State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2020

Name of Facility (as 1	licensed)							
CSC Enterprises Inc	,	Hills Health C	ara Center					
Address (No. & Stree			are Center					
Address (No. & Sirec	a, Chy, State, Z	ip Code)						
Type of Facility								
Chronic and Convalescent Nursing Home only (CCNH)			Rest Home with Nursing Supervision only (RHNS)					
Report for Year Beginning			Report for Yea	r Ending				
10/1/2019			9/30/2020					
License Numbers:		CCNH 997C	RHNS	(Specify)			Medicare Provider	
		3370						
	<u> </u>					I		
Medicaid Provider Nu	ımbers:	CC	CNH	RF	HNS		ICF-IID	
		9977						
For Department Use	Only							
Sequence Number	Signed and	Date	Sequence N	lumber	Ciomad a	nd Notonizo	.1	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notarized	ı	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 IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

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

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 Adjus	Page 1A	of 37		
Name of Facility	Period Cov	ered:	From	То
CSC Enterprises Inc d/b/a Branford Hills Health Care Center			10/1/2019	9/30/2020
Address of Facility	•			
Report Prepared By	Phone Nun	nber	Date	
Renee P Grailich, CPA, Director of Finance	203-483-44	102	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

			cility	Report for Ye	ar Ended	_	of
	203	-481-6221		9/30/2020		2	37
Name of Facility (as shown on license)		Address (No	o. & S	Street, City, Sto	ite, Zip)		
CSC Enterprises Inc d/b/a Branford Hills Health Care Co	<u>enter</u>	DIDIG	1	(G :C)		3.6.1° T	
CCNH License Numbers: 997C		RHNS		(Specify)		Medicare I	Provider No.
Type of Facility (Check appropriate box(es))							
	ъ	. 11 - 51 -	N T	•			
Chronic and Convalescent Nursing Home only (CCNH)		t Home with pervision only			(Specify))	
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	•	Profit Corp.	0	Non-Profit Con		Government	O Trust
If this facility opened or closed during report year provide	łe:		Date	e Opened	Date Clo	sed	
Has there been any change in ownership			I				
or operation during this report year?	0	Yes	•	No	If "Yes,"	explain full	y.
Administrator							
Name of Administrator				Nursing Ho	ome		
JANET A WOXLAND				Administrat		001516	
				License 1	No.:		
Other Operators/Owners who are assistant administrator	s (ful	l or part time) of th	•	T .		
Name CHARLES F SHELTON JR				License 1	No.:	211	

General Information and Questionnaire Partners/Members

Name of Facility CSC Enterprises Inc d/b/a Bran		License No.	Report for 9/30/2020	Year Ended	Page 3	of
CSC Enterprises inc d/b/a Bran	niora Hills Health Care	9970	9/30/2020	State(a) and		37
Legal Name of Part	nershin/LLC	Rusiness	s Address	State(s) and Which	vor Town(Registered	
NOT APPLICABLE	nersinp/ LLC	Business	Address	Willeli	Registeree	<u> </u>
TOT THE EIGHBEE						
Name of Partners/Members	Business Ac	ldress		Title		
					% Ow	
NOT APPLICABLE						

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility CSC Enterprises Inc d/b/a Branford Hills Hea	License No. 997C	Report for Year E	nded	Page of 3A 37
If this facility is owned or operated as a corpo			tion:	311 37
Legal Name of Corporation		ss Address		ch Incorporated
CSC ENTERPRISES INC DBA	189 ALPS RD BI	RANFORD CT	CT	
BRANFORD HILLS HEALTH	06405			
CARE CENTER				
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
CHARLES F SHELTON JR	29 BLACKSTON BRANFORD CT		IDENT/TREAS	99
DORIS J SHELTON	29 BLACKSTON BRANFORD CT		SECRETARY	1
Names of Stockholders Owning at Least 10% of Shares				
CHARLES F SHELTON JR	29 BLACKSTON BRANFORD CT		IDENT/TREAS	99

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises Inc d/b/a Branford Hills Health C	997C	9/30/2020	3B	37
If this facility is owned or operated as an individua	al proprietorship, p	rovide the following informat	ion:	
Ow	ner(s) of Facility			
NOT APPLICABLE				

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of	
CSC Enterprises Inc d/b	/a Branford Hills Health Care C		997C		9/30/2020		4	37	
Are any individuals rece	eiving compensation from the fa	cility re	elated th	rough		If "Yes," provide the	ne Name/Ad	dress and	
marriage, ability to cont	rol, ownership, family or busine	ess asso	ciation?	•	Yes O No	complete the inform	mation on Page 11 of the report.		
						-		-	
Are any individuals or c	ompanies which provide goods	or serv	ices,						
<u> </u>	roperty or the loaning of funds t								
	ssociation, common ownership,		•	iness	• Yes • No				
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	ne following	information:	
,	· •					, <u>1</u>			
		Als	so Provi	des		Indicate Where			
		Good	ds/Servi	ces to		Costs are Included			
Name of Related	Business	Non-F	Related 1	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the	
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party	
	BRANFORD HILLS REALTY	0	•						
CHARLES F SHELTON JR	ASSOCIATES, NEW HAVEN, CT				ARMS-LENGTH LEASE OF LAND & BU	22/9	333,823	333,823	
CHARLES F SHELTON JR	BLACKSTONE ASSOCIATES INC, BRANFORD, CT 06405	0	•		MANAGEMENT SERVICES-FINANCIAI	30a/IV8	49,900	49,900	
	MINETTA LLC, BRANFORD, CT				INTERIOR SERVICES INVINCENT	304110	15,500	13,500	
CHARLES F SHELTON JR		0	•		MANAGEMENT SERVICES-FINANCIAI	30a/IV8	49,900	49,900	
CHARLES F SHELTON JR	TRISON LLC, BRANFORD, CT	0	•		MANAGEMENT SERVICES-FINANCIAI	200/IV9	49,900	49,900	
DBA BHHCC	189 ALPS RD BRANFORD CT	_	_		MANAGEMENT SERVICES-FINANCIAL	304/176	49,900	49,900	
PHARMACY	06405	0	•		SEE PAGE 4a	SEE PAGE 4a	514,002	514,002	
	161 DENISON RD GUILFORD,	0	•						
ACD ENTERPRISES LLC	CT 06437				RENT LAND/BUILDING - ADMINISTRA	22/9	49,900	49,900	
BHHCC MEMORIAL TRUST	189 ALPS RD BRANFORD CT 06405	0	•		PROVIDES BENEFITS TO RESIDENTS	N/A (NO COSTS)	N/A	N/A	
-					THE RESIDENCE	1.11(1.0 00010)			
		0	•						
		0	•						

^{*} 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	License No		Report for Year Ended	Page of			
CSC Enterprises Inc d/b/a Branford Hills Health	997C		9/30/2020	5 37			
If the facility is licensed as CDH and/or RCH or	provides AI	DS or TB	services with special Medicaio	l rates, costs			
must be allocated to CCNH and RHNS as follow	s:						
Item			Method of Allocation	1			
Dietary		Number o	f meals served to residents				
Laundry		Number o	f pounds processed				
Housekeeping		Number o	f square feet serviced				
			f hours of routine care provided				
Nursing			classification, i.e., Director (or	- ·			
		Registered	l Nurses, Licensed Practical Nu	rses, Aides and			
		Attendants					
Direct Resident Care Consultants		Number o	f hours of resident care provide	d by EACH			
		specialist	(See listing page 13)				
Maintenance and operation of plant		Square fee	et				
Property costs (depreciation)		Square fee					
Employee health and welfare		Gross sala					
Management services		Appropriate cost center involved					
All other General Administrative expenses			Pirect and Allocated Costs				
The preparer of this report must answer the follow	wing question	ons applica	*				
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why su	ch allocation was	not		
costs allocated as required?	O 1Cs	O NO	made.				
2. Explain the allocation of related company exp	enses and a	ttach copy	of appropriate supporting data				
3. Did the Facility appropriately allocate and sel			•	me cost centers?			
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	y Care Services, etc.)				
Yes O No If "No," explain fully why such all made.					not		
OUTPATIENT THERAPY, RESPIRATORY TI	HERAPY A	ND BHHO	CC 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 Y	Year Ended		Page	of
CSC Enterprises Inc d/b/a Branford Hills He	alth Ca	re Cente	997C	9/30/2020)		6	37
	Relate	ed * to						
	Own	ners,						
	-	ators,				Annual		
		icers		Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
ACCELERATED CARE, 13828 COLL CENTER ROAD, CHICAGO, IL 60963	0	•	PT AND OT EQUIPMENT		AS NEEDED		14,311	
PITNEY BOWES, PO BOX 371887, PITTSBURGH, PA 15250-7887	0	•	POSTAGE MACHINES		MONTHLY		2,573	
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? O Yes	•	No	Total ***	16,884	

Is a Mileage Log Book Maintained for All Leased Vehicles?

^{*} 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	License No.	Report for Year Ended		Page	of
CSC Enterprises Inc d/b/a Branford		9/30/2020		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 MARCUM LLP		555 LONG WHARF DR NEW HAVEN			
2 O'CONNOR DAVIES		100 GREAT MEADOW RD WETHERS	SFIELD, CT	06109	
3 4					
Services Provided by This Firm (de	escribe fully)				
CONSULTATION SERVICES REL.			\$	3,142	
2 OCD - ACCOUNTING & FINANCI.			\$	8,300	
3 OCD - MEDICARE COST REPORT			\$	3,000	
4			\$	-,,,,,	
•			Charge for	Services Pr	rovided
			\$	14,442	ovided
Are These Charges Reflected in the Evnen	diture Portion of This Report? If V	es, Specify Expense Classification and Line No.	J.	14,442	
• Yes O No		THAN SALARIES - A&G LINE 1e			
Legal Services Information					
Name of Legal Firm or Independer	nt Attorney		Telephone	Number	
1 MURTHA CULLINA LLP	·		203-772-77	700	
2					
3					
4					
5					
Address (No. & Street, City, State,	- 1				
1 265 CHURCH ST NEW HAV	EN CT 06510				
2					
3					
4 5					
Services Provided by This Firm (de	escribe fully)				
1 EMPLOYEE ISSUES			\$	5,921	
2			\$		
3			\$		
4			\$		
5			\$		
			Charge for	Services P	rovided
			\$	5,921	
Are These Charges Reflected in the Expend	•	es, Specify Expense Classification and Line No.			
• Yes O No	EAPENDITUKES OTHER	THAN SALARIES - A&G LINE 1e			

Schedule of Resident Statistics

Name of Facility			License N	Vo.				r Year Ende	ed		Page	of
CSC Enterprises Inc d/b/a Branford Hills Health Care	e Center		9	97C			9/30/2020)			8	37
	Total All	Total CCNH	Total RHNS	Total	Period 10/1 Thru 6/30			30		Period 7/1	1 Thru 9/3	50
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	190	190		(1)	190	190		(1)				
B. On last day of THIS report period	190	190							190	190		
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		

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	-			License No. Report for Year Ended							Page	of		
CSC Enterpris	ses Inc o	l/b/a Bra	anford Hills Hea	ç	997C					9/30/202	0		9	37
	-	_	in the certified b		pacity du	ring tl	ne repo	rt year	:?	0	Yes	•	No	
			f Change		Cł	nange	in Bed	s		Ca	pacity Afte	er Change		
Date of		RHNS	(Specify)		Lost	- 0		Gaine	d			8		
	001111	14111	(1 3)		2007									
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
	-	-	in certified bed c	_	-	the re	eport ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
			Change in Ro	esider	nt Days					CC	CNH	RHNS	(Spe	ecify)
1st chang														
2nd char														
3rd chan														
4th chan 6. Number		lante one	d Rates on Septe	mhar	30 of Co	et Var	nr.							
0. Nullibel	oi Kesi	ients and	Medicare	moer	Medi		11			Se	elf-Pay		Other Stat	te Assisted
		-	Wiedicare		IVICAL						li i uj		other sta	ie i issistea
	Item		CCNH	C	CNH	RI	HNS	CO	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR
No. of R	esidents	;	10		101				16			(1 5)		
Per Dien	n Rate													
a. One b									541.00					
b. Two l	bed rms.		653.00		250.60				496.00					
c. Three		e												
bed r	ms.													
		f Physica	al Therapy Treat	ments	ŀ					ТО	TAL 12,409	CCNH 12,409	RHNS	(Specify)
			lusive of Part B)								12,103	12,100		
			e Treatments											
		torative '	Treatments								871	871		
	Other										129	129		
		-	Therapy Treatn								13,409	13,409		
			Therapy Treatm	nents							254	251		
		re - Part	lusive of Part B)								374	374		
Б.			e Treatments											
			Treatments								14	14		
C.	Other										6	6		
D.	Total S	peech T	herapy Treatme	nts							394	394		
9. Total Nu	ımber of	Occupa	ational Therapy	Γreatn	nents									
		re - Part									13,300	13,300		
B.			lusive of Part B)											
			e Treatments											
		torative	Treatments								919	919		
	Other Total ()ccupati	onal Therapy T	reatm	ents						72 14,291	72 14,291		
<i>υ</i> .	1 Jun C	лирин	onai incrupy I	caill	~1113					l	17,471	14,471		

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Accidence Security	Name of Facility	License No.				Daga	of
Total Cost and Hours	1			_	Ended	Page	i
Total Cost and Hours	-	1			0		37
Item	Are time records maintained by an individuals receiving comp	ensation:				INO	
A. Salaries and Wages* 1. Open cross Owners (Complete also Sec. II of Schedule A1) 2. Administrator(5) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Salaries (telephone operator, clerks, receptionists, etc.) 709.437 17,192 5. Dietary Service a. Head Dietitian 79,582 1,909 b. Food Service Supervisor c. Dietary, Workers 86,56,044 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 of Chief of Maintenance a. Supervisor 3. Supervisor 4. Supervisor 3. Supervisor 4. Supervisor 5. Supervisor 5. Supervisor 6. Supervisor 7. Supervis				Total Cost a	ilia riouis		
A. Salaries and Wages* 1. Open cross Owners (Complete also Sec. II of Schedule A1) 2. Administrator(5) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Salaries (telephone operator, clerks, receptionists, etc.) 709.437 17,192 5. Dietary Service a. Head Dietitian 79,582 1,909 b. Food Service Supervisor c. Dietary, Workers 86,56,044 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 of Chief of Maintenance a. Supervisor 3. Supervisor 4. Supervisor 3. Supervisor 4. Supervisor 5. Supervisor 5. Supervisor 6. Supervisor 7. Supervis							
A. Salaries and Wages* 1. Open cross Owners (Complete also Sec. II of Schedule A1) 2. Administrator(5) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Salaries (telephone operator, clerks, receptionists, etc.) 709.437 17,192 5. Dietary Service a. Head Dietitian 79,582 1,909 b. Food Service Supervisor c. Dietary, Workers 86,56,044 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 of Chief of Maintenance a. Supervisor 3. Supervisor 4. Supervisor 3. Supervisor 4. Supervisor 5. Supervisor 5. Supervisor 6. Supervisor 7. Supervis	Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
1. Operators/Owners (Complete also Sec. I of Schedule A1) 2. Administrators (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Schedule A1) 5. Detary Service a. Head Diethtian 79.582 1. 1909 5. Food Service Supervisor 8. 2519 6. Detary Workers 6. Housekeeping Service a. Head Housekeeping Workers 77. 2208 1. Head Housekeeping Workers 78. 2208 79. 2408 70. Repairs & Maintenance Services 8. 1. Head Housekeeping Workers 8. 3.344 2. 096 8. Laundry Service 8. Supervisor 8. 3.344 2. 096 8. Laundry Service 8. Supervisor 8. 3.344 8. Laundry Service 8. Laundry Service 9. Barber and Beautician Services 1. Accounting Services 1. Portective Services 1. Portective Services 1. Portective Services 1. Detart Accountants 1. Direct Care 1. Direct						(1 3)	
2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator Salaries (telephone operator, elerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian 79.582 b. Food Service Supervisor 82.519 c. Dietary Workers 865,604 6. Housekeeping Service a. Head Housekeeping Workers 72.208 1. Holl Huusekeeping Workers 82.119 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance 83.334 2.096 8. Lother Huusekeeping Workers 93.244 7. Repairs & Maintenance Workers 93.244 8. Laundry Service a. Supervisor 93.244 8. Laundry Service 10. Protective Services 11. Accountant 10. Other Administrative Services 11. Accountants 12. Professional Care of Residents 12. Administrative* 13. Administrative* 14. Administrative* 15. Administrative* 16. Administrative* 17. Administrative* 18. Administrative* 19. Administrative* 19. Administrative* 10. Administrative* 10. Administrative* 11. Direct Care 1. Administrative* 12. Administrative* 13. Resident Care* 14. All Advanced and Heart Care of Residents 15. Professional Care of Residents 16. Defensional Care of Residents 17. Direct Care 18. Administrative* 19. Administrative* 19. Administrative* 10. Administrative* 11. Direct Care 1. Administrative* 11. Direct Care 1. Administrative* 12. Administrative* 13. Resident Care** 14. Other (Specify) 15. Dentists 16. Polaritiss 17. Profession Review 18. August 18. A	1. Operators/Owners (Complete also Sec. I						
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian 79.582 1.909 b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Hotosckeeper A. Head Hotosckeeper 72.208 1. Jafel 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance 83.334 2. 2966 b. Other Maintenance Workers 8. Laundy Service a. Supervisor 3. Supervisor 3. Supervisor 3. Supervisor 3. Supervisor 4. Supervisor 3. Supervisor 4. Supervisor 5. Other Laundry Workers 6. Housekeeping Workers 7. Repairs & Maintenance Workers 8. Supervisor 8. Supervisor 8. Supervisor 1. Other Haintenance Workers 1. Supervisor 1. Other Laundry Workers 1. Direct Care 1. Protective Services 1. Accounting Services 1. Direct Care 1. Direct Care	of Schedule A1)						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietury Sevice a. Head Dietitian 79.582 1.909 b. Food Service Supervisor 82.519 c. Dietury Workers 6. Housekeeping Service a. Head Housekeeping Workers 1. Head Housekeeping Workers 1. Separate Workers 2. Landry Service 3. Engineer or Chief of Maintenance 83.334 2.096 b. Other Housekeeping Workers 93.244 3.839 c. Engineer or Chief of Maintenance 83.334 2.096 b. Other Maintenance Workers 93.244 3.839 c. Landry Service 3. Supervisor 3.6,084 7. Repairs & Maintenance Workers 93.244 3.839 c. Landry Service 3. Supervisor 10. Protective Services 11. Accountant Services 11. Accountant 12. Professional Care of Residents 12. Professional Care of Residents 12. Professional Care of Residents 13. Direct Care 14. Direct Care 15. Direct Care 16. Administrative** 16. Administrative** 17. Separate Maintenance 18. Administrative 19. 18.909 18. Administrative 19. 18.909 19. Administrative 19. 19.938 10. Administrative 19. 19.938 11. Mecountants 12. Professional Care of Residents 13. Professional Care of Residents 14. Accountants 15. Direct Care 15. Administrative 19. 18.909 16. Administrative 19. 18.909 17. Administrative 19. 18.909 18. Speck Therapists 19. Occupational Therapists 10. Medical Director 11. Medical Director 12. Utilization Review 13. Resident Care** 14. Other (Specify) 15. Dentists 16. Polatistis 17. Polatistis 18. Pharmacists 18. Pharmacists 19. Other (Specify) 19. Other (Specify) 10. Other (Specify)	• • • • •						
193,319 2,080		215,613	2,368				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 709,437 71,192 3. Detary Service a. Head Dietritian 72,582 1,909 6. Housekeeping Service a. Head Housekeeping Workers 8.5,604 6. Housekeeping Workers 8.6,604 7. Repairs & Maintenance Services a. Head Housekeeping Workers 7. Repairs & Maintenance Services a. Engineer or Chief of Mariestance 8. Saj,344 2,096 8. Laudy Service 1. Accountants 1. Orther Laundry Workers 1. Accountants 1. Accountants 1. Direct Care 1. Administrative** 1. Direct Care 1. Cardy Saj, Saj, Saj, Saj, Saj, Saj, Saj, Saj,	·	400.040	• 000				
Operator, clerks, receptionists, etc.) 709,437 17,192		193,319	2,080				
S. Dietary Service		700 427	17 102				
a. Head Dietitian 79.582 1.909 b. Food Service Supervisor 82.519 2.080 c. Dietary Workers 865.604 46.862 6. Housekceping Service		709,437	17,192				
b. Food Service Supervisor c. Dietary Workers 6. Housekceping Service a. Head Housekceping Workers 7.2.08 1,461 b. Other Housekceping Workers 432,128 26,449 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance B. Sand Sand Sand Sand Sand Sand Sand Sand		79,582	1.909				
C. Dietary Workers 6. Housekeeping Service a. Head Housekeeping Workers 72,208 1,461 b. Other Housekeeping Workers 72,208 1,461 c. 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 c. Other Laundry Workers 10. Protective Services 11. Accounting Services 11. Accounting Services 12. Professional Care of Residents 12. Professional Care of Residents a. Directors and Assistant Director of Nurses 12. Administrative** 1							
a. Head Housekeeper 72.208	c. Dietary Workers	865,604	46,862				
b. Other Housekeeping Workers 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance 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 11. Accounting Services 11. Accounting Services 12. Professional Care of Residents a. Directors and Assistant Director of Nurses b. RN 1. Direct Care 1. 1,020,644 30,343 2. Administrative** 186,464 4,309 c. LPN 1. Direct Care 1. 641,315 2. Administrative** 12. Administrative** 12. Professional Care of Residents 3,017,529 193,406 c. Physicial Therapists f. Speech Therapists f. Speech Therapists f. Speech Therapists f. Recreation Workers 1. Medical Director 2. Utilization Review 3. Resident Care** 4. Other (Specify) 5. See Attached Schedule 165,870 6,709							
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance b. Other Maintenance Workers 93,244 3,839 8. Laundry Service a. Supervisor 36,084 731 b. Other Laundry Workers 9. Barber and Beautician Services 10. Protective Services 11. Accounting Services 11. Accounting Services 11. Accounting Services 12. Professional Care of Residents a. Directors and Assistant Director of Nurses 12. Professional Care of Residents a. Director and Assistant Director of Nurses 12. Administrative** 1							
a. Engineer or Chief of Maintenance		432,128	26,449				
B. Other Maintenance Workers 93,244 3,839		83 334	2.006				
8. Laundry Service a. Supervisor b. Other Laundry Workers 215,568 11,772 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 229,011 4,562 b. RN 1. Direct Care 1,020,644 30,343 2. Administrative** 186,464 4,309 1. Direct Care 1,041,315 2. Administrative** 1,041,315 3,878 4. Aides and Attendants 3,017,529 193,406 c. Physical Therapists f. Speech Therapists g. Occupational Therapists h. Recreation Workers 1. Medical Director 2. Utilization Review 3. Resident Care** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists 1. Podiatrists 1. Podiatrists 1. Podiatrists 1. Podiatrists 1. Dentists 1. Marketing 0. Other (Specify) See Attached Schedule 165,870 6,709							
a. Supervisor b. Other Laundry Workers color of North Care color of Physicians color of Resident color of Physicians color of Resident color of Physicians color of Physicians color of Resident color of Nurses c		73,211	3,037				
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 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 c. Physical Therapists f. Speech Therapists g. Occupational Therapists h. Recreation Workers 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists m. Social Workers/Case Management 179,732 5,484 n. Marketing 0. Other (Specify) See Attached Schedule 165,870 6,709		36,084	731				
10. Protective Services	b. Other Laundry Workers	215,568	11,772				
11. Accounting Services a. Head Accountant b. Other Accountants 12. Professional Care of Residents a. Directors and Assistant Director of Nurses b. RN 1. Direct Care 1.020,644 2. Administrative** 186,464 4,309 c. LPN 1. Direct Care 1,641,315 2. Administrative** 129,298 3,878 d. Aides and Attendants 2. Administrative** 129,298 3,878 d. Aides and Attendants 3,017,529 193,406 c. Physical Therapists f. Speech Therapists g. Occupational Therapists h. Recreation Workers 1. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists m. Social Workers/Case Management 179,732 0. Other (Specify) See Attached Schedule 165,870 6,709							
a. Head Accountants b. Other Accountants 12. Professional Care of Residents a. Directors and Assistant Director of Nurses b. RN 1. Direct Care 1.020,644 30,343 2. Administrative** 1. Direct Care 1. LPN 1. Direct Care 1. (641,315 2. Administrative** 1. (641,315 3.041 3. Aides and Attendants 3. (7,529 193,406 4. Aides and Attendants 3. (7,529 193,406 5. Physical Therapists 6. Speech Therapists 7. Speech Therapists 8. Decupational Therapists 9. Occupational Therapists 1. Medical Director 2. Utilization Review 3. Resident Care** 4. Other (Specify) j. Dentists k. Pharmacists I. Podiatrists m. Social Workers/Case Management n. Marketing O. Other (Specify) See Attached Schedule 165,870 6,709		188,277	11,533				
b. Other Accountants 12. Professional Care of Residents a. Directors and Assistant Director of Nurses 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 c. Physical Therapists f. Speech Therapists g. Occupational Therapists h. Recreation Workers 1. 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							
12. Professional Care of Residents							
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 1. Podiatrists m. Social Workers/Case Management 179,732 5,484 n. Marketing o. Other (Specify) See Attached Schedule 165,870 6,709							
1. Direct Care	a. Directors and Assistant Director of Nurses	229,011	4,562				
2. Administrative** c. LPN 1. Direct Care 1.641,315 56,341 2. Administrative** 129,298 3,878 d. Aides and Attendants 2. Physical Therapists 6. Speech Therapists 7. Speech Therapists 8. Occupational Therapists 9. Occupational Therapists 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) 1. Podiatrists 8. Pharmacists 1. Podiatrists 8. Pharmacists 1. Podiatrists 9. Occupational Therapists 1. Marketing 1. Other (Specify) 1. Dentists 1. Other (Specify) 1. Other (Specify) 2. Other (Specify) 3. Resident Care** 4. Other (Specify) 5. A84 6. Other (Specify) 7. Other (Specify) 8. Other (Specify) 9. Other (Specify) 10. Other (Specify) 11. Other (Specify) 12. Other (Specify) 13. Other (Specify) 14. Other (Specify) 15. Other (Specify) 16. Other (Specify)							
c. LPN 1. Direct Care 1. Administrative** 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 n. Marketing o. Other (Specify) See Attached Schedule		1,020,644	30,343				
1. Direct Care		186,464	4,309				
2. Administrative** 129,298 3,878 d. Aides and Attendants 3,017,529 193,406 e. Physical Therapists 193,406 193,406 f. Speech Therapists 193,406 193,406 g. Occupational Therapists 193,406 193,406 h. Recreation Workers 189,090 8,517 i. Physicians 194,090 8,517 1. Medical Director 194,090 194,517 2. Utilization Review 194,090 194,517 3. Resident Care*** 194,090 194,517 4. Other (Specify) 194,090 194,517 j. Dentists 194,090 194,517 <t< td=""><td></td><td>4 644 045</td><td>7.5.2.44</td><td></td><td></td><td></td><td></td></t<>		4 644 045	7.5.2.44				
d. Aides and Attendants 3,017,529 193,406 e. Physical Therapists							
e. Physical Therapists f. Speech Therapists g. Occupational Therapists h. Recreation Workers i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) see Attached Schedule 189,090 18,517 189,090 8,517 189,090 8,517 199,090 8,517 109,090 1		-					
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 0. Other (Specify) See Attached Schedule 165,870 6,709		3,017,323	175,100				
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 1. Podiatrists m. Social Workers/Case Management 179,732 5,484 n. Marketing o. Other (Specify) See Attached Schedule 165,870 6,709							
i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule							
1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule		189,090	8,517				
2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule 2. Utilization Review 3. Resident Care*** 1. Podiatrists 1. Podiatr							
3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule 165,870 6,709							
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							
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							
k. Pharmacists	(1 3)						
1. Podiatrists							
m. Social Workers/Case Management 179,732 5,484 n. Marketing o. Other (Specify) See Attached Schedule 165,870 6,709							
n. Marketing o. Other (Specify) See Attached Schedule 165,870 6,709		170 722	7.404				
o. Other (Specify) See Attached Schedule 165,870 6,709		1/9,/32	5,484				
See Attached Schedule 165,870 6,709							
		165,870	6,709				
11 15. 15th 5that y Experiments 10,025,070 TT5,721	A-13. Total Salary Expenditures	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)

	CCNH		RHNS		(Specify)		
Position		\$	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)

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

CSP-11 Rev. 10/2005

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 Branfo	rd Hills Hea	alth Care C	enter	997C		9/30/2020			11	37
		Salary Pai	d							
Name	CCNH	RHNS	(Specify)	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
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.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
CSC Enterprises Inc d/b/a Branford	d Hills Heal	th Care Cei	nter	997C		9/30/2020			12	37
Name	CCNH	Salary Pai	d (Specify)	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
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 <u>all</u> other employment worked during the cost year.

^{***} If more than one Administrator is reported, include dates of employment for each.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
CSC Enterprises Inc d/b/a Branford Hills Health Car		'C	9/30/2020	211.00	13	37
1			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.

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

Name of Facility		License No.		Report for Y	ear Ended	Page	of
CSC Enterprises Inc d/b/a Branford Hills H	Iealth Care Co	997C		9/30/2020		14	37
				to Owners,			
Name & Address of Individual	Full Expla	nation of Service	Operator	s, Officers	Expla	nation of R	elationship
			Yes	No			
			0	•			
			0	•			
			0	•			
			0	•			
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			0	•			

^{*} Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Fa	cility	icense No.	Report for Y	ear Ended	Page	of
	orises Inc d/b/a Branford Hills Health	997C	9/30/2020		15	37
•						
	Item		Total	CCNH	RHNS	(Specify)
1. Adminis	strative and General					
a. Emp	ployee Health & Welfare Benefits					
1.	Workmen's Compensation	\$	227,740	227,740		
2.	Disability Insurance	\$				
3.	Unemployment Insurance	\$	127,919	127,919		
	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)	\$	28,331	28,331		
((not-owners and not-operators)					
8. 1	Uniform Allowance	\$				
9. (Other (Specify)	\$	39,987	39,987		
	See Attached Schedule					
b. Pers	sonal Retirement Plans, Pensions, and	\$				
Prof	fit Sharing Plans forOwners and					
Ope	erators (Discriminatory)*					
_						
c. Bad	Debts*	\$				
d. Acc	ounting and Auditing	\$	14,442	14,442		
e. Lega	al (Services should be fully described or	1 Page 7) \$	5,921	5,921		
f. Insu	rance on Lives of Owners and	\$	11,470	11,470		
Ope	erators (Specify)*					
g. Offi	ice Supplies	\$	237,696	237,696		
h. Tele	ephone and Cellular Phones					
1. '	Telephone & Pagers	\$	22,421	22,421		
2. (Cellular Phones	\$	4,469	4,469		
i. App	oraisal (Specify purpose and	\$				
	ch copy)*					
	poration Business Taxes (franchise tax)	\$	250	250		
k. Oth	er Taxes (Not related to property - See I	Page 22)				
1. 1	Income*	\$				
2.	Other (Specify)	\$	57,668	57,668		
:	See Attached Schedule					
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)

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
EMPLOYEE BACKGROUND CHECKS	\$ 865		
EMPLOYEE DRUG SCREENING	\$ 4,160		
WORKSHOES & TOOLS	\$ 3,657		
EMPLOYEE FINGER PRINTING	\$ 3,084		
EMPLOYEE BENEFITS COVID	\$ 27,810		
MEDICAL REIMBURSEMENTS	\$ 411		
Total	\$ 39,987	\$ -	\$ -

Schedule of Other Taxes

Description	(CCNH	RH	INS	(Spec	eify)
SALES AND USE TAX	\$	5,143				
CT PASS-THROUGH ENTITY TAX	\$	52,525				
Total	\$	57,668	\$	-	\$	-

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

Item	Name of Facility	License No.		Report for Y	Year Ended	Page	of
Item	I			-		_	37
Subtotals Brought Forward: 3,356,029 3,356,029 1. 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 \$ 502 502 502 5. Education Expenses Related to Seminars and Conventions \$ 7,207 7,207 7,207 6. Automobile Expense (not purchase or depreciation) \$ 5,526 5,526 7. Other (Specify) \$ 9,000 9,000 9,000 See Attached Schedule	1						
Subtotals Brought Forward: 3,356,029 3,356,029 1. 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 \$ 502 502 502 5. Education Expenses Related to Seminars and Conventions \$ 7,207 7,207 7,207 6. Automobile Expense (not purchase or depreciation) \$ 5,526 5,526 7. Other (Specify) \$ 9,000 9,000 9,000 See Attached Schedule							
Subtotals Brought Forward: 3,356,029 3,356,029 1. 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 \$ 502 502 502 5. Education Expenses Related to Seminars and Conventions \$ 7,207 7,207 7,207 6. Automobile Expense (not purchase or depreciation) \$ 5,526 5,526 7. Other (Specify) \$ 9,000 9,000 9,000 See Attached Schedule	Item			Total	CCNH	RHNS	(Specify)
1. Travel and Entertainment 1. Resident Travel and Entertainment S 2. Holiday Parties for Staff S 7,940 7,940 3. Gifts to Staff and Residents S 18,400 18,400 4. Employee Travel S 502 502 502 502 5. Education Expenses Related to Seminars and Conventions S 7,207 7,207 6. Automobile Expense (not purchase or depreciation) S 5,526 5,526 7. Other (Specify) S 9,000 9,000 9,000 See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) S 33,832 33,832 33,832 2. Advertising Telephone Directory (all such expenses) S 5,573 See Attached Schedule S 5,573 See Attached Schedule S 5,573 See Attached Schedule S 5,573 S 5,573 See Attached Schedule S 5,573 S 5,573 S S 5,573 S S S S S S S S S		als Brought Forwa	ard:				(1)
2. Holiday Parties for Staff S 7,940 7,940					, ,		
2. Holiday Parties for Staff \$ 7,940 7,940 3. Gifts to Staff and Residents \$ 18,400 18,400 4. Employee Travel \$ 502 502 502 5. Education Expenses Related to Seminars and Conventions \$ 7,207 7,207 7,207 6. Automobile Expense into purchase or depreciation \$ 5,526 5,526 7. Other (Specify) \$ 9,000 9,000 See Attached Schedule	Resident Travel and Entertainment		\$				
3. Gifts to Staff and Residents	2. Holiday Parties for Staff			7,940	7,940		
4. Employee Travel \$ 502 502 5. Education Expenses Related to Seminars and Conventions \$ 7,207 7,207 6. Automobile Expense (not purchase or depreciation) \$ 5,526 5,526 7. Other (Specify) \$ 9,000 9,000 See Attached Schedule \$ 9,000 9,000 m. Other Administrative and General Expenses \$ 33,832 33,832 2. Advertising Help Wanted (all such expenses) \$ \$ 33,832 33,832 2. Advertising Telephone Directory (ill such expenses) \$ \$ 5,573 5,573 See Attached Schedule \$ 5,573 5,573 4. Fund-Raising*** \$ \$ 5,573 5,573 5. Medical Records \$ \$ \$ 5 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$ 9,054 9,054 * 8. Dues and Membership Fees to Professional Associations (Specify) \$ 17,716 17,716 Associations (Specify) \$ 335 335 335 9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule \$ 14,970 14,970 <td></td> <td></td> <td></td> <td>-</td> <td>18,400</td> <td></td> <td></td>				-	18,400		
6. Automobile Expense (not purchase or depreciation) \$ 5,526 5,526 7. Other (Specify) \$ 9,000 9,000 See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) \$ 33,832 33,832 2. Advertising Telephone Directory (all such expenses) ** \$ 5,573 5,573 See Attached Schedule 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 \$ 17,716 17,716 Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 335 335 9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule 11. Services Provided by Contract & Specify and Complete \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule	4. Employee Travel						
7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 5,573 See Attached Schedule 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 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 11,7716 Associations (Specify) See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 13. Other (Specify) See Attached Schedule	5. Education Expenses Related to Seminars as	nd Conventions	\$	7,207	7,207		
7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 5,573 See Attached Schedule 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 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 11,7716 Associations (Specify) See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 13. Other (Specify) See Attached Schedule	6. Automobile Expense (not purchase or depr	eciation)	\$	5,526	5,526		
m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) \$ 33,832 33,832 2. Advertising Telephone Directory (all such expenses)*** \$ 5,573 5,573 See Attached Schedule 4. Fund-Raising*** \$ 5 5. Medical Records \$ 5 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 9,054 9,054 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 335 335 9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule 11. Services Provided by Contract & pecify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule		•	\$	9,000	9,000		
1. Advertising Help Wanted (all such expenses) \$ 33,832 33,832 2. Advertising Telephone Directory (all such expenses)*** \$ 33,832 33,832 2. Advertising Other (Specify)*** \$ 5,573 5,573 5,573 5.57	See Attached Schedule						
1. Advertising Help Wanted (all such expenses) \$ 33,832 33,832 2. Advertising Telephone Directory (all such expenses)*** \$ 33,832 33,832 2. Advertising Other (Specify)*** \$ 5,573 5,573 5,573 5.57	m. Other Administrative and General Expenses						
2. Advertising Telephone Directory (tll such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 5,573 5,573 5,573 5,573 See Attached Schedule 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 \$ 7. Postage \$ 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 9. Subscriptions \$ 14,970 14,970 See Attached Schedule 11. Services Provided by Contract & Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 88,752 38,752 See Attached Schedule	_	s)	\$	33,832	33,832		
3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** S. Medical Records S. Medical R		•	\$				
See Attached Schedule 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 (Specify) See Attached Schedule * 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** * \$ 335 9. Subscriptions \$ 6,843 10. Contributions*** \$ 14,970 See Attached Schedule 11. Services Provided by Contract & pecify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 38,752 See Attached Schedule			\$	5,573	5,573		
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 (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 9							
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 \$ 9,054 \$ * 8. Dues and Membership Fees to Professional \$ 17,716 17,716 \$ 17,716 Associations (Specify) \$ See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 335 335 \$ 335 \$ 9. Subscriptions \$ 6,843 6,843 \$ 10. Contributions*** \$ 14,970 14,970 \$ See Attached Schedule 11. Services Provided by Contract & Complete \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 \$ 13. Other (Specify) \$ 38,752 \$ 38,752 \$ See Attached Schedule	4. Fund-Raising***		\$				
directly and not by contract or fee for service)*** 7. Postage \$ 9,054 9,054 * 8. Dues and Membership Fees to Professional \$ 17,716 17,716 Associations (Specify) \$ 335 335 8. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 335 335 9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule	5. Medical Records		\$				
7. Postage \$ 9,054 9,054 * 8. Dues and Membership Fees to Professional \$ 17,716 Associations (Specify) \$ 235 See Attached Schedule \$ 335 9. Subscriptions \$ 6,843 10. Contributions*** \$ 14,970 See Attached Schedule \$ 11. Services Provided by Contract & Specify and Complete \$ Schedule C-2, Page 21 for each firm or individual) \$ 24,138 12. Administrative Management Services** \$ 44,138 13. Other (Specify) \$ 38,752 See Attached Schedule	6. Barber and Beauty Supplies (if this service	is supplied	\$				
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 335 335 9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule 11. Services Provided by Contract & Complete \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule	directly and not by contract or fee for servi	ce)***					
Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 335 335 9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule 11. Services Provided by Contract & Complete \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule	7. Postage		\$	9,054	9,054		
See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 335 335 9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule 11. Services Provided by Contract & Geeify and Complete \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule	* 8. Dues and Membership Fees to Professional	1	\$	17,716	17,716		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 335 335 9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule 11. Services Provided by Contract & Specify and Complete \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule	Associations (Specify)						
9. Subscriptions \$ 6,843 6,843 10. Contributions*** \$ 14,970 14,970 See Attached Schedule \$ 14,970 14,970 11. Services Provided by Contract Specify and Complete Schedule C-2, Page 21 for each firm or individual) \$ 44,138 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule \$ 38,752 38,752	See Attached Schedule						
10. Contributions*** See Attached Schedule 11. Services Provided by Contract Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** 13. Other (Specify) See Attached Schedule	8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$	335	335		
See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 38,752 See Attached Schedule	9. Subscriptions		\$	6,843	6,843		
11. Services Provided by Contract Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) See Attached Schedule	10. Contributions***		\$	14,970	14,970		
Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** 13. Other (Specify) See Attached Schedule \$ 44,138	See Attached Schedule						
12. Administrative Management Services** \$ 44,138 44,138 13. Other (Specify) \$ 38,752 \$ 38,752 See Attached Schedule	11. Services Provided by Contract Specify and	Complete	\$				
13. Other (Specify) \$ 38,752 38,752 See Attached Schedule	Schedule C-2, Page 21 for each firm or ind	lividual)					
See Attached Schedule			\$	44,138	44,138		
	13. Other (Specify)		\$	38,752	38,752		
C-14 Total Administrative & General Expenditures \$ 3,575,817 3,575,817	See Attached Schedule						
	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	CC	CNH	RHNS		(Spe	cify)
BOARD OF DIRECTOR EXPENSE	\$	9,000				
Total Other Travel and Entertainment	\$	9,000	\$	-	\$	

Schedule of Other Advertising

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

Schedule of Dues

Description	-	CCNH	R	HNS	(Spe	cify)
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	C	CNH	RHN	NS	(Speci	ify)
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	R	HNS	(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 A/R Solutions PO Box 592 Wallingford,	Cost of Management Service 28,590	Full Description of Mgmt. Service Provided Billing	Indicate Where Costs are Included in Annual Report Page #/Line # P16LM11
CT 06492			
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								
					-		Page	of
CSC	Enterprises Inc d/b/a Branford Hills Health Ca	re (997C	9/30/2020) T	18	37
	Item			Total	CCNH	RHNS	(S	pecify)
2.	Dietary a. In-House Preparation & Service							
	1. Raw Food		\$	470,025	470,025			
	2. Non-Food Supplies		\$	116,026	116,026			
	3. Other (<i>Specify</i>)		\$	110,020	110,020			
			·					
	b. Purchased Services (by contract other		\$	689	689			
	than through Management Services) (Complete Schedule C-2 att. Page 21)							
	c. Other (Specify)		\$					
2D.	Total Dietary Expenditures $(2a + b + c + d)$		\$	586,740	586,740			
	Dietary Questionnaire			Total	CCNH	RHNS	(S	pecify)
F.	Resident Meals: Total no. of meals served per	day	:*					
G.	Is cost of employee meals included in 2D?	0	Yes	•	No			
Н.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the O	Cost	t 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?	0	Yes	•	No	If yes, specify cost.		
K.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.		
L.	Where is the revenue received reported in the C	Cost	t Report	? (Page/Line	Item)			
M.	Is cost of food (other than meals, e.g.,		Yes		No	If yes, specify cost.		
N.		0	Yes	•	No	If yes, specify amt.		
O.	Where is the revenue received reported in the C	Cost	t Report	? (Page/Line	Item)			
_ •				(= ::65: 21116	,			

^{*} 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 CSC Enterprises Inc d/b/a Branford Hills Health Care C	License	: No. 997C	Report for Y 9/30/2020		Page of 19 37
Item		Total	CCNH	RHNS	(Specify)
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.				
washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
4. Repair and/or purchase of linens.***	Lbs.				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. \$	30,120	30,120		
c. Other (<i>Specify</i>) LAUNDRY SUPPLIES	\$	17,656			
3D. <i>Total Laundry Expenditures</i> (3a + b + c)3E. Laundry Questionnaire	\$	47,776	47,776		
	Yes	•	No	If yes, specify cost.	
G. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
H. Where is the revenue received reported in the Cos	t Report?		(Page/Line	Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.	-
J. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
K. Where is the revenue received reported in the Cos	t 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		Repo	ort for Year E	nded	Page	of
CSC Enterprises Inc d/b/a Branford Hills Healt	997C		9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$	73,573	73,573		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
C. Other (Specify)		\$				
		_				
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		\$	10,688	10,688		
OMNICARE						
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		\$	25,111	25,111		
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	81,496	81,496		
i. Recreation		\$	10,922	10,922		
j. Direct Management Services*		\$		· ·		
k. Indirect Management Services*		\$				
l. Other (Specify)****		\$	193,649	193,649		
See Attached Schedule						
5M. Total Resident Care Expenditures (5a - 5	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 *

,				License No.	*	Report for Year Ended				of
CSC Enterprises Inc d/b/a Branford Hills Health Care Center				997C	9/30/2020				21	37
		Related ** Operators	,			Total Cost/Page Ref.*		/Page Ref.**	*	
Name of Individual or				Explanation of	Full Explanation of				_	
Company	Address	Yes	No	Relationship	Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
P.J.'s Dumpsters	1933 Moose Hill Rd Guilford, CT 06437	0	•		Refuse Removal	50,131				
Thyssen Krupp	PO box 3796 Carol Stream, IL 60132	0	•		Elevator Maintenance	18,940				
Cintas	PO Box 630803 Cincinnati, OH 45263	0	•		Disinfecting Services Covid	40,413				
Gary's East Coast Services	91 Willenbrock Rd Ste B1 Oxford, CT 06478	0	•		Equipment Repairs	10,496				
Allied Communications	88 Farwell St West Haven, CT 06516	0	•		Backup/support/internet phone services	67,576				
On-Shift, Inc	Suite 1500 Cleveland, OH 44115	0	•		Staff Scheduling Software	12,611				
Point Click Care	PO Box 674802 detroit, MI 48267	0	•		Clinical/Billing/General Ledger software	48,787				
Direct TV	PO Box 5006, Carol Stream, IL 60197	0	•		Cable TV for Residents	18,489				
Access Capitol Inc c/o Nurse Network	400 Park Ave New York, NY 10022	0	•		Nursing staffing services	158,253				
Controlled Air	21 Thompson Rd Branford, CT 06405	0	•		HVAC Maintenance	48,942				
I-N-C Lawn Care	PO Box 3186 Branford, CT 06405	0	•		Lawn maintenance	14,990				
Stericycle	PO Box 6582 Carol Stream, IL 60197	0	•		Hazardous Waste Disposal/Training	17,208				
ADP, Inc	PO Box 842875 Boston, MA 02284	0	•		Payroll Processing Services	43,590				
		0	•							

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

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

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility License No.	э.	Report for Ye	ear Ended		Page	of
CSC Enterprises Inc d/b/a Branford Hills Hea 997C		9/30/2020			22	37
Item		Total	CCNH	RHNS	(Spec	ify)
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 (Provide detail on page 6)	\$	16,884	16,884			
f. Other (itemize)	\$	231,317	231,317			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	609,720	609,720			
7. Depreciation (complete schedule page 23*)						
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 (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	13,517	13,517			
c. Leasehold Improvements	\$	212,641	212,641			
d. Other (Specify)	\$					
*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. <i>Total Property Expenses</i> (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.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
EQUIPMENT RENTALS (NON-LEASE)	\$ 3,064		
MAINTENANCE PURCHASED SERVICES	\$ 175,374		
REFUSE REMOVAL	\$ 50,131		
INTERIOR DECORATING	\$ 2,748		
Total Other Repairs and Maintenance	\$ 231,317	\$ -	\$ -

Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility					License No.	iation Sc	neuure	Report for Year E	nded		Page	of
CSC Enterprises Inc d/b/a Branford Hills Health Care Center			997	C		9/30/2020	naca		23	37		
22.2 Enterprises the drong Brantota Time freudin cure Conte			331		1	Accumulated			23	31		
					Historical Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of Year's		Useful	Depreciation	
Property Item					Land	Value	Depreciated	Operations	Depreciation		for This Year	Totals
A. Land Improvements							1	•	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)				,	
3. Acquired during this report period (attachment)	ch sche	dule)			(1, 11,		(1, 11,	(=, ==,				
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 (attack)	ch sche	dule)										
B-4. Subtotal												
C. Non-Movable Equipment												
Acquired prior to this report period					181,006		181,006	181,006	SL	VAR		
Disposals (attach schedule)												
3. Acquired during this report period (attack)	ch sche	dule)										
C-4. Subtotal		-										
	Is a m	ileage										
		ook						Accumulated				
			Date of A	cquisition	Historical Cost	Less		Depreciation to	Method of			
				•	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment								1	1			
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		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

ements required during this report perio		Useful	
Description of Item	Cost	Life	Depreciation
-			
Total additions for Land Improvement		-	\$ -
CING & SHRUBS - LOADING DOCK AREA	\$ (10,4	100)	
mprovement	\$ (10,4	100)	\$ -
	Description of Item Improvement EING & SHRUBS - LOADING DOCK AREA	Description of Item Cost Improvement \$ EING & SHRUBS - LOADING DOCK AREA \$ (10,4)	Description of Item Cost Life Cost Life Cost Life Cost Life Cost Cost

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report peri-

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

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful					
Acquisition Date	Description of Item	Cost	Life	Depreciation				
Additions:								
Tatal additions for	Nor Manahla Faningan	\$ -		0				
	Non-Movable Equipmen	\$ -		\$ -				
Deletions:								
T-4-1 1-1-4' 61	N. M. J.L. F., '	0		e _				
I otal deletions for	Non-Movable Equipmen	\$ -		\$ -				

^{*}Ties to Page 23, Line C3

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

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

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

Acquisition Date	Description of Item		Cost	Useful Life	Depreciation	
Additions:	Description of Item		Cost	Life	Берг	cciation
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
	ICE CUBE MACHINE/BIN	\$	3,586	10	\$	269
	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
otal additions for	Movable Equipmen	<u> </u>	37.028		\$	3,439
Deletions:	The state of the s	,			,	-,
10/5/2010	4 CHAIRS	\$	(1,033)			
3/31/2011	OUTBACK SS BLENDER	\$	(1,237)			
10/25/2011	CONVEYOR TOASTER	\$	(1,402)			
	DINNERWARE	\$	(1,446)			
10/7/2013	BH 3 REMODEL 12 CUBICLE CURTAINS	\$	(1,704)			
	18 MATTRESSES 35X84X6	\$	(5,120)			
	20 MATTRESSES 35X84X6	\$	(5,674)			
	12 MATTRESSES	s	(3,522)			
0	WASCOMAT WASHER KIT EXSM680	\$	(2,800)			
	WINDOW TREATMENTS	\$	(3,220)			
	FAX MACHINE	\$	(1,394)			
	5 HP TOUCH SMART PC 7320	\$	(4,609)			
	DELL OPT 390 PC	\$	(944)			
		\$	` /			
3/20/2013	DELL OPT 390 PC	3	(739)			
Total deletions for I	Movable Equipmen	\$	(34,844)		\$	-

Schedule of Leasehold Improvements Acquired during this report period

				Useful		
Acquisition Date	Description of Item		Cost	Life	Dep	reciation
Additions:		•	1 500			***
	ROOM 362 LW FRP & BASE	\$	1,690	5	\$	338
	WANDERGUARD UPGRADES	\$	1,403	7	\$	200
	WANDERGUARD UPGRADES	\$	34,012	7	\$	4,859
	2ND FL SHOWER ROOM 3RD FL SHOWER ROOM	\$ \$	10,965 10,965	10	\$ \$	1,097
	BH REHAB/BH BOILER RM/LW ACTIVITY RM PULL STATIONS	\$	1,965	5	\$	393
	2ND & 3RD FL SHOWER ROOM INSTALLED LIGHTING	\$	1,765	10	\$	162
	INSTALLATION OF 4 VALVE ANGLED REPLACEMENTS	\$	7,909	15	\$	439
	ROOM 363 FRP & BASE	\$	1,690	5	\$	225
	INSTALLED LIGHTING OUTSIDE REAR BUILDING	\$	530	10	\$	35
	ROOM 364 FRP & BASE	\$	1,690	5	\$	225
	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	IST FL CORRIDOR AC UNIT	\$	5,867	15	\$	98
Total additions for	 Leasehold Improvemen	\$	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)			

^{*}Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

1/24/2014	PAINT & PREP BH 324	\$ (2,004)		ttachment Pages 23 24
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 l	Leasehold Improvemen	\$ (60,763)	\$ -	**

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

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Amortization Schedule*

Nam	e of Facility	License No.		Report for Yea	r Ended		Page	of		
CSC	Enterprises Inc d/b/a Branford Hills Hea	lth Care	Center	997C		9/30/2020			24	37
						Accumulated				
	Date of					Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
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.

- 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.

^{**} Specify which of the following bases were used:

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

Name of Facility CSC Enterprises Inc d/b/a Branford Hi	No. 997C	Report for Year En	ded		Page of 25 37
11. Property Questionnaire		<u> </u>			
Part A					
Is the property either owned by the Facility or leased from a Related Party?*	0	Yes	•	No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is rela business association to any person or organizat related party transaction.					
Description		Total			
Date Land Purchased		01/01/80			
2. Date Structure Completed		01/01/80			
3. If NOT Original Owner, Date of Purch	iase	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, vari	able)	Variable			
b. Date Mortgage Obtained		09/25/18			
c. Interest Rate for the Cost Year		3.04%			
d. Term of Mortgage (number of year	s)	25			
e. Amount of Principal Borrowed		3,759,805			
f. Principal balance outstanding as of	_9/30/2020_	3,621,493			
Complete if Mortgage was Refinance	ed				
During Current Cost Year					
g. Type of Financing (e.g., fixed, vari	able)				
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of year	s)				
k. Amount of Principal Borrowed					
Principal Outstanding on Note Paid					
Part C - Arms-Length Leases for Re					
Name and Address of Lessor	Pro	perty 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 Yea	ar 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	Φ.				
1. First Mortgage Name of Lender	Rate				
Ivame of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
D. CYYPPLIX Y. O.					
B. CHEFA Loan Information					
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)	\$				
L	· · · · · · · · · · · · · · · · · · ·		. C. 1. 4 - 4 - 1 - C		1

(Carry Subtotals forward to next page)

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

Name of Facility License N	Jo		Report for Y	ear Ended		Page	of
3	7C		9/30/2020	car Enaca		27	37
CSC Enterprises life d/0/a Bramon	70		7/30/2020			21	31
Item			Total	CCNH	RHNS	(Spec	oifu)
	totals Bro	ught Forward:		CCMI	KIINS	(Spec	J11 y)
12. C. Movable Equipment	iotais Dio	ugiit Porward.					
1. Automotive Equipment		\$					
A. Item	Rate	Amount					
A. Item	Raic	Amount					
Lender							
Address - CL and an							
Address of Lender							
2. Other (<i>Specify</i>)		\$					
A. Item	Rate	Amount					
Lender							
Lender							
Address of Lender							
		T					
B. Item	Rate	Amount					
Lender							
Defider							
Address of Lender							
12. C. 3. Total Movable Equipment Inter	rest						
Expense $(C1 + 2)$		\$					
12. D. Other Interest Expense (Specify)		\$	3,484	3,484			
CREDIT LINE INTEREST/FINA	NCE CHA	ARGES					
13. Total All Interest Expense (12B7 + 12	C3 + 12D	<u>\$</u>	3,484	3,484			
14. Insurance							
a. Insurance on Property (buildings of	only)	\$		24,423		1	
b. Insurance on Automobiles		\$	16,280	16,280		1	
c. Insurance other than Property (as s							
1. Umbrella (Blanket Coverage)	139,954	139,954		1			
2. Fire and Extended Coverage		\$		114		1	
3. Other (Specify)		\$	275	275			
BOND							
14d. Total Insurance Expenditures (14a +	$h \perp c$	\$	181,046	181,046			
15. Total All Expenditures (A-13 thru C-1		\$	· ·	19,357,600			
15. Total All Experimentes (A-15 inta C-1	1 7)	.	17,337,000	17,557,000			

D. Adjustments to Statement of Expenditures

	e of Fa Enterp	-	Inc d/b/a Branford Hills Health Care Center	Lie	cense No. 997C	Report for Year 9/30/2020	Ended	Page 28	of 37
Item	Page	Line		1	Total Amount				
No.	No.		Item Description		of Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	alarie	es 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 - P	rofess	sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$		831,063			
7.			Other - See attached Schedule	\$	93,263	93,263			
Page	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$	5,357	5,357			
9.			Bad Debts	\$					
10.			Accounting	\$		3,000			
10a.			Legal	\$					
11.			Telephone	\$		(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 - L	Dietary	Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - L	aundi	ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - H	Iousel	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$	2,208	2,208			
			Subtotal (Items 1 - 2			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 Othe	tal Other Salaries Adjustment				\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
13	B12	RESPIRATORY THERAPY CONTRACT	\$	93,263		
Total Other Fees Adj		ustments	\$	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 Othe	r A&G Ad	justments	\$	63,453	\$ -	\$ -

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

CSC Enterprises Inc d/b/a Branford Hills Health Care Center 997C 9/30/2020 29 37	N.T.	Name of Facility License No. Report for Year Ended Page Of												
Total					_1C6		_	ear Ended						
Item Page Line No. No. Item Description Decrease CCNH RHNS	CSC	Enterp	orises	Inc d/b/a Branford Hills Health Care Center			9/30/2020		29	3/				
No. No. No. Item Description Decrease CCNH RHNS	_	_	- .											
Subtotals Brought Forward \$ 1,146,817 1,146,817 27		_												
Page 20 - Resident Care Supplies*** 27.	No.	No.	No.	1				RHNS	(S _I	ecify)				
27.					\$	1,146,817	1,146,817							
28.	Page	20 - K												
29.						444,169	444,169							
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 42,359 42,359 26,981 26,981 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 42,359 43,0														
31. Medical Supplies \$ 32. Oxygen (non emergency) \$ 26,981 26,981 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 42,359	29.					23,519	23,519							
32. Oxygen (non emergency) \$ 26,981 26,981 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 42,359 42,				•		74,675	74,675							
33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 42,359 42,359				Medical Supplies	\$									
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 \$ 42. 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 \$ \$	32.			Oxygen (non emergency)	\$	26,981	26,981							
Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule 36. Depreciation on Unallowable Motor Vehicles \$ 5,368 37. Unallowable Property and Real Estate Taxes \$ 718 38. Rental of Building Space or Rooms \$ 39. 39. Other - See Attached Schedule \$ 28,704 40. Mortgage Insurance \$ 41. 41. Property Insurance \$ 0ther - Miscellaneous 42. Other - Indirect \$ 43. 43. Interest Income on Account Rec. \$ 44. 44. Other - Miscellaneous Administrative \$ 45. 45. Management Fees Direct \$ 46. 46. Management Fees Indirect \$ 47. 47. Other - Direct \$ 8 Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ 9	33.			Occupational Therapy	\$									
See Attached Schedule S Some and the state of the s	34.			Other - See Attached Schedule	\$	42,359	42,359							
See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 5,368 5,368	Page	22 - N	<i>Nainte</i>	enance and Property										
See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 5,368 5,368	35.			Excess Movable Equipment Depreciation										
Motor Vehicles				* * *	\$									
Motor Vehicles	36.			Depreciation on Unallowable										
37.				=	\$	5,368	5,368							
Estate Taxes	37.			Unallowable Property and Real										
38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ 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 \$					\$	718	718							
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 \$	38.			Rental of Building Space or Rooms	\$									
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 \$	39.			Other - See Attached Schedule	\$	28,704	28,704							
40. Mortgage Insurance \$ 41. Property Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Page	27 - I	nsura	nce										
A1. Property Insurance \$					\$									
Other - Miscellaneous 42. Other - Indirect \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	41.				\$									
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 \$	Othe	r - Mis		1 2										
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 \$	42.			Other - Indirect	\$									
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 \$ 47. See Attached Schedule														
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 \$				<u> </u>										
48. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$		For Pr	ofit P		Ì									
Unallowable Building Interest - See Attached Schedule \$				•										
See Attached Schedule \$														
				9	\$									
	49.	Total	Amoi		\$	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	C	CNH	RHNS	(Specify)
20	5J	PATIENT PERSONAL NEEDS	\$	(2,797)		
20	5J	IV SUPPLIES	\$	45,156		
Total Other	r Ancillary	Costs	\$	42,359	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Exce	ss 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 Othe	r Property	Adjustments	\$	28,704	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	lowable Bui	lding Interest	\$ -	\$ -	\$ -

Annual Report of Long-Term Care Facility

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F. Statement of Revenue

		Report for Year Ended 9/30/2020			Page of 30 37
Este Esterprises ine di di a Bramora Timo 1777/C		<i>313012020</i>			30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	20,056,148	20,056,148		
b. Medicaid Room and Board Contractual Allowance **	\$	(8,128,785)	(8,128,785)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents(all inclusive)	\$	1,616,236	1,616,236		1
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 **	\$	77,550	777,330		
c. Prescription Drugs - Non-Medicare	\$	590,852	590,852		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	390,032	330,032		+
a. Medical Supplies - Medicare	\$	1,174	1,174		
b. Medical Supplies - Medicare Contractual Allowance **	\$	1,174	1,1/4		
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
a. Physical Therapy - Medicare	\$	1 465 212	1 465 212		
b. Physical Therapy - Medicare Contractual Allowance **		1,465,312	1,465,312		
	\$	1 145 250	1 145 250		
c. Physical Therapy - Non-Medicare	\$	1,145,359	1,145,359		1
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	210.770	210.770		
4. a. Speech Therapy - Medicare	\$	218,758	218,758		-
b. Speech Therapy - Medicare Contractual Allowance **	\$	147.210	147 210		
c. Speech Therapy - Non-Medicare	\$	147,318	147,318		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	1.620.260	1.620.260		
5. a. Occupational Therapy - Medicare	\$	1,628,369	1,628,369		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	1 222 044	1 222 0 4 4		
c. Occupational Therapy - Non-Medicare	\$	1,233,044	1,233,044		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	1.62.001	1.02.001		
6. a. Other (Specify) - Medicare	\$	162,801	162,801		
b. Other (Specify) - 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*					
Meals sold to guests, employees & others	\$				1
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				1
5. Interest Income(Specify)	\$	67,416	67,416		
6. Private Duty Nurses' Fees	\$				1
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	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	(CNH	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 Oth	er 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 Oth	er Resident Revenue	\$ (5,615,941) \$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	(CONH	RHNS	(Specify)
	INTEREST INCOME FROM INVESTMENTS		\$	67,391		
	INTEREST INCOME MED A		\$	25		
Total Inte	rest 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 Oth	er Revenue	\$ 1,523,041	\$ -	\$ -

G. Balance Sheet

	f Facility	License No.	Report for Year Ended	Page	of
CSC En	terprises Inc d/b/a Branford H	L	9/30/2020	31	37
		Account			Amount
Assets					
A. Cı	arrent Assets				
1.	Cash (on hand and in banks	/		\$	3,692,038
	Resident Accounts Receivab			\$	4,394,609
	Other Accounts Receivable (Excluding Owners or	r Related Parties)	\$	
	Inventories			\$	160,900
5.	Prepaid Expenses			\$	72,829
	a				
	b				
	c				
	d. See Schedule		72,829		
	Interest Receivable			\$	
	Medicare Final Settlement R			\$	
8.	Other Current Assets (itemiz			\$	80,07
	EMPLOYEE LOANS RECEIVOTHER RECEIVABLES	/ABLE	8,086 5,347	_	
	OTHER RECEIVABLES		3,347		
	See Schedule		66,644		
A-9. <i>To</i>	otal Current Assets (Lines A1	thru 8)		\$	8,400,453
B. Fi	xed Assets				
1.	Land			\$	
2.	Land Improvements	*Historical Cost	330,241	\$	106,130
		Accum. Depreciati	ion 224,105 Net		
3.	Buildings	*Historical Cost		\$	
		Accum. Depreciati	ion Net		
4.	Leasehold Improvements	*Historical Cost	4,618,263	\$	1,408,558
		Accum. Depreciati	ion 3,209,705 Net		
5.	Non-Movable Equipment	*Historical Cost	181,006	\$	
		Accum. Depreciati	ion 181,006 Net		
6.	Movable Equipment	*Historical Cost	1,625,346	\$	359,524
	- -	Accum. Depreciati			
7.	Motor Vehicles	*Historical Cost	•	\$	
		Accum. Depreciati	ion Net		
8.	Minor Equipment-Not Depre	eciable		\$	
9.	Other Fixed Assets (itemize)			\$	215,40
	See Schedule		215,401		
B-10.	Total Fixed Assets (Lines B	1 than (1)	- ,	\$	2,089,619

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

	A5	f Description UNEXPIRED INSURANCE	\$	61,6
	A5	OTHER PREPAID EXPENSES	\$	11,2
tal Prep	oaid Expe	nses	\$	72,8
•				
hedule o		urrent Assets (itemized) Page 31 Line A8 f Description		
	A8	IRS FORM 720 DEPOSIT	\$	66,
tal Othe	er Curren	t Assets (Itemize)	\$	66,
hedule o	of Other F	ixed Assets (Itemize) Page 31 Line B9		
ge Ref	Line Re	f Description		
		CAPITALIZED MANAGEMENT FEE CR VS FS	\$ \$	51, 163,
tal Othe	er Other I	ixed Assets (Itemize)	\$	215,
hedule o	of Other A	Assets Page 32 Line D7		
ge Ref	Line Re	f Description		
		NEW MORTGAGE CLOSING COSTS ACCUMULATED AMORTIZATION	\$	67, (27,
otal Othe	er Assets		\$	40,
otal Othe	er Assets		S	40,
		ayable (Itemize) Page 33 Line A2	S	40,
	of Notes P	ayable (Itemize) Page 33 Line A2 f Description	S	40,
hedule o	of Notes P		S	40,
hedule o	of Notes P		S	40,
hedule o	of Notes P		S	40,
hedule o	of Notes P		S	40,
hedule o	of Notes P	f Description	\$	40,
hedule o	of Notes P	f Description		40,
hedule o	Line Re	f Description		40,
ge Ref	of Notes P Line Re	f Description		40,
ge Ref	of Notes P Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12		40,
ge Ref	of Notes P Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12		40,
ge Ref	of Notes P Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12		40,
ge Ref	of Notes P Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12		
ge Ref	of Notes P Line Re Line Re Of Other C Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12 f Description t Liabilities (Itemize)	S	
ge Ref tal Note hedule o	of Notes P Line Re Line Re of Other C Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12 f Description t Liabilities (Itemize) cong-Term Liabilities (Itemize) Page 34 Line B4	S	
ge Ref	of Notes P Line Re Line Re of Other C Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12 f Description t Liabilities (Itemize)	S	40,
ge Ref tal Note hedule o	of Notes P Line Re Line Re of Other C Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12 f Description t Liabilities (Itemize) cong-Term Liabilities (Itemize) Page 34 Line B4	S	
ge Ref	of Notes P Line Re Line Re of Other C Line Re	f Description Current Liabilities (Itemize) Page 33 Line A12 f Description t Liabilities (Itemize) cong-Term Liabilities (Itemize) Page 34 Line B4	S	

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page	of
CSC	Ent	terprises Inc d/b/a Branford Hill		9/30/2020		32	37
			Account			An	nount
				Total Brought Forward	1: \$		10,490,072
C.		asehold or like property recorde	d for Equity Purposes.				
		Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation		\$		
	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	\$		
		Minor Equipment-Not Depreci			\$		
C-8		tal Leasehold or Like Propertie	es (C1 thru 7)		\$		6,746,906
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciation	Net	\$		
		Goodwill (Purchased Only)			\$		
	5.	Investments Related to Residen	nt Care (itemize)		\$		
	6.	Loans to Owners or Related Pa	arties (itemize)		\$		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 (itemize)	<u> </u>	'	\$		86,133
		Deposits		45,225			
		See Schedule		40,908			
		tal Investments and Other Asse	` /		\$		229,217
D-9.	To	tal 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		License No.	Report for Year	Ended	Page	of	
CSC Enterprises Inc d/b/a Branford Hills Heal		1 997C	9/30/2020		33	37	
Account				A	Amount		
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	609,730
	2.	Notes Payable (itemize)				\$	· ·
		• • • • • • • • • • • • • • • • • • • •					
		See Schedule					
	3.	Loans Payable for Equipm	ent (Current portion) (itemize)		\$	
		Name of Lender	Purpose	Amount	Date Due		
			1				
	4.	Accrued Payroll (Exclusive	e of Owners and/or S	tockholders only)		\$	759,677
	5.	Accrued Payroll (Owners a	ınd/or Stockholders o	only)		\$	5,866
	6.	Accrued Payroll Taxes Pay	able			\$	
, ,					\$		
,					\$		
Ç ,					\$		
					\$		
11. Accrued Income Taxes*					\$		
					\$	2,780,581	
				See Schedule	2,780,581		
See Schedule							
A-13.	To	tal Current Liabilities (Lin-	es A1 thru 12)			\$	4,155,854

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
CSC Enterprises Inc d/b/a Branford Hills He	997C	9/30/2020		34	37
Account					ount
	nt Forward:		4,155,854		
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment (<u></u>	\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ted Parties (itemize)		\$		
Name and Address of Lender	Amount	Loan Da			
Traine and reduces of Lender Timount Boar Bate					
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
4 Other Long Town Lightities	ø				
4. Other Long-Term Liabilitie	\$				
See Schedule					
B-5. <i>Total Long-Term Liabilities</i> (I	\$				
					4,155,854
C. I COM TIN ELECTRICS (Ellics II)	\$		7,100,007		

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

	ne of Facility License No. Report for Year	Ended	Page	of
CSC	C Enterprises Inc d/b/a Branford Hi 997C 9/30/2020		35	37
Α.	Account Reserves		Amo	ount
A.				6.746.006
	Reserve for value of leased land	\$		6,746,906
	2. Reserve for depreciation value of leased buildings and appurtenance			
	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 b	ased \$		
	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

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H. Changes in Total Net Worth

		License No.	Report for Year	Ended	Page	of
CSC	Enterprises Inc d/b/a Branford Hills	997C	9/30/2020		36	37
	Account					mount
A.	Balance at End of Prior Period as s		09/30/2019	\$	1	7,193,510
B.	Total Revenue (From Statement of	Revenue Page 30)		\$	1	19,811,230
C.	Total Expenditures (From Statemen	nt of Expenditures P	age 27)	\$	1	19,357,600
D.	Net Income or Deficit			\$	1	446,457
E.	Balance			\$	•	7,647,140
F.	Additions					
	1. Additional Capital Contributed	(itemize)				
	2. Other (<i>itemize</i>)					
	CR vs FS Depreciation		(7,173)			
	•		() /			
F-3.	Total Additions					(7,173)
G.	Deductions					() /
	1. Drawings of Owners/Operators	s/Partners (Specify)		\$		
	Name and Address (No., City,		Title	Amount		
	-					
	2. Other Withdrawings (Specify)					
	Purpose		Δ μου	\$		
	Purpose Amount			unt		
	3. Total Deductions					7 (20 0 5 7
H.	H. Balance at End of Period 09/30/20			\$	·	7,639,967

I. Preparer's/Reviewer's Certification

	of Facility	License No.	Report for Year Ended	Page	of			
CSC Enterprises Inc d/b/a Branford Hills		997C	9/30/2020	37	37			
Check appropriate category								
V	Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	□ (Specify)					
	P	Preparer/Reviewer Certifica	ition					
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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.								
Signat	ure of Preparer	Title	Date Signed					
2								
Printe	d Name of Preparer		<u> </u>					
Renee P Grailich								
Addre	s Address		Phone Number	Phone Number				
189 A	lps Rd Branford, CT 06405	203-483-4402	203-483-4402					
Contac	cted Person Regarding Additional Infor	Phone Number						
	P Grailich	203-483-4402	203-483-4402					
Contact Email Address								
RGRA	RGRAILICH@BHHCC.COM							