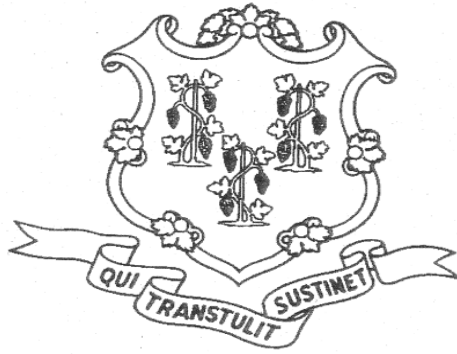


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) CSC Enterprises Inc d/b/a Branford Hills Health Care Center	
Address (No. & Street, City, State, Zip Code)	
Type of Facility	
<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)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider
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Medicaid Provider Numbers:	CCNH 9977	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
CSC Enterprises Inc d/b/a Branford Hills Health Care	997C	9/30/2020	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 CSC Enterprises Inc d/b/a Branford Hills Health Care Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator)			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
				/ /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility CSC Enterprises Inc d/b/a Branford Hills Health Care Center		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility				
Report Prepared By Renee P Grailich, CPA, Director of Finance		Phone Number 203-483-4402	Date 2/1/2021	
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 203-481-6221		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) CSC Enterprises Inc d/b/a Branford Hills Health Care Center		Address (No. & Street, City, State, Zip)		
License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider No.
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.				
Administrator				
Name of Administrator JANET A WOXLAND		Nursing Home Administrator's License No.:	001516	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name CHARLES F SHELTON JR		License No.:	211	

General Information and Questionnaire Corporate Owners

Name of Facility CSC Enterprises Inc d/b/a Branford Hills Hea	License No. 997C	Report for Year Ended 9/30/2020	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	
CSC ENTERPRISES INC DBA BRANFORD HILLS HEALTH CARE CENTER	189 ALPS RD BRANFORD CT 06405		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
CHARLES F SHELTON JR	29 BLACKSTONE AVE BRANFORD CT 06405	IDENT/TREAS	99	
DORIS J SHELTON	29 BLACKSTONE AVE BRANFORD CT 06405	SECRETARY	1	
Names of Stockholders Owning at Least 10% of Shares				
CHARLES F SHELTON JR	29 BLACKSTONE AVE BRANFORD CT 06405	IDENT/TREAS	99	

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility CSC Enterprises Inc d/b/a Branford Hills Health Care C	License No. 997C	Report for Year Ended 9/30/2020	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	%**				
CHARLES F SHELTON JR	BRANFORD HILLS REALTY ASSOCIATES, NEW HAVEN, CT	<input type="radio"/>	<input checked="" type="radio"/>		ARMS-LENGTH LEASE OF LAND & BU	22/9	333,823	333,823
CHARLES F SHELTON JR	BLACKSTONE ASSOCIATES INC, BRANFORD, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		MANAGEMENT SERVICES-FINANCIAL	30a/IV8	49,900	49,900
CHARLES F SHELTON JR	MINETTA LLC, BRANFORD, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		MANAGEMENT SERVICES-FINANCIAL	30a/IV8	49,900	49,900
CHARLES F SHELTON JR	TRISON LLC, BRANFORD, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		MANAGEMENT SERVICES-FINANCIAL	30a/IV8	49,900	49,900
DBA BHHCC PHARMACY	189 ALPS RD BRANFORD CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		SEE PAGE 4a	SEE PAGE 4a	514,002	514,002
ACD ENTERPRISES LLC	161 DENISON RD GUILFORD, CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		RENT LAND/BUILDING - ADMINISTRA	22/9	49,900	49,900
BHHCC MEMORIAL TRUST	189 ALPS RD BRANFORD CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		PROVIDES BENEFITS TO RESIDENTS	N/A (NO COSTS)	N/A	N/A
		<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 CSC Enterprises Inc d/b/a Branford Hills Health	License No. 997C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

OUTPATIENT THERAPY, RESPIRATORY THERAPY AND BHHCC PHARMACY

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
CSC Enterprises Inc d/b/a Branford Hills Health Care Center			997C	9/30/2020			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						
ACCELERATED CARE, 13828 COLL CENTER ROAD, CHICAGO, IL 60963	<input type="radio"/>	<input checked="" type="radio"/>	PT AND OT EQUIPMENT		AS NEEDED			14,311
PITNEY BOWES, PO BOX 371887, PITTSBURGH, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	POSTAGE MACHINES		MONTHLY			2,573
	<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 ***	16,884

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 CSC Enterprises Inc d/b/a Branford	License No. 997C	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 MARCUM LLP 2 O'CONNOR DAVIES 3 4	Address (No. & Street, City, State, Zip Code) 555 LONG WHARF DR NEW HAVEN CT 06511 100 GREAT MEADOW RD WETHERSFIELD, CT 06109
--	---

Services Provided by This Firm (*describe fully*)

1 CONSULTATION SERVICES RELATED TO CARES ACT	\$ 3,142
2 OCD - ACCOUNTING & FINANCIAL REPORTING	\$ 8,300
3 OCD - MEDICARE COST REPORT	\$ 3,000
4	\$
	Charge for Services Provided
	\$ 14,442

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

- Yes No EXPENDITURES OTHER THAN SALARIES - A&G LINE 1e

Legal Services Information

Name of Legal Firm or Independent Attorney 1 MURTHA CULLINA LLP 2 3 4 5	Telephone Number 203-772-7700
--	----------------------------------

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

1 265 CHURCH ST NEW HAVEN CT 06510 2 3 4 5
--

Services Provided by This Firm (*describe fully*)

1 EMPLOYEE ISSUES	\$ 5,921
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 5,921

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

- Yes No EXPENDITURES OTHER THAN SALARIES - A&G LINE 1e

Schedule of Resident Statistics

Name of Facility CSC Enterprises Inc d/b/a Branford Hills Health Care Center			License No. 997C		Report for Year Ended 9/30/2020				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	190	190			190	190						
B. On last day of THIS report period	190	190							190	190		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	184	184			184	184						
B. As of midnight of THIS report period	127	127							127	127		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,438	3,438			2,661	2,661			777	777		
B. Medicaid (Conn.)												
C. Medicaid (other states)	45,431	45,431			34,376	34,376			11,055	11,055		
D. Private Pay	7,816	7,816			7,712	7,712			104	104		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	56,685	56,685			44,749	44,749			11,936	11,936		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	20	20			20	20						
B. Other Bed Reserve Days	24	24			8	8			16	16		
5. Total Resident Days (3G + 4A + 4B)	56,729	56,729			44,777	44,777			11,952	11,952		

Schedule of Resident Statistics (Cont'd)

Name of Facility CSC Enterprises Inc d/b/a Branford Hills Hea	License No. 997C	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	10	101		16				
Per Diem Rate								
a. One bed rm.				541.00				
b. Two bed rms.	653.00	250.60		496.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	12,409	12,409		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	871	871		
C. Other	129	129		
D. Total Physical Therapy Treatments	13,409	13,409		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	374	374		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	14	14		
C. Other	6	6		
D. Total Speech Therapy Treatments	394	394		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	13,300	13,300		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	919	919		
C. Other	72	72		
D. Total Occupational Therapy Treatments	14,291	14,291		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
CSC Enterprises Inc d/b/a Branford Hills Health Care Center	997C	9/30/2020	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)	215,613	2,368				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	193,319	2,080				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	709,437	17,192				
5. Dietary Service						
a. Head Dietitian	79,582	1,909				
b. Food Service Supervisor	82,519	2,080				
c. Dietary Workers	865,604	46,862				
6. Housekeeping Service						
a. Head Housekeeper	72,208	1,461				
b. Other Housekeeping Workers	432,128	26,449				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	83,334	2,096				
b. Other Maintenance Workers	93,244	3,839				
8. Laundry Service						
a. Supervisor	36,084	731				
b. Other Laundry Workers	215,568	11,772				
9. Barber and Beautician Services						
10. Protective Services	188,277	11,533				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	229,011	4,562				
b. RN						
1. Direct Care	1,020,644	30,343				
2. Administrative**	186,464	4,309				
c. LPN						
1. Direct Care	1,641,315	56,341				
2. Administrative**	129,298	3,878				
d. Aides and Attendants	3,017,529	193,406				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	189,090	8,517				
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	179,732	5,484				
n. Marketing						
o. Other (Specify) See Attached Schedule	165,870	6,709				
<i>A-13. Total Salary Expenditures</i>	10,025,870	443,921				

* 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
ADMISSIONS COORDINATOR	\$ 49,769	1,528				
MEDICAL RECORDS	\$ 39,528	1,734				
NURSING SCHEDULER	\$ 55,579	2,312				
UNIT SECRETARY	\$ 20,994	1,135				
Total	\$ 165,870	6,709	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
RESPIRATORY THERAPY PATIENT CARE	\$ 93,263	1,864				
THERAPY SERVICES CONSULTANT	\$ 9,712	149				
Total	\$ 102,975	2,013	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
CSC Enterprises Inc d/b/a Branford Hills Health Care Center				997C	9/30/2020				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
CHRISTIAN B SHELTON	58,592				In-House Legal Counsel	1,040		(Disallowed see Pg 28)		
STEPHEN J SHELTON	193,319			Auto Expense See Pg 28	Director of Operations	2,080	A4			

* 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	
CSC Enterprises Inc d/b/a Branford Hills Health Care Center				997C	9/30/2020			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***										
JANET A WOXLAND	215,613				Administrator	2,368				
Section IV - Assistant Administrators										
CHARLES F SHELTON JR	193,319			Auto Exp See Pg 28	Assistant Administrator	2,080				

*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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
CSC Enterprises Inc d/b/a Branford Hills Health Ca	997C	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	20,979	156				
3. Pharmacist	16,881	268				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	762,196	8,692				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	66,000	208				
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) Psychotherapy	134	1				
9. Speech Therapist						
a. Resident Care	84,599	862				
b. Other						
10. Occupational Therapist						
a. Resident Care	831,062	8,552				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	102,975	2,013				
B-13 Total Fees Paid in Lieu of Salaries	1,884,826	20,752				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
CSC Enterprises Inc d/b/a Branford Hills Health	997C	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 227,740	227,740			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 127,919	127,919			
4. Social Security (F.I.C.A.)	\$ 723,026	723,026			
5. Health Insurance	\$ 803,794	803,794			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 28,331	28,331			
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$ 39,987	39,987			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 14,442	14,442			
e. Legal (Services should be fully described on Page 7)	\$ 5,921	5,921			
f. Insurance on Lives of Owners and Operators (Specify)*	\$ 11,470	11,470			
g. Office Supplies	\$ 237,696	237,696			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 22,421	22,421			
2. Cellular Phones	\$ 4,469	4,469			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$ 250	250			
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$ 57,668	57,668			
3. Resident Day User Fee	\$ 1,050,895	1,050,895			
Subtotal	\$ 3,356,029	3,356,029			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
CSC Enterprises Inc d/b/a Branford Hills Health Care	997C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		3,356,029	3,356,029		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 7,940	7,940			
3. Gifts to Staff and Residents	\$ 18,400	18,400			
4. Employee Travel	\$ 502	502			
5. Education Expenses Related to Seminars and Conventions	\$ 7,207	7,207			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 5,526	5,526			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 9,000	9,000			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 33,832	33,832			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 5,573	5,573			
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	\$ 9,054	9,054			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 17,716	17,716			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 335	335			
9. Subscriptions	\$ 6,843	6,843			
10. Contributions*** See Attached Schedule	\$ 14,970	14,970			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 44,138	44,138			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 38,752	38,752			
C-14 Total Administrative & General Expenditures	\$ 3,575,817	3,575,817			

* 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)
BOARD OF DIRECTOR EXPENSE	\$ 9,000		
Total Other Travel and Entertainment	\$ 9,000	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
PROMOTIONS	\$ 5,573		
Total Other Advertising	\$ 5,573	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 15,863		
ALTCFM	\$ 255		
ACHA	\$ 385		
AMEX	\$ 414		
SHORELINE ELDERCARE ALLIANCE	\$ 150		
CSC ANNUAL REPORT	\$ 150		
CONNECTICUT BAR ASSOCIATION	\$ 280		
SOCIETY FOR HUMAN RESOURCE MANAGEMENT	\$ 219		
Total Dues	\$ 17,716	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
BHHCC MEMORIAL TRUST FUND	\$ 1,570		
BH HOME SERVICES	\$ 2,200		
ACHCA	\$ 1,200		
BRANFORD COMMUNITY FOUNDATION	\$ 10,000		
Total Contributions	\$ 14,970	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
CABLE INTERNET CHARGES	\$ 3,174		
ETHERNET INTERNET CHARGES	\$ 13,174		
CABLE TV LW3	\$ 18,489		
LICENSE DEPARTMENT OF PUBLIC HEALTH	\$ 1,390		
ANN CAPRIO - NOTARY RENEWAL	\$ 20		
STATE OF CT - BOILER/HEATER LICENSES	\$ 480		
YALE NEW HAVEN HEALTH CREDENTIALING SERVICES	\$ 145		
RN LICENSE RENEWAL - JANET WOXLAND	\$ 110		
EAST SHORE DISTRICT HEALTH DEPARTMENT LICENSE RENEWAL	\$ 495		
CLIA LABORATORY - LAB TESTING LICENSE RENEWAL	\$ 180		
STATE OF CT - ELEVATOR LICENSE RENEWALS	\$ 480		
ADMINISTRATOR LICENSE RENEWAL - JANET WOXLAND	\$ 205		
ADMINISTRATOR LICENSE RENEWAL - STEPHEN SHELTON	\$ 205		
ADMINISTRATOR LICENSE RENEWAL - CHARLES F SHELTON JR	\$ 205		
Total Other Administrative and General	\$ 38,752	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
CSC Enterprises Inc d/b/a Branford Hills	997C	9/30/2020	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 #
A/R Solutions PO Box 592 Wallingford, CT 06492	28,590	Billing	P16LM11
National Datacare PO 222430 Chantilly VA 20153	2,373	Resident Fund Processing	P16LM11
Unemployment Tax Mgmt PO 4074 Wakefield, MA 01880	4,320	Consultation Fee	P16LM11
NRC Health PO Box 809030 Chicago, IL 60680	8,083	Patient Surveys	P16LM11
Cleary Energy PO box 6208 Wolcott, CT 06716	773	Energy Audit	P16LM11

*** 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
CSC Enterprises Inc d/b/a Branford Hills Health Care		997C	9/30/2020		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 470,025	470,025			
2.	Non-Food Supplies	\$ 116,026	116,026			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 689	689			
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 586,740	586,740			
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility		License No.	Report for Year Ended		Page	of
CSC Enterprises Inc d/b/a Branford Hills Health Care C		997C	9/30/2020		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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. \$	30,120	30,120		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) LAUNDRY SUPPLIES		\$	17,656	17,656		
3D. Total Laundry Expenditures (3a + b + c)		\$	47,776	47,776		
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
CSC Enterprises Inc d/b/a Branford Hills Health		997C	9/30/2020		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. \$	73,573	73,573		
	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)	\$	73,573	73,573		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$	507,216	507,216		
	2. Purchased from OMNICARE	\$	10,688	10,688		
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	563,225	563,225		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	27,739	27,739		
	f. X-rays and Related Radiological Procedures***	\$	25,111	25,111		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	81,496	81,496		
	i. Recreation	\$	10,922	10,922		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	193,649	193,649		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,420,046	1,420,046		

* 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)
NURSING PURCHASED SERVICES	\$ 150,717		
PATIENT PERSONAL NEEDS	\$ (2,797)		
PT SUPPLIES	\$ 573		
IV THERAPY - MED/A (SEE PG 29a)	\$ 21,454		
IV THERAPY - HMO (SEE PG 29a)	\$ 23,702		
Total Other Resident Care	\$ 193,649	\$ -	\$ -

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

Name of Facility CSC Enterprises Inc d/b/a Branford Hills Health Care Center			License No. 997C	Report for Year Ended 9/30/2020	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
P.J.'s Dumpsters	1933 Moose Hill Rd Guilford, CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	50,131				
Thyssen Krupp	PO box 3796 Carol Stream, IL 60132	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	18,940				
Cintas	PO Box 630803 Cincinnati, OH 45263	<input type="radio"/>	<input checked="" type="radio"/>		Disinfecting Services Covid	40,413				
Gary's East Coast Services	91 Willenbrock Rd Ste B1 Oxford, CT 06478	<input type="radio"/>	<input checked="" type="radio"/>		Equipment Repairs	10,496				
Allied Communications	88 Farwell St West Haven, CT 06516	<input type="radio"/>	<input checked="" type="radio"/>		Backup/support/internet phone services	67,576				
On-Shift, Inc	Suite 1500 Cleveland, OH 44115	<input type="radio"/>	<input checked="" type="radio"/>		Staff Scheduling Software	12,611				
Point Click Care	PO Box 674802 detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Clinical/Billing/General Ledger software	48,787				
Direct TV	PO Box 5006, Carol Stream, IL 60197	<input type="radio"/>	<input checked="" type="radio"/>		Cable TV for Residents	18,489				
Access Capitol Inc c/o Nurse Network	400 Park Ave New York, NY 10022	<input type="radio"/>	<input checked="" type="radio"/>		Nursing staffing services	158,253				
Controlled Air	21 Thompson Rd Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Maintenance	48,942				
I-N-C Lawn Care	PO Box 3186 Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Lawn maintenance	14,990				
Stericycle	PO Box 6582 Carol Stream, IL 60197	<input type="radio"/>	<input checked="" type="radio"/>		Hazardous Waste Disposal/Training	17,208				
ADP, Inc	PO Box 842875 Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing Services	43,590				
		<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
CSC Enterprises Inc d/b/a Branford Hills Hea	997C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 83,565	83,565				
b. Heat	\$ 86,869	86,869				
c. Light & Power	\$ 144,595	144,595				
d. Water	\$ 46,490	46,490				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 16,884	16,884				
f. Other (<i>itemize</i>)	\$ 231,317	231,317				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 609,720	609,720				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 22,584	22,584				
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 75,275	75,275				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 97,859	97,859				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 13,517	13,517				
c. Leasehold Improvements	\$ 212,641	212,641				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 226,158	226,158				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 421,823	421,823				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 177,094	177,094				
c. Personal property taxes	\$ 25,768	25,768				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 948,702	948,702				

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

Depreciation Schedule

Name of Facility CSC Enterprises Inc d/b/a Branford Hills Health Care Center			License No. 997C			Report for Year Ended 9/30/2020			Page 23	of 37	
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements											
1. Acquired prior to this report period	340,641		340,641	209,654	SL	VAR	22,584				
2. Disposals (attach schedule)	(10,400)		(10,400)	(8,133)							
3. Acquired during this report period (attach schedule)											
A-4. Subtotal									22,584		
B. Building and Building Improvements											
1. Acquired prior to this report period	6,746,906		6,746,906								
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
B-4. Subtotal											
C. Non-Movable Equipment											
1. Acquired prior to this report period	181,006		181,006	181,006	SL	VAR					
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal											
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a.											
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period					1,623,162	1,623,162	1,222,691	SL	VAR	71,836	
b. Disposals (attach schedule)					(34,844)	(34,844)	(32,144)				
c. Acquired during this report period (attach schedule)					37,028			SL	VAR	3,439	
D-3. Subtotal											75,275
E. Total Depreciation											97,859

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement		\$ -		\$ - *
Deletions:				
9/1/2014	FENCING & SHRUBS - LOADING DOCK AREA	\$ (10,400)		
Total deletions for Land Improvement		\$ (10,400)		\$ - **

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/21/2019	PRESSURE GUARD MATTRESS	\$ 1,290	5	\$ 237
10/30/2019	10 GEO PLUS MATTRESSES	\$ 3,027	5	\$ 555
11/13/2019	5 BEDS PLUS RAIL SETS	\$ 8,364	10	\$ 767
12/23/2019	ICE CUBE MACHINE/BIN	\$ 3,586	10	\$ 269
1/10/2020	4 STAINLESS STEEL SHELVES FOR FOOD CARTS	\$ 3,010	10	\$ 226
2/14/2020	4 PRESSURE GUARD MATTRESSES	\$ 4,339	5	\$ 578
2/18/2020	3 BULK STORAGE RACKS	\$ 1,840	10	\$ 107
2/26/2020	2 PRESSURE GUARD MATTRESSES	\$ 2,331	5	\$ 272
4/17/2020	TILT MOTOR & INSTALLATION	\$ 3,979	5	\$ 332
5/12/2020	TABLE BACKSPLASH - LAUNDRY	\$ 1,581	10	\$ 66
9/30/2020	SCALES	\$ 3,681	10	\$ 30
Total additions for Movable Equipmen		\$ 37,028		\$ 3,439 *
Deletions:				
10/5/2010	4 CHAIRS	\$ (1,033)		
3/31/2011	OUTBACK SS BLENDER	\$ (1,237)		
10/25/2011	CONVEYOR TOASTER	\$ (1,402)		
4/15/2013	DINNERWARE	\$ (1,446)		
10/7/2013	BH 3 REMODEL 12 CUBICLE CURTAINS	\$ (1,704)		
10/27/2014	18 MATTRESSES 35X84X6	\$ (5,120)		
1/6/2016	20 MATTRESSES 35X84X6	\$ (5,674)		
8/4/2016	12 MATTRESSES	\$ (3,522)		
11/8/2018	WASCOMAT WASHER KIT EXSM680	\$ (2,800)		
5/29/2007	WINDOW TREATMENTS	\$ (3,220)		
12/3/2008	FAX MACHINE	\$ (1,394)		
2/16/2012	5 HP TOUCH SMART PC 7320	\$ (4,609)		
5/20/2013	DELL OPT 390 PC	\$ (944)		
5/20/2013	DELL OPT 390 PC	\$ (739)		
Total deletions for Movable Equipmen		\$ (34,844)		\$ - **

*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:				
10/7/2019	ROOM 362 LW FRP & BASE	\$ 1,690	5	\$ 338
10/9/2019	WANDERGUARD UPGRADES	\$ 1,403	7	\$ 200
10/11/2019	WANDERGUARD UPGRADES	\$ 34,012	7	\$ 4,859
10/14/2019	2ND FL SHOWER ROOM	\$ 10,965	10	\$ 1,097
10/18/2019	3RD FL SHOWER ROOM	\$ 10,965	10	\$ 1,097
10/18/2019	BH REHAB/BH BOILER RM/LW ACTIVITY RM PULL STATIONS	\$ 1,965	5	\$ 393
11/4/2019	2ND & 3RD FL SHOWER ROOM INSTALLED LIGHTING	\$ 1,765	10	\$ 162
12/18/2019	INSTALLATION OF 4 VALVE ANGLED REPLACEMENTS	\$ 7,909	15	\$ 439
1/20/2020	ROOM 363 FRP & BASE	\$ 1,690	5	\$ 225
1/19/2020	INSTALLED LIGHTING OUTSIDE REAR BUILDING	\$ 530	10	\$ 35
1/20/2020	ROOM 364 FRP & BASE	\$ 1,690	5	\$ 225
2/20/2020	REACH-IN COOLER REPLACEMENT DOOR GASKETS	\$ 2,581	5	\$ 301
1/23/2020	MAIN ELEVATOR - NEW STARTER	\$ 4,182	10	\$ 279
2/25/2020	MAIN ELEVATOR - SILL INSTALLATION	\$ 8,118	10	\$ 474
3/31/2020	DOORS	\$ 8,062	15	\$ 269
6/24/2020	EXHAUST FAN LW EAST REPLACEMENT	\$ 2,692	10	\$ 67
6/25/2020	1ST FL CORRIDOR AC UNIT	\$ 5,867	15	\$ 98
Total additions for Leasehold Improvermen		\$ 106,086		\$ 10,558 *
Deletions:				
11/1/2005	PARKING LOT WORK	\$ (14,840)		
9/30/2008	SEWAGE GRINDER	\$ (3,074)		
3/21/2011	CARPETING	\$ (2,120)		
4/14/2011	PHARMACY STEEL WINDOW GRILL	\$ (1,730)		
5/30/2012	24' WALL GUARD W CAPS	\$ (555)		
7/30/2012	72' WALL GUARD W CAPS	\$ (1,344)		
10/22/2012	PVC CORNER GUARDS BH3 REMODEL	\$ (2,504)		
12/5/2012	PAINTING BH 301, 305, 300	\$ (6,012)		
8/29/2013	PAINT & PREP BH314 & BH316	\$ (4,008)		
10/16/2013	PAINT & PREP BH318	\$ (2,004)		
12/2/2013	PAINT & PREP BH320 & BH 322	\$ (4,008)		

1/24/2014	PAINT & PREP BH 324	\$ (2,004)		
6/23/2014	DESIGN FEES FOR ROOM CONVERSIONS	\$ (1,200)		
5/13/2015	PAINT & PREP RM 225	\$ (2,950)		
6/28/2015	PAINT ONE ROOM	\$ (2,400)		
7/12/2015	LW3 GYM - REMOVE WALLPAPER, REPAINT	\$ (3,200)		
7/17/2015	PT ENTRY NORTH SIDE DEMOLITION	\$ (2,790)		
7/24/2015	INSURANCE PROCEEDS	\$ 1,030		
8/3/2015	ROOM 227 PAINT & PREP	\$ (2,400)		
9/17/2015	PAINT ONE ROOM/FRP ON SIDE WALL	\$ (2,650)		
Total deletions for Leasehold Improvem		\$ (60,763)		\$ - **

Attachment Pages 23 24

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
CSC Enterprises Inc d/b/a Branford Hills Health Care Center			997C		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. CLOSING COSTS	9	18	5 YR	67,942	13,517	67,942		13,517	
2.									
3.									
B-4. Subtotal									13,517
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				4,572,940	3,056,037			202,083	
2. Disposals (attach schedule)				(60,763)	(58,973)				
3. Acquired during this report period (attach schedule)				106,086				10,558	
C-4. Subtotal									212,641
D. Total Amortization									226,158

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility CSC Enterprises Inc d/b/a Branford H	License No. 997C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		01/01/80			
2. Date Structure Completed		01/01/80			
3. If NOT Original Owner, Date of Purchase		N/A			
4. Date of Initial Licensure		Est 1980			
5. Total Licensed Bed Capacity		190			
6. Square Footage		Est 80,109			
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable			
b. Date Mortgage Obtained		09/25/18			
c. Interest Rate for the Cost Year		3.04%			
d. Term of Mortgage (number of years)		25			
e. Amount of Principal Borrowed		3,759,805			
f. Principal balance outstanding as of <u>9/30/2020</u>		3,621,493			
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
CSC Enterprises Inc d/b/a Branford H	997C	9/30/2020	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
CSC Enterprises Inc d/b/a Branford		997C		9/30/2020		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) CREDIT LINE INTEREST/FINANCE CHARGES				\$ 3,484	3,484		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 3,484	3,484		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 24,423	24,423		
b. Insurance on Automobiles				\$ 16,280	16,280		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 139,954	139,954		
2. Fire and Extended Coverage				\$ 114	114		
3. Other (Specify) BOND				\$ 275	275		
14d. Total Insurance Expenditures (14a + b + c)				\$ 181,046	181,046		
15. Total All Expenditures (A-13 thru C-14)				\$ 19,357,600	19,357,600		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
CSC Enterprises Inc d/b/a Branford Hills Health Care Center			997C	9/30/2020	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	\$ 61,642	61,642		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 831,063	831,063		
7.			Other - See attached Schedule	\$ 93,263	93,263		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ 5,357	5,357		
9.			Bad Debts	\$			
10.			Accounting	\$ 3,000	3,000		
10a.			Legal	\$			
11.			Telephone	\$ (1,659)	(1,659)		
12.			Cellular Telephone	\$ 3,749	3,749		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ 11,470	11,470		
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$ 5,526	5,526		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$ 52,775	52,775		
20.			Fund Raising / Contributions	\$ 14,970	14,970		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 63,453	63,453		
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	\$ 2,208	2,208		
Subtotal (Items 1 - 26)				\$ 1,146,817	1,146,817		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A4	IN-HOUSE COUNSEL RELATED TO OWNER 100% DISALLOWED	\$ 58,592		
10	A4	DIRECTOR OF FINANCE NON-FACILITY WORK DISALLOWED	\$ 3,050		
Total Other Salaries Adjustment			\$ 61,642	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	RESPIRATORY THERAPY CONTRACT	\$ 93,263		
Total Other Fees Adjustments			\$ 93,263	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L2	EMPLOYEE PARTIES AND FOOD	\$ 3,590		
16	L3	EMPLOYEE GIFTS	\$ 11,444		
16	L7	BOD FEES	\$ 9,000		
16	M8	ROTARY DUES	\$ 200		
16	M8	CHAMBER DUES	\$ 135		
16	M3	MARKETING	\$ 5,388		
29B		OUTPATIENT THERAPY OVERHEAD	\$ 113		
29C		PHARMACY OVERHEAD	\$ 2,755		
29D		BUSINESS PARK UTILITIES/MAINTANCE/RELATED TO SUB-LEAS	2,238		
16		ADMINISTRATIVE CONSULTANT - MEDICARE	28,590		
Total Other A&G Adjustments			\$ 63,453	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
CSC Enterprises Inc d/b/a Branford Hills Health Care Center			997C	9/30/2020	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,146,817	1,146,817		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 444,169	444,169		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 23,519	23,519		
30.			Laboratory	\$ 74,675	74,675		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 26,981	26,981		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 42,359	42,359		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$ 5,368	5,368		
37.			Unallowable Property and Real Estate Taxes	\$ 718	718		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 28,704	28,704		
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)				\$ 1,793,310	1,793,310		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J	PATIENT PERSONAL NEEDS	\$ (2,797)		
20	5J	IV SUPPLIES	\$ 45,156		
Total Other Ancillary Costs			\$ 42,359	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14B	AUTO INSURANCE	\$ 16,280		
29B		OUTPATIENT THERAPY OVERHEAD	\$ 50		
29B		OUTPATIENT THERAPY FAIR RENT	\$ 65		
29C		PHARMACY OVERHAD	\$ 1,212		
29C		PHARMACY FAIR RENT	\$ 1,572		
29D		BUSINESS PARK RENT RELATED TO SUB-LEASE	\$ 9,525		
Total Other Property Adjustments			\$ 28,704	\$ -	\$ -

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
CSC Enterprises Inc d/b/a Branford Hills	F 997C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 20,056,148	20,056,148				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,128,785)	(8,128,785)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,616,236	1,616,236				
b. Medicare Room and Board Contractual Allowance **	\$ 537,727	537,727				
4. a. Private-Pay Residents and Other	\$ 2,666,895	2,666,895				
b. Private-Pay Room and Board Contractual Allowance **	\$ 46,170	46,170				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 449,336	449,336				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 590,852	590,852				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 1,174	1,174				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,465,312	1,465,312				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 1,145,359	1,145,359				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 218,758	218,758				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 147,318	147,318				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,628,369	1,628,369				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 1,233,044	1,233,044				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 162,801	162,801				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (5,615,941)	(5,615,941)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 18,220,773	18,220,773				
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>)	\$ 67,416	67,416				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,523,041	1,523,041				
V. Total Other Revenue (1 thru 8)	\$ 1,590,457	1,590,457				
VI. Total All Revenue (III +V)	\$ 19,811,230	19,811,230				

* 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)
	OXYGEN MED A	\$ 1,474		
	IV THERAPY MED A	\$ 28,675		
	X-RAY MED A	\$ 23,471		
	LABS MED A	\$ 76,336		
	AMBULANCE MED A	\$ (1,320)		
	OP MEDICARE CONTRACT ALLOWANCE	\$ (3,037)		
	RETROACTIVE MEDICARE SETTLEMENT	\$ (38)		
	RESPIRATORY MED A	\$ 37,240		
Total Other Resident Revenue - Medicare		\$ 162,801	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	RESPIRATORY HMO	\$ 18,520		
	X-RAY MEDICAID	\$ 5,777		
	LAB - MEDICAID	\$ 101		
	OXYGEN HMO	\$ 1,497		
	CONTRACTUAL ALLOWANCES	\$ (5,732,378)		
	LAB HMO CURRENT YEAR	\$ 76,491		
	X-RAY HMO CURRENT YEAR	\$ 14,051		
Total Other Resident Revenue		\$ (5,615,941)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME FROM INVESTMENTS		\$ 67,391		
	INTEREST INCOME MED A		\$ 25		
Total Interest Income			\$ 67,416	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	DIVIDEND INCOME - INVESTMENTS	\$ 6,444		
	INVESTMENT INCOME - CAPITAL GAINS	\$ 1,046		
	INVESTMENT CHANGE IN FMV	\$ 60,939		
	INVESTMENT MANAGEMENT FEES	\$ (3,129)		
	RENTAL INCOME BHHCC PHARMACY	\$ 5,214		
	VALUE ADD FEE BHHCC PHARMACY	\$ (12,000)		
	BARBER AND BEAUTICIAN	\$ 920		
	OTHER REVENUE AND EXPENSE	\$ (5,979)		
	MANAGEMENT FEES BLACKSTONE ASSOC	\$ (49,900)		
	MANAGEMENT FEES TRISON LLC	\$ (49,900)		
	MANAGEMENT FEES MINETTA LLC	\$ (49,900)		
	LOSS ON DISPOSAL OF ASSETS	\$ (6,757)		
	CARES ACT FUNDS	\$ 1,216,011		
	PRF (DSS) GRANT	\$ 410,032		
Total Other Revenue		\$ 1,523,041	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises Inc d/b/a Branford Hills	997C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	3,692,038
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	4,394,609
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	160,900
5. Prepaid Expenses			\$	72,829
a. _____				
b. _____				
c. _____				
d. See Schedule		72,829		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	80,077
EMPLOYEE LOANS RECEIVABLE		8,086		
OTHER RECEIVABLES		5,347		
_____ See Schedule		66,644		
A-9. Total Current Assets (Lines A1 thru 8)			\$	8,400,453
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	330,241		
	Accum. Depreciation	224,105		
	Net		\$	106,136
3. Buildings	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
4. Leasehold Improvements	*Historical Cost	4,618,263		
	Accum. Depreciation	3,209,705		
	Net		\$	1,408,558
5. Non-Movable Equipment	*Historical Cost	181,006		
	Accum. Depreciation	181,006		
	Net		\$	
6. Movable Equipment	*Historical Cost	1,625,346		
	Accum. Depreciation	1,265,822		
	Net		\$	359,524
7. Motor Vehicles	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	215,401
_____ See Schedule		215,401		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,089,619

* 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
CSC Enterprises Inc d/b/a Branford Hills	997C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	10,490,072
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	6,746,906		
	Accum. Depreciation	_____	Net	\$ 6,746,906
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)			\$	6,746,906
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>)				
			\$	143,084
	Name and Address	Amount	Loan Date	
	Stephen J shelton 161 Denison Dr Guilford CT/Christian B Shelton 216 Devonshire Lane	143,084		
7. Other Assets (<i>itemize</i>)				
	Deposits	45,225		\$ 86,133
	See Schedule	40,908		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	229,217
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	17,466,195

* 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 CSC Enterprises Inc d/b/a Branford Hills He	License No. 997C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				4,155,854
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)				\$ 4,155,854

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

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises Inc d/b/a Branford Hi	997C	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	6,746,906
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			\$	6,746,906
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	6,115,978
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	446,457
7. Total Net Worth			\$	6,563,435
C. Total Reserves and Net Worth			\$	13,310,341
D. Total Liabilities, Reserves, and Net Worth			\$	17,466,195

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises Inc d/b/a Branford Hills	997C	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	7,193,510
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	19,811,230
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	19,357,600
D. Net Income or Deficit			\$	446,457
E. Balance			\$	7,647,140
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i> CR vs FS Depreciation				
			(7,173)	
F-3. Total Additions			\$	(7,173)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/20	\$	7,639,967

I. Preparer's/Reviewer's Certification

Name of Facility CSC Enterprises Inc d/b/a Branford Hills	License No. 997C	Report for Year Ended 9/30/2020	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		Date Signed
Printed Name of Preparer				
Renee P Grailich				
Address Address			Phone Number	
189 Alps Rd Branford, CT 06405			203-483-4402	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Renee P Grailich			203-483-4402	
Contact Email Address				
RGRAILICH@BHHCC.COM				