Middlebury Convalescent Home, Inc.	207047	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 16,722	16,722				
b. Heat	\$ 34,235	34,235				
c. Light & Power	\$ 45,404	45,404				
d. Water	\$ 43,236	43,236				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 5,589	5,589				
f. Other (<i>itemize</i>)	\$ 41,020	41,020				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 186,206	186,206				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 10,144	10,144				
b. Building & Building Improvements	\$ 59,655	59,655				
c. Non-Movable Equipment	\$ 5,134	5,134				
d. Movable Equipment	\$ 34,906	34,906				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 109,839	109,839				
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	\$ 69,172	69,172				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 179,011	179,011				

* 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)
	0		
Daly MJ	\$ 2,875		
Master Security	\$ 865		
Action Scale	\$ 104		
Pro Care	\$ 926		
Heritage System	\$ 1,133		
USA Hauling	\$ 15,631		
Family Pest	\$ 1,000		
Arbor Energy	\$ 1,219		
Stericycle	\$ 3,892		
Croker Fire Drill Co.	\$ 1,452		
Comcast	\$ 45		
Goodhill Contactors	\$ 7,274		
Schmidt Electric	\$ 1,900		
BT Lindsay	\$ 199		
Huntington	\$ 1,737		
Naug Window	\$ 546		
Sysco Conn	\$ 156		
Ramadan Dauti Weise Tree	\$ 66		
Total Other Repairs and Maintenance	\$ 41,020	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Middlebury Convalescent Home, Inc.		207047		9/30/2019				23	37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
									Yes
A. Land Improvements									
1. Acquired prior to this report period	254,301		254,301	141,115	S/L	Various	10,144		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal								10,144	
B. Building and Building Improvements									
1. Acquired prior to this report period	2,461,705		2,461,705	1,587,326	S/L	Various	59,655		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal								59,655	
C. Non-Movable Equipment									
1. Acquired prior to this report period	213,837		213,837	184,758	S/L	Various	4,824		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	7,265		7,265		S/L	Various	310		
C-4. Subtotal								5,134	
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	382,751		382,751	254,273	S/L	Various	32,543		
b. Disposals (attach schedule)	(8,137)		(8,137)		S/L	Various			
c. Acquired during this report period (attach schedule)	11,957		11,957		S/L	Various	2,363		
D-3. Subtotal								34,906	
E. Total Depreciation								109,839	

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2018	Ferrari's Appliance - Stove Dining Room	1,016.00		\$ 102
6/27/2019	Raintech, Door Alarm Recreation	2,499.00		\$ 83
7/31/19-8/3/19	New Wing Compressor	3,750.00		125
Total additions for Non-Movable Equipment		\$ 7,265		\$ 310 *
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:				
10/22/2018	Floor Washer	6,441		\$ 1,181
7/31/2019	Chair Scale	700		\$ 35
8/31/2019	New Reclining Bed Chair	1,076		36
11/1/2018	Optiplex 7050	1,120		342
11/1/2018	Optiplex 7050 dell 24" monitor	1,490		455
12/31/2018	OptiPlex 7050 Mini Tower	1,130		314
Total additions for Movable Equipment		\$ 11,957		\$ 2,363 *
Deletions:				
10/31/2018	Auto Scrub STD	\$ (4,005)		
5/31/2019	4 Geri Chairs Position 3574	\$ (1,946)		
11/1/2018	Computers, DNS and SS	(2,186)		
Total deletions for Movable Equipment		\$ (8,137)		\$ - **

*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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Middlebury Convalescent Home, Inc.	Date of Acquisition		License No. 207047	Report for Year Ended 9/30/2019	Basis for Computing Amortization**	Rate %	Page 24	of 37
	Month	Year						
A. Organization Expense				Accumulated Amort. to Beginning of Year's Operations				
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.

1 chest of Draw	9/20/2010	(318)	(318)	SL			(318)		(318)		
5 Chest of Draw	11/18/2010	(2,172)	(2,172)	SL			(2,172)		(2,172)		
5 plum chairs	2/11/2009	(667)	(667)	SL			(667)		(667)		
2010 Additions											
Floor Washer	10/22/2010	6,442	6,442	SL				1,181	1,181	5,261	
Chair Scale	7/31/2010	700	700	SL				35	35	665	
New Reclining Bed Chair	8/31/2010	1,076	1,076	SL				36	36	1,040	
2010 Disposals											
Aulk Scrub STD	10/1/2010	(4,004)	(4,004)	SL						(4,004)	
4 Gerl Chairs 3 position 3574	5/31/2010	(1,946)	(1,946)	SL						(1,946)	
Total		372,468	346,387				30,163	220,400	30,871	261,371	85,018
Computers											
Acquired prior		30,491	30,491	SL	Var		30,491		30,491		
2009 Acquisitions											
3 Office Computers	1/5/2009	2,358									
Shapiro - Geny's Cell	8/31/2009	530									
Adjustment for Prior Period							12,567		12,567	(12,567)	
2010 Acquisitions											
Computer for Athos	7/17/2010	520									
2010 Disposals											
200 mhz Pentium Service	3/12/1998	(1,897)	(1,897)				(1,897)		(1,897)		
200 mhz Main Boards MDS Project	3/17/1998	(4,881)	(4,881)				(4,881)		(4,881)		
2011 Acquisitions											
DNS Computer	10/21/2010	1,138	1,138	SL	5		1,138		1,138		
Acct Computer	11/17/2010	1,138	1,138	SL	5		1,138		1,138		
2011 Disposals											
A D N Office Computer	12/20/2001	(1,006)	(1,006)				(1,006)		(1,006)		
2012 Additions											
Jeanine PC	3/29/2012	1,143	1,143	SL	5		1,143		1,143		
2013 Additions											
Server Upgrade	4/30/2013	9,837	9,837	SL	5	985	9,837		9,837		
Recreation Computer	6/30/2013	1,262	1,262	SL	5	168	1,262		1,262		
Social Services Laptop	8/31/2013	1,062	1,062	SL	3		1,062		1,062		
Admissions Laptop	8/30/2013	917	917	SL	3		917		917		
2013 Disposals											
New Computer - Joe's Office	2/7/2003	(1,070)	(1,070)				(1,070)		(1,070)		
HP Laserjet Printer - Joe's Office	8/5/2002	(1,180)	(1,180)				(1,180)		(1,180)		
1 RON Computer System - Loren's	1/21/2003	(1,087)	(1,087)				(1,087)		(1,087)		
File Server and Network Upgrade	10/29/2004	(9,371)	(9,371)				(9,371)		(9,371)		
2014 Additions											
3 Computers Dietary	10/15/2011	1,808	1,808	SL	9	361	1,808		1,808		
2014 Disposals											
Unidentified Variance with assets prior to 2009		(1,304)		SL	N/A						
2015 Additions											
2 HP Pavilion 15" Refurb Laptops	10/28/2014	845	845	SL	3		845		845		
Cisco Wireless / Soniewal Secure Router	3/9/2015	1,227	1,227	SL	5	245	980	245	1,225	2	
1 HP Pavilion 23-nt Laptop	5/21/2015	645	645	SL	3		645		645		
2 HP Pavilion 15" Refurbished Laptops	8/20/2015	540	540	SL	3		540		540		
2016 Additions											
1 Dell Optiplex 3020 Computer w/ printer	12/15/2016	910	910	SL	3	303	909	1	910		
Weight Scale - Wall Mount Kiosk	4/16/2016	890	890	SL	3	206	890		890		
HP - File Server	6/10/2016	5,736	5,736	SL	5	1,147	3,441	1,147	4,588	1,148	
Computer - BESSA	8/1/2016	1,105	1,105	SL	3	388	1,104	1	1,105		
Computer - Julia	8/1/2016	1,045	1,045	SL	3	348	1,044	1	1,045		
2016 Disposals											
Office Computer Chris	5/5/2001	(1,186)	(1,186)	SL	3		(1,186)		(1,186)		
2 Office Computers	1/9/2001	(2,358)	(2,358)	SL	5		(2,358)		(2,358)		
Compaq Computer for Athos-Mary B	7/11/2010	(520)		SL	3						
DNS Computer	10/21/2010	(1,138)	(1,138)	SL	5		(1,138)		(1,138)		
C/R Adjustment							(12,567)		(12,567)	12,567	
2017 Additions											
Chris Computer - (Asantino)	11/30/2016	1,938	1,938	SL	3	646	1,292	646	1,938		
2017 Disposals											
Acct Computer	5/31/2017	(1,138)	(1,138)	SL	5		(1,138)		(1,138)		
2018 Additions											
Admissions	4/18/2018	1,290	1,290	SL	3	420	420	420	940	420	
MDS	9/30/2018	1,090	1,090	SL	3	363	363	363	726	364	
2018 Disposals											
Computer - Arnette	10/6/2011	(904)	(904)	SL	5		(904)		(904)		
2019 Additions											
OptiPlex 7050	11/1/2018	1,120	1,120	SL	3			342	342	778	
OptiPlex 7050 dell 24" monitor	11/1/2018	1,490	1,490	SL	3			455	455	1,035	
OptiPlex 7050 Mini Tower	12/31/2018	1,130	1,130	SL	3			314	314	816	
2019 Disposals											
Computer, DNS and SB	11/1/2018	(2,186)	(2,186)	SL	5					(2,186)	
Total		41,569	40,198				5,850	33,874	3,935	37,809	2,377
Total Computer & Moveable		414,037	386,572				35,803	254,274	34,906	289,180	87,392
Grand Total		3,354,882	3,323,578				116,247	2,167,474	109,839	2,277,312	1,046,387
Assets per Trial balance		3,354,882	3,354,882					121,540	2,053,833	1,301,049	
Variance		0	(31,203) [b]				116,247	2,167,474	(11,701) [d]	223,479	(254,882) [c]
Page 31, Line B9		254,882	[c]								
Page 31, Line B9		10	Rounding variance from C/R schedule due to rounding								
Page 36, Line F1		11,701	[d]								

[a] Amounts tie to page 23 of the cost report without exception.

[b] Variance is due to assets below the \$2,500 threshold for depreciation

[c] F/S vs C/R NBV

[d] F/S vs C/R Depreciation Expense

[e] Disposals are not part of cost to be depreciated column and will not be listed on the cost report as a disposal in order to tie to the schedule

[f] Amounts tie to prior year cost report.

Middlebury Conv. Home
 Depreciation Schedule
 September 30, 2019
 Property

	Date Acquired	Hist. Cost	Cost to Be Deprec	Method	Life	2018 Deprec	PP 2018 Accum	[a] 2019 Deprec	[a] 2019 Accum	NBV
Land Improvements										
Acquired prior	Various	212,251	212,251	SL	Var	3,854	206,491	3,854	210,345	1,906
2009 Acquisitions										
Landscape Design & New Plants	6/30/2009	3,256	3,256	SL	5	-	3,256	-	3,256	-
2010 Acquisitions										
Chain Link Fence w/ Gate	8/20/2010	686	686	SL	5	-	686	-	686	-
Paving	8/24/2010	6,927	6,927	SL	8	-	6,927	-	6,927	-
2012 Acquisitions										
Drainage Improvements	11/18/2011	4,795	4,795	SL	15	319	2,207	319	2,526	2,260
2014 Acquisitions										
Parking Improvements	7/31/2014	15,332	15,332	SL	20	767	3,834	767	4,601	10,731
Drainage Improvements	7/31/2014	6,388	6,388	SL	15	559	2,795	559	3,354	5,034
2017 Acquisitions										
Front Sidewalk - American Heritage	4/30/2017	9,997	9,997	SL	20	500	1,000	500	1,500	8,497
2018 Acquisitions										
S&S Asphalt - New Driveway	10/31/2017	82,904	82,904	SL	20	4,145	4,145	4,145	8,290	74,614
2018 Disposals										
1997 Driveway	1/1/1997	(89,540)	(89,540)	-	-	-	(89,540)	-	(89,540)	-
Total		284,968	284,301			10,144	141,116	10,144	181,259	103,042

	Date Acquired	Hist. Cost	Cost to Be Deprec	Method	Life	2018 Deprec	PP 2018 Accum	[a] 2019 Deprec	[a] 2019 Accum	NBV
Buildings and Building Improvements										
Acquired prior (Building Impro.)	Various	452,963	452,963	SL	Var	-	452,963	-	452,963	-
Door replacement	8/30/2006	16,556	16,556	SL	18	1,104	13,887	1,104	14,991	1,769
Sprinkler Installation	8/30/2006	349,235	349,235	SL	5	-	349,235	-	349,235	-
2007 Acquisitions										
Pipe replacement	2/28/2007	4,788	4,788	SL	25	182	2,303	182	2,485	2,303
Fixt. clean	6/2/2007	3,425	3,425	SL	10	-	3,425	-	3,425	-
Doors	8/31/2007	96,942	96,942	SL	15	4,483	53,564	4,483	58,047	8,925
Ceilings	8/31/2007	84,867	84,867	SL	8	-	84,867	-	84,867	-
Wallguards & Handrails	8/31/2007	58,484	58,484	SL	15	3,898	48,772	3,898	52,670	7,794
Electrical Upgrades	8/31/2007	66,065	66,065	SL	20	3,303	36,836	3,303	42,941	23,124
Corridor Flooring	8/31/2007	17,777	17,777	SL	10	-	17,777	-	17,777	-
Carpeting Front Lobby	8/31/2007	8,957	8,957	SL	5	-	8,957	-	8,957	-
Wallcoverings & Painting	8/31/2007	41,030	41,030	SL	5	-	41,030	-	41,030	-
3 Sprinklers&Extension of lines	8/31/2007	10,646	10,646	SL	25	428	5,111	428	5,537	5,110
Asbestos Removal(During Sprinkler Install)	8/13/2007	142,781	142,781	SL	5	-	142,781	-	142,781	-
2007 Current Year Disposal										
Disposal of Assets	(1,491)	(1,491)	-	-	-	(1,491)	-	(1,491)	-	-
2008 Acquisitions										
Glass sliding front door	11/13/2007	11,287	11,287	SL	10	-	11,287	-	11,287	-
Chcvt for paving street for sprinkler	11/1/2008	(11,206)	(11,206)	SL	5	2,241	(11,206)	-	(11,206)	-
Portion of recreation room placed into service	9/30/2008	208,758	208,758	SL	25	8,290	91,853	8,350	100,203	108,555
2008 Disposal										
Carpeting Office & Storage	8/10/1989	(507)	(507)	-	-	-	(507)	-	(507)	-
2009 Acquisitions										
Recreation Room	8/30/2008	26,814	26,814	SL	25	1,085	10,647	1,068	11,712	14,952
PT Room Renovations	10/4/2008	10,478	10,478	SL	25	419	4,191	419	4,610	5,868
DHS Office Renovations	12/8/2008	13,747	13,747	SL	25	550	5,499	550	6,049	7,898
Electrical Upgrades	8/31/2009	20,309	20,309	SL	20	1,015	10,185	1,015	11,198	9,141
Door Hardware Dining Room	8/28/2009	3,076	3,076	SL	15	205	2,050	205	2,255	821
Resident Room Flooring	7/31/2009	13,755	13,755	SL	10	1,379	13,753	-	13,754	0
Accounting Office Flooring	7/31/2009	1,126	1,126	NA	NA	-	-	-	-	-
Accumulated Depreciation Adjustment from Prior Year										
							19,447		19,447	(19,447)
2010 Acquisitions										
Awnings	8/2/2011	9,810	9,810	SL	15	654	5,232	654	5,886	3,924
Sprinkler Heads Boiler Room	8/30/2011	1,776	1,776	SL	25	71	568	71	639	1,137
WiFi	8/30/2011	3,766	3,766	SL	10	377	3,015	377	3,392	379
2011 Disposals										
Front Entrance Canopy	(3,288)	(3,288)	-	-	-	(3,288)	-	(3,288)	-	-
Patio Awning Addition	(4,839)	(4,839)	-	-	-	(4,839)	-	(4,839)	-	-
2012 Additions										
Shed	9/30/2012	4,401	4,415	SL	20	201	1,279	201	1,490	2,536
Kitchen Hood Sprinklers	1/5/2013	2,108	2,108	SL	25	84	568	84	652	1,454
Electrical Upgrades	2/1/2012	3,490	3,490	SL	20	174	1,162	174	1,336	2,154
New Soffit	8/30/2012	2,435	2,435	SL	15	162	1,927	162	1,169	1,248
Unidentified Variance										
		387	387	-	-	-	-	-	-	387
2013 Additions										
Front Railing Improvement	5/31/2013	2,659	2,659	SL	15	177	959	177	1,136	1,522
Unidentified Variance										
		(367)	(367)	-	-	-	-	-	-	(367)
2014 Additions										
Electrical for Resident Lights & Ou	12/8/2011	4,496	4,498	SL	20	225	1,125	225	1,350	3,146
Building Addition	7/31/2014	516,455	516,455	SL	45	12,911	64,896	12,911	77,807	436,648
Capex main Entrance	1/9/2014	2,978	2,978	SL	5	596	2,978	-	2,978	-
Intercom System	7/31/2014	1,955	1,955	SL	10	195	876	195	1,171	784
Nurses Station	7/31/2014	201,861	201,861	SL	15	13,444	67,220	13,444	80,664	120,967
Therapy Room Conversion	7/31/2014	81,075	81,075	SL	15	5,405	27,025	5,405	32,430	48,645
2016 Additions										
New AC Nurse's station Project	7/31/2014	2,500	2,500	SL	15	167	688	167	855	1,645
2018 Additions										
Direct Supply Kitchen Counters	12/22/2017	10,426	10,426	SL	25	417	417	417	834	9,592
Total		2,483,219	2,481,705			63,965	1,587,326	65,855	1,648,381	814,723

	Date Acquired	Hist. Cost	Cost to Be Deprec	Method	Life	2018 Deprec	PP 2018 Accum	[a] 2019 Deprec	[a] 2019 Accum	NBV
Non-Movable Equipment										
Acquired prior		170,839	170,839	SL	Var	-	170,839	-	170,839	-
Current Year Acquisitions										
Hot water Heater	6/3/2007	2,550	2,550	SL	10	-	2,550	-	2,550	-
Nurses Station Counter	8/31/2007	2,660	2,660	SL	15	178	2,145	179	2,324	356
Lighting Fixtures	4/9/2007	4,414	4,414	SL	10	-	4,414	-	4,414	-
40LB Speed Queen Washer	7/25/2007	6,355	6,355	SL	10	-	6,355	-	6,355	-
2007 Current Year Disposal										
Disposal	(8,284)	(8,284)	-	-	-	(8,284)	-	(8,284)	-	-
2008 Acquisitions										
Electric hot upgrade	6/18/2008	9,300	9,300	SL	20	465	5,115	465	5,580	3,720
2009 Acquisitions										
12 Resident Room Electric Heaters	11/30/2008	9,990	9,990	SL	10	999	9,990	-	9,990	-
Nurse Call System West	12/31/2008	6,370	6,370	SL	10	637	6,370	-	6,370	-
Goodwill Mechanical - Boiler #1	9/13/2009	12,490	12,490	SL	20	625	6,247	625	6,872	5,619
2009 Disposal										
Nurse Call System West	(8,059)	(8,059)	-	-	-	(8,059)	-	(8,059)	-	-
Adjustment for Prior Period										
							589		589	(589)
2010 Acquisitions										
E Panel for Generator	10/19/2008	1,541	1,541	-	-	-	-	-	-	-
Enclosure @ Burner 2 Oven Stove	12/17/2009	4,144	4,144	SL	10	414	3,728	414	4,142	2
2011 Acquisitions										
Telephone Wiring to Resident Rooms	12/22/2010	7,200	7,200	SL	20	360	2,880	360	3,240	3,980
57 Over the Bed Light Fixtures	8/11/2011	12,131	12,131	SL	10	1,213	9,705	1,213	10,918	1,214
Ductless AC in Emp Breakroom	4/14/2011	3,650	3,650	SL	5	-	3,650	-	3,650	-
2014 Acquisitions										
File System Improvements	4/30/2014	3,367	3,367	SL	10	337	1,684	337	2,021	1,345
2014 Disposals										
Lighting Fixtures	4/9/2007	(4,414)	(4,414)	-	-	-	(4,414)	-	(4,414)	-
40LB Speed Queen Washer	7/25/2007	(6,355)	(6,355)	-	-	-	(6,355)	-	(6,355)	-
2015 Additions										
Roofing A/C Unit Nurses Closet	6/16/2015	1,702	1,702	SL	6	340	1,360	34		

Chlorination & Monitoring Well Water	9/1/2008	(1,854)	(1,854)			(1,854)		(1,854)	
Hot Water Boiler - Repair	8/22/2002	(2,060)	(2,060)			(1,060)		(1,060)	
Water Cooler 5 Gal floor mount #42	2/14/2013	(605)	(605)			(605)		(605)	
2018 Additions									
Ferrari's Appliance - Stove Dining Room	12/31/2018	1,018	1,018				127	127	889
Rainftech Door Alarm Recreation	6/27/2018	2,498	2,498				83	83	2,416
New Wing Compressor	7/5/18-8/31/19	3,790	3,790				125	125	3,625
Total		222,642	221,102			6,436	184,768	6,134	188,692

Movable Equipment									
Acquired prior									
Lease: Salvage value		176,454	176,454	SL	Var		176,454		176,454
2007 Acquisitions									
Hennrich Beach Blender HAM 990	4/8/2007	800	-	SL	10				
Patient Lift	12/14/2008	4,272	4,272	SL	10			4,272	
Paella / Pate Heater with cart	4/22/2007	12,794	12,794	SL	10			12,794	
2007 Current Disposal									
Disposal		(1,145)	(1,145)				(1,145)		(1,145)
2008 Acquisitions									
40 stacking w/ arm chairs	11/23/2007	10,782	10,782	SL	18	717	7,891	717	8,608
6 electrical beds	12/17/2007	6,601	6,601	SL	12	950	6,051	950	6,601
Low electrical beds	1/18/2008	1,187	-						
Resident furniture	4/16/2008	1,484	-						
2 flat screen tv's	3/31/2008	611	-						
Oxygen concentrator	4/3/2008	728	-						
2 flat screen tv's	4/11/2008	795	-						
Whirlpool dryer	4/24/2008	840	-						
Sliver 121 kofee	4/28/2008	1,038	-						
Manual flower bed w/ gate	6/12/2008	1,620	-						
11 leaf flower boxes	6/12/2008	3,086	3,086	SL	10	(1)	3,086		3,086
2 tv's	8/30/2008	784	-						
6 overbed tables	7/10/2008	750	-						
6 overbed tables w/ mirror	8/8/2008	1,411	-						
6 overbed tables w/ vanity	8/25/2008	1,141	-						
Chairs, loveseat, sofa	8/31/2008	3,986	3,986	SL	15	286	2,929	268	3,195
8008 Disposals									
8 new beds	8/19/1995	(2,800)	(2,800)				(2,800)		(2,800)
Pictures	6/2/1982	(1,468)	(1,468)				(1,468)		(1,468)
Pictures	9/21/1982	(1,028)	(1,028)				(1,028)		(1,028)
Pictures	6/2/1983	(778)	(778)				(778)		(778)
Pictures	6/5/1985	(622)	(622)				(622)		(622)
Chandelier	6/17/1985	(524)	(524)				(524)		(524)
Pictures	1/15/1986	(770)	(770)				(770)		(770)
Pictures	8/7/1988	(321)	(321)				(321)		(321)
Pictures	2/11/1988	(449)	(449)				(449)		(449)
Pictures	2/20/1988	(987)	(987)				(987)		(987)
11 hback chairs	4/18/1988	(1,838)	(1,838)				(1,838)		(1,838)
Telephone equipment	4/28/1988	(410)	(410)				(410)		(410)
2 chairs, gray, office	2/5/1990	(282)	(282)				(282)		(282)
Three pedestals/workstation	12/4/1990	(589)	(589)				(589)		(589)
Two workstations/monitoring	12/4/1990	(952)	(952)				(952)		(952)
One PM2103 videodisc	12/31/1991	(638)	(638)				(638)		(638)
Network equipment	9/8/1992	(998)	(998)				(998)		(998)
One fibero DL4800 printer	9/8/1992	(1,050)	(1,050)				(1,050)		(1,050)
One AT1800 baud modem	9/8/1992	(598)	(598)				(598)		(598)
System peripherals	9/9/1992	(1,898)	(1,898)				(1,898)		(1,898)
One postage scale	2/7/1994	(949)	(949)				(949)		(949)
Beats H999	2/1/1994	(698)	(698)				(698)		(698)
One large chair wad wing	3/7/1995	(1,054)	(1,054)				(1,054)		(1,054)
4 black leather chairs	12/12/2000	(515)	(515)				(515)		(515)
One bissell 18991 rug cleaning	5/17/2001	(279)	(279)				(279)		(279)
17" VGA monitor	3/3/1998	(498)	(498)				(498)		(498)
17" VGA monitor	3/3/1998	(613)	(613)				(613)		(613)
3.21 gig internal tape drive	3/24/1998	(382)	(382)				(382)		(382)
2009 Acquisitions									
19" LCD TV	10/1/2008	409	-						
Vizio Big Flat Screen TV w/VCR Comb	10/1/2008	1,574	-						
5 Overbed Table/Vanity	10/8/2008	988	-						
Living Room Furniture	11/17/2008	698	-						
16 Electric Beds w/rails	11/30/2008	24,413	24,413			2,034	20,343	2,034	22,377
Ice Machine Softman Prodigy	12/18/2008	2,152	-						
Ultrasound	1/20/2009	1,851	-						
Concentrator	1/28/2009	1,006	-						
Office Furniture	2/11/2009	1,773	-						
8 Overbed Tables	8/4/2009	1,060	-						
Beller Pass Control Unit	8/17/2009	5,300	5,300	19	367	3,668	367	4,035	1,465
Concentrator	8/6/2009	755	-						
4 HD TVs	7/5/2009	1,733	-						
10 Overbed Tables	7/31/2009	2,128	-						
4 Electric Beds w/rails	6/21/2008	4,835	4,835	12	403	4,030	403	4,433	402
2009 Disposals									
6 Overbed Tables	1/29/2000	(488)	(488)				(488)		(488)
1 Softman SCE Ice-machine	4/14/2000	(2,014)	(2,014)				(2,014)		(2,014)
4 Beds Manual Crank	3/14/1998	(2,068)	(2,068)				(2,068)		(2,068)
6 New Beds and siderails	10/25/1995	(3,048)	(3,048)				(3,048)		(3,048)
6 New Beds and siderails	11/20/1995	(3,048)	(3,048)				(3,048)		(3,048)
6 New Beds and siderails	1/8/1996	(3,048)	(3,048)				(3,048)		(3,048)
2010 Acquisitions									
Lawn Mower	4/30/2010	3,211	3,211	SL	3		3,211	1,070	4,281
TV's	5/3/2010	721	-						
Lift Chair	8/30/2010	1,222	-						
10 Electric Beds	7/12/2010	13,018	13,018	SL	12	1,088	9,764	1,088	10,848
Bedroom Furniture	9/30/2010	678	-						
2010 Disposals									
Seat & Lawntractor	5/9/2005	(1,348)	(1,348)				(1,348)		(1,348)
2011 Acquisitions									
2 Recliners	10/18/2010	2,445	2,445	SL	10	245	1,998	245	2,203
10 Electric Beds	10/26/2010	17,269	17,269	SL	12	1,441	11,827	1,441	12,968
Wing Chair	11/10/2010	688	688	SL	15	46	367	46	413
Resident furniture	11/18/2010	7,027	7,027	SL	15	468	3,748	468	4,214
7 Oak Dining Room Tables	12/2/2010	8,110	6,110	SL	15	407	3,266	407	3,665
Lounge Chair	12/9/2010	304	324	SL	15	42	334	42	376
Lift w/ Scale	12/9/2010	1,200	1,200	SL	10	120	960	120	1,080
2 Med Carts	5/20/2011	4,470	4,470	SL	10	447	3,578	447	4,023
3 TV's	5/20/2011	1,470	1,470	SL	5	-	1,470	-	1,470
Outside tent	7/11/2011	4,148	4,148	SL	10	415	3,319	415	3,734
11 Electric Beds	7/19/2011	15,224	15,224	SL	12	1,269	10,150	1,269	11,419
1 TV	7/22/2011	510	510	SL	5	-	510	-	510
2 TVs	8/8/2011	1,338	1,338	SL	5	-	1,338	-	1,338
3 TV's and brackets	9/30/2011	1,608	1,608	SL	5	-	1,608	-	1,608
Insulated Mugs/bowls	9/30/2011	2,614	2,614	SL	10	261	2,080	261	2,351
Resident room furniture	9/30/2011	11,597	11,597	SL	15	773	6,185	773	6,858
2011 Disposals									
Artomach International	6/24/1995	(1,189)	(1,189)				(1,189)		(1,189)
Artowick Inc Med Cabinet	9/8/1995	(2,355)	(2,355)				(2,355)		(2,355)
6 New Beds	7/26/1995	(2,800)	(2,800)				(2,800)		(2,800)
6 New Beds	8/19/1995	(2,800)	(2,800)				(2,800)		(2,800)
6 New Beds and siderails	9/15/1995	(3,048)	(3,048)				(3,048)		(3,048)
6 Beds Manual crank	1/26/1996	(3,048)	(3,048)				(3,048)		(3,048)
Outside tent	9/15/1996	(1,729)	(1,729)				(1,729)		(1,729)
Two stagg carts	8/20/1999	(5,817)	(5,817)				(5,817)		(5,817)
2 Sunrise Medical Beds	4/13/2000	(1,300)	(1,300)				(1,300)		(1,300)
One Electric Bed	1/8/2001	(900)	(900)				(900)		(900)
Manual bed with Gate	6/12/2008	(1,520)	(1,520)				(1,520)		(1,520)
2012 Acquisitions									
Snow Blower	11/16/2011	368	368	SL	5		368		368
Gas Dryer	10/15/2011	823	823	SL	5		823		823
5 Air Conditioners	2/28/2012	1,185	1,185	SL	5		1,185		1,185
Resident Room Furniture	10/1/2011	1,669	1,669	SL	15	111	824	111	1,035
2012 Disposals									
Snow Blower		(530)	(530)				(530)		(530)
Whirlpool Dryer		(649)	(649)				(649)		(649)

Air Conditioner - Fluobeh	(450)	(450)	-	-	(450)	-	(450)	-		
Air Conditioner 7500 BTU	(485)	(485)	-	-	(485)	-	(485)	-		
Air Conditioner Two 7500 BTU	(636)	(636)	-	-	(636)	-	(636)	-		
Air Conditioner Two 7500 BTU	(636)	(636)	-	-	(636)	-	(636)	-		
Air Conditioner 800 BTU	(301)	(301)	-	-	(301)	-	(301)	-		
Air Conditioner Roper	(257)	(257)	-	-	(257)	-	(257)	-		
2013 Additions										
1 Patient Wheelchair Scale	3/29/2013	1,185	1,185	SL	10	119	663	119	782	403
5 Air Conditioners - Lowe's	6/26/2013	1,887	1,887	SL	5	221	1,887	-	1,887	-
5 Air Conditioners - Sears	6/31/2013	936	936	SL	5	110	936	-	936	-
Air Conditioning and Washer	6/30/2013	1,422	1,422	SL	5	190	1,422	-	1,422	-
2013 Disposals										
File Server Continental 48624	9/8/1992	(4,899)	(4,899)	-	-	-	(4,899)	-	(4,899)	-
2 Workstations 386/23.2 Printers	9/8/1992	(3,996)	(3,996)	-	-	-	(3,996)	-	(3,996)	-
Performs Computer, Two Workstations	3/22/1995	(5,400)	(5,400)	-	-	-	(5,400)	-	(5,400)	-
HP Laserjet 6P MOS Printer	8/6/1998	(843)	(843)	-	-	-	(843)	-	(843)	-
Air Conditioning Dining Room	6/23/1998	(443)	(443)	-	-	-	(443)	-	(443)	-
Whisper Air Conditioning Dining Room	5/5/1999	(659)	(659)	-	-	-	(659)	-	(659)	-
Lawnmower Office	8/1/1999	(656)	(656)	-	-	-	(656)	-	(656)	-
6 Air Conditioners Whisper	5/15/2000	(1,909)	(1,909)	-	-	-	(1,909)	-	(1,909)	-
3 Air Conditioning Units	7/29/2004	(636)	(636)	-	-	-	(636)	-	(636)	-
2014 Additions										
Adjustment prior to 2007 assets		2,150	2,150	SL	N/A	-	2,150	-	2,150	-
Lighting Fixtures	4/9/2007	4,414	4,414	SL	10	441	2,206	441	2,647	1,767
4015 Speed Queen Washer	4/24/2007	6,355	6,355	SL	10	636	3,178	636	3,815	2,540
Water Boiler	6/20/2014	1,431	1,431	SL	5	286	1,430	-	1,431	(0)
Nurse Call Panel	6/30/2014	3,488	3,488	SL	5	697	3,488	-	3,488	-
Daxis	7/5/2014	5,984	5,984	SL	20	299	1,496	299	1,794	4,189
TiMark Chairs	7/3/2014	5,799	5,799	SL	15	384	1,920	384	2,304	3,495
Phone System	8/30/2014	11,129	11,129	SL	10	1,113	5,564	1,113	6,677	4,448
Tables	9/30/2014	2,723	2,723	SL	10	272	1,361	272	1,633	1,090
Vanity Table	9/30/2014	1,481	1,481	SL	10	148	740	148	898	593
2014 Disposals										
Whirlpool dryer	4/24/2008	(946)	-	-	-	-	-	-	-	-
2015 Additions										
TVs for Rec and Dining Areas	1/31/2015	1,519	1,519	S/L	5	304	1,218	303	1,519	(0)
5 Overhead Tables	3/31/2015	1,058	1,058	S/L	15	71	284	71	355	704
Recliner Chairs	4/30/2015	5,432	5,432	S/L	10	543	2,712	543	2,715	2,717
Refrigerator/Freezer	4/30/2015	659	659	S/L	10	66	944	66	430	429
SAFE LITE Patient Lift (6/2/14 Asset)	6/2/2014	3,047	3,047	S/L	10	305	1,220	305	1,525	1,522
Mitsubishi 1.5 Ton Ductless A/C for Med Room	6/30/2015	8,440	8,440	S/L	5	968	3,872	968	4,940	3,492
6 Deluxe Hampers	9/30/2015	1,673	1,673	S/L	10	167	668	167	835	838
Melmac Kitchen Shelves	9/30/2015	1,786	1,786	S/L	20	89	392	88	440	1,325
2015 Disposals										
2 Flat Screen TVs - /e/	3/31/2008	(611)	-	-	-	-	-	-	-	-
2 Flat Screen TVs - /e/	4/1/2008	(785)	-	-	-	-	-	-	-	-
18" LCD TV - /e/	8/1/2010	(403)	-	-	-	-	-	-	-	-
2016 Additions										
2 Zanussi Electric Beds	2/11/2016	2,839	2,839	S/L	12	245	735	245	980	1,959
10 Overbed Tables	5/16/2016	1,784	1,784	S/L	15	119	357	119	476	1,308
Patient Wheelchair Scale	7/4/2016	3,016	3,016	S/L	5	603	1,809	603	2,412	804
2016 Disposals										
Patient Wheelchair Scale	1/8/2005	(1,185)	(1,185)	S/L	10	-	(1,185)	-	(1,185)	-
2017 Additions										
SAFE LITE Footstep Metal Assy - ARJO	1/15/2016	1,331	1,331	SL	5	266	532	266	798	538
Mary Walker - Corp.	1/15/2016	1,972	1,972	SL	5	202	404	202	606	406
Mary Walker - Corp.	1/23/2016	1,012	1,012	SL	5	202	404	202	606	406
Optimum Chair #P-1610011637 - LPA	1/23/2016	2,131	2,131	SL	5	428	852	428	1,278	853
DYN-Ergo Scoor Chair #S-1810008367 LPA	1/23/2016	1,578	1,578	SL	5	316	632	316	949	631
Evolution Chair #E-1810002232 LPA	1/23/2016	1,877	1,877	SL	5	379	750	379	1,125	752
Thera-Glide Chair #W-1807010213 LPA	1/23/2016	875	875	SL	5	165	330	165	385	368
Ice Machine Prodigy 2000 Supply	2/25/2016	2,190	2,190	SL	10	218	436	218	654	1,529
Neurogym sit to stand (PT Equip) Direct Sup	1/23/2016	5,785	5,785	SL	10	577	1,154	577	1,731	4,034
Neurogym mobility bungee (pt Equip) Dir Sup	1/23/2016	6,253	6,253	SL	10	625	1,250	625	1,875	4,378
Trainer, Active Passiva, Kneiva Duo (Medline)	4/30/2017	7,698	7,698	SL	5	1,533	3,066	1,533	4,599	3,067
Stopper, Recumbent (Medline)	4/30/2017	5,158	5,158	SL	5	1,032	2,064	1,032	3,096	2,062
E-Sim, Genalyte (Medline)	4/30/2017	2,896	2,896	SL	5	579	1,078	579	1,617	1,078
Cart, Vendra Genalyte - (Medline)	4/30/2017	422	422	SL	5	84	168	84	252	170
Diathermy Shockwave (Medline)	4/30/2017	7,725	7,725	SL	5	1,545	3,090	1,545	4,635	3,090
Vitalstim Plus Electrotherapy (Medline)	4/30/2017	3,054	3,054	SL	5	611	1,222	611	1,833	1,221
2017 Disposals										
Ice Machine Bootman Prodigy	1/23/2016	(2,152)	-	-	-	-	-	-	-	-
2018 Additions										
2 Bay Power Electric Resining Chairs	8/30/2018	1,318	1,318	SL	5	263	263	263	526	790
7 Dressers, 24 Nightstands w/ Hutch, 5 Night Stands no Hutch	7/24/2019	12,524	12,524	SL	10	1,262	1,262	1,262	2,524	10,100
2018 Disposals										
HUDSON MED. 2 PILL ARM	6/17/1983	(155)	(155)	S/L	-	-	(155)	-	(155)	-
SOLOMON 1 DESK #40428	9/5/1985	(339)	(339)	S/L	-	-	(339)	-	(339)	-
THE KNOTHOLE REC. CABINET	3/8/1986	(275)	(275)	S/L	-	-	(275)	-	(275)	-
KNOTHOLE HUTCH	9/17/1986	(825)	(825)	S/L	-	-	(825)	-	(825)	-
EASTERN FIRE DOOR	3/4/1986	(300)	(300)	S/L	-	-	(300)	-	(300)	-
OFFICE DESK/CK	2/29/1988	(213)	(213)	S/L	-	-	(213)	-	(213)	-
2 HICKORY DESKS#H27120	2/29/1988	(386)	(386)	S/L	-	-	(386)	-	(386)	-
2 OVERBED TABLES CHROME	4/18/1988	(201)	(201)	S/L	-	-	(201)	-	(201)	-
TWIG DESKS WITH 3 DRAWERS	4/18/1988	(495)	(495)	S/L	-	-	(495)	-	(495)	-
SEVEN SETS CUBICLE CURTAINS	2/28/1990	(627)	(627)	S/L	-	-	(627)	-	(627)	-
SIX SETS CUBICLE CURTAINS	6/3/1990	(553)	(553)	S/L	-	-	(553)	-	(553)	-
ONE FILING CABINET	8/19/1990	(810)	(810)	S/L	-	-	(810)	-	(810)	-
ONE COMPACT REFRIGERATOR	10/16/1990	(119)	(119)	S/L	-	-	(119)	-	(119)	-
24 SAMSONITE CHAIRS (68.75EACH)	7/29/1992	(1,850)	(1,850)	S/L	-	-	(1,850)	-	(1,850)	-
ONE DESK #624 BLACK HOUSEKEEPER	7/29/1992	(421)	(421)	S/L	-	-	(421)	-	(421)	-
ONE CHAIR, BLACK HOUSEKEEPER	7/29/1992	(161)	(161)	S/L	-	-	(161)	-	(161)	-
ONE OFFICE CHAIR	11/16/1994	(308)	(308)	S/L	-	-	(308)	-	(308)	-
One TV-VCR Stand	11/8/1996	(423)	(423)	S/L	-	-	(423)	-	(423)	-
Wheelchair Apollo 22"	12/22/1996	(522)	(522)	S/L	-	-	(522)	-	(522)	-
15 Qui Polyvac Wheelchair #2911937	5/2/1998	(436)	(436)	S/L	-	-	(436)	-	(436)	-
58 New Bed Bumper Attachments	9/9/1998	(2,285)	(2,285)	S/L	-	-	(2,285)	-	(2,285)	-
New Chairs & Cans	1/17/1998	(3,181)	(3,181)	S/L	-	-	(3,181)	-	(3,181)	-
Two Mauve Gerl Chairs	9/1/1997	(844)	(844)	S/L	-	-	(844)	-	(844)	-
56 Bedside Cabinets	2/13/1997	(15,506)	(15,506)	S/L	-	-	(15,506)	-	(15,506)	-
Martino's TV	4/23/1997	(1,060)	(1,060)	S/L	-	-	(1,060)	-	(1,060)	-
Xaver 4900 Patient Lift Cap. 400#	7/8/1997	(3,456)	(3,456)	S/L	-	-	(3,456)	-	(3,456)	-
Wheelchair, Excel ROL ARM/Elev Bed	6/8/1998	(248)	(248)	S/L	-	-	(248)	-	(248)	-
5 HICKORY 215W TABLES, OVERBED	8/19/1998	(359)	(359)	S/L	-	-	(359)	-	(359)	-
New Furniture Patient's Entrance Ro	10/12/1998	(2,948)	(2,948)	S/L	-	-	(2,948)	-	(2,948)	-
Wheel Chair #88190722	3/2/1999	(555)	(555)	S/L	-	-	(555)	-	(555)	-
Apex 850 Patient Lift	1/10/2000	(2,850)	(2,850)	S/L	-	-	(2,850)	-	(2,850)	-
Culinary Food Processor	3/2/2000	(932)	(932)	S/L	-	-	(932)	-	(932)	-
2 Orthopedic Position Recliner CAI	3/15/2000	(708)	(708)	S/L	-	-	(708)	-	(708)	-
4 Double Turbo Hampers	1/20/2000	(1,179)	(1,179)	S/L	-	-	(1,179)	-	(1,179)	-
1 Flange Poles Chandelier Item #22407	3/1/2002	(384)	(384)	S/L	-	-	(384)	-	(384)	-
Dining Room Chairs	9/4/2003	(677)	(677)	S/L	-	-	(677)	-	(677)	-
1 Lumex Gerl Chair #RC2	3/22/2001	(650)	(650)	S/L	-	-	(650)	-	(650)	-
One Electric Hospital Bed	3/29/2001	(900)	(900)	S/L	-	-	(900)	-	(900)	-
Stack Chairs Dining Room 4 Cartons	2/1/2004	(1,303)	(1,303)	S/L	-	-	(1,303)	-	(1,303)	-
1 MG Wheelchair Item 92069-3	7/16/2001	(190)	(190)	S/L	-	-	(190)	-	(190)	-
1 Traper BX Wheelchair #01345-6	7/17/2001	(238)	(238)	S/L	-	-	(238)	-	(238)	-
6 Overbed Tables Item 31952										

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

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	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	06/01/61				
2. Date Structure Completed	06/01/61				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	06/01/61				
5. Total Licensed Bed Capacity	58				
6. Square Footage	6,240				
7. Acquisition Cost					
a. Land	22,950				
b. Building	223,758				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th 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
Middlebury Convalescent Home, Inc.		207047	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
Middlebury Convalescent Home, In		207047		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)				\$	60,249	60,249	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	60,249	60,249	
15. Total All Expenditures (A-13 thru C-14)				\$	5,866,896	5,866,896	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.				207047	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 224,864	224,864		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 846	846		
10.	15	1e	Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 15,524	15,524		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 18,951	18,951		
19.			Income Tax / Corporate Business Tax	\$ 17,830	17,830		
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 17,480	17,480		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 295,495	295,495		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Professional Consulting Fees	\$ 1,827		
16	m13	Celebration Team Expense	\$ 3,218		
16	m13	Director Fees	\$ 12,435		
Total Other A&G Adjustments			\$ 17,480	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.				207047	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 295,495	295,495		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 62,551	62,551		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 4,923	4,923		
30.	20	5h	Laboratory	\$ 7,905	7,905		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 17,537	17,537		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 388,411	388,411		

*** 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
Middlebury Convalescent Home, Inc.	207047	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>)	\$ 4,324,431	4,324,431				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,626,372)	(1,626,372)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 676,440	676,440				
b. Medicare Room and Board Contractual Allowance **	\$ 373,683	373,683				
4. a. Private-Pay Residents and Other	\$ 2,164,072	2,164,072				
b. Private-Pay Room and Board Contractual Allowance **	\$ (10,405)	(10,405)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 43,354	43,354				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 877,550	877,550				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 5,550	5,550				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 172,350	172,350				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 200	200				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,059,000	1,059,000				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,755,690)	(1,755,690)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (91,953)	(91,953)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,212,210	6,212,210				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$					
VI. Total All Revenue (III +V)	\$ 6,212,210	6,212,210				

* 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)
		0		
	Allowance Ancillary Med B	\$ (709,015)		
	Allowance Ancillary Med A	\$ (1,042,726)		
	Lab Charges Medicare A	\$ 4,728		
	IV Medicare	\$ (8,677)		
Total Other Resident Revenue - Medicare		\$ (1,755,690)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
	Flu Vaccine	\$ 2,138		
	Allowance Ancillary Man. Medi	\$ (92,713)		
	Allowance Ancillary Ins. Other	\$ (1,418)		
	Allowance Ancillary Medicaid	\$ (235)		
	Lab Medicaid	\$ 35		
	Lab Managed Medicare	\$ 240		
Total Other Resident Revenue		\$ (91,953)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	912,322
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	725,670
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	127,027
a. Prepaid Insurance	75,286			
b. Prepaid Expenses	36,578			
c. Corporate Income Taxes Payable	15,163			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,765,019
B. Fixed Assets				
1. Land			\$	20,950
2. Land Improvements	*Historical Cost	254,301	\$	103,042
	Accum. Depreciation	151,259		
	Net			
3. Buildings	*Historical Cost	2,461,705	\$	814,724
	Accum. Depreciation	1,646,981		
	Net			
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
5. Non-Movable Equipment	*Historical Cost	221,102	\$	31,210
	Accum. Depreciation	189,892		
	Net			
6. Movable Equipment	*Historical Cost	386,571	\$	97,392
	Accum. Depreciation	289,179		
	Net			
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	254,681
F/S vs C/R		254,681		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,321,999

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$ 3,087,018	
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>)				
\$				

6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)				
\$				

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 3,087,018				

* 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
Middlebury Convalescent Home, Inc.		207047	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	138,009
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>)				\$	192,306
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>)				\$	205,107

See Schedule					205,107
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	535,422

* 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 Middlebury Convalescent Home, Inc.		License No. 207047	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				535,422	
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>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 535,422	

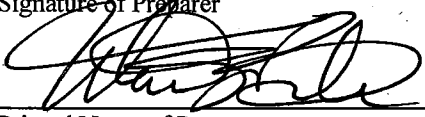
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	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			\$	137,000
3. Paid-in Surplus			\$	11,250
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,069,733
6. Gain or Loss for Period			\$	333,613
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	2,551,596
C. Total Reserves and Net Worth			\$	2,551,596
D. Total Liabilities, Reserves, and Net Worth			\$	3,087,018

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	207047	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	2,437,983
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,212,210
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	5,878,597
D. Net Income or Deficit			\$	333,613
E. Balance			\$	2,771,596
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expenses Per Page 27 \$5,866,871				
Add: C/R vs F/S Depreciation \$11,726				
Expenses Per F/S \$5,878,597				
2. Other (<i>itemize</i>)				
Prior Period Ending Balance \$2,460,071				
(Loss) AJE for 12/31/18 \$(22,088)				
Revised 9/30/18 CR Period \$2,437,983				
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>)			\$	220,000
Purpose		Amount		
Dividends Distributed		220,000		
3. Total Deductions			\$	220,000
H. Balance at End of Period		09/30/19	\$	2,551,596

I. Preparer's/Reviewer's Certification

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	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 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 PRINCIPAL	Date Signed 1/6/20		
Printed Name of Preparer Matthew S. Bivolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Jeanine Hammitt		Phone Number 203-758-2471		
Contact Email Address jeaninehammitt@yahoo.com				