

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) New Horizons Inc. d/b/a Cherry Brook HCC	
Address (No. & Street, City, State, Zip Code) 102 Dyer Avenue, Canton, CT 06019	
Type of Facility <input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2125C	RHNS	Other	Medicare Provider 07-5396
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Medicaid Provider Numbers:	CCNH 2125C	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2018	1	37

**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for New Horizons Inc. d/b/a Cherry Brook HCC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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) Jacob S. Bompastore			Printed Name (Owner) Carol Fitzgerald		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 102 Dyer Avenue, Canton, CT 06019				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 4/5/2019		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-693-7777		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) New Horizons Inc. d/b/a Cherry Brook HCC		Address (No. & Street, City, State, Zip ) 102 Dyer Avenue, Canton, CT 06019		
License Numbers:	CCNH 2125C	RHNS	Other	Medicare Provider No. 07-5396
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Jacob S. Bompastore		Nursing Home Administrator's License No.:	001979	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				









**Annual Report of Long-Term Care Facility**

**General Information and Questionnaire  
Related Parties\***

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC	License No. 2125C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
New Horizons, Inc. and New Horizons Village	37 Bliss Memorial Rd, Collinsville, CT 06085	<input type="radio"/>	<input checked="" type="radio"/>		Pension, Maintenance Items, legal expense a	P 15, L1a7, P22, L6a, P	21,557	21,557
New Horizons Inc	37 Bliss Memorial Rd, Collinsville, CT 06085	<input type="radio"/>	<input checked="" type="radio"/>		Cherry Brook participates in a common 401	Pg 15 Ln 1a7		
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC	License No. 2125C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
Not Applicable				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Not Applicable				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
Outpatient services				

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

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

Name of Facility		License No.		Report for Year Ended			Page	of
New Horizons Inc. d/b/a Cherry Brook HCC		2125C		9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	Terminated 3/31/18	Annual Renewal	1,081	513	
LEAF	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	02/06/13	48 months	9,836	9,016	
Hewlett Packard Financial Service Co.	<input type="radio"/>	<input checked="" type="radio"/>	Equipment	06/27/13	60 months	5,436	4,530	
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	04/01/18	60 months	1,135	568	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							14,627	

\* 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 New Horizons Inc. d/b/a Cherry Br	License No. 2125C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 CohnReznick LLP 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 350 Church Street, Hartford, CT 06103 555 Long Wharf Drive, New Haven, CT 06511
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Services Provided by This Firm (*describe fully*)

1 Audit & Year End Financials	\$ 30,000
2 Medicare Cost report	\$ 2,700
3	\$
4	\$
	Charge for Services Provided
	\$ 32,700

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Siegel, O'Connor, O'Donnell & Beck 2 Goldman, Gruder & Woods 3 4 5	Telephone Number 860-727-8900 203-899-8900
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Address (*No. & Street, City, State, Zip Code*)  
 1 150 Trumbull Street, Hartford, CT  
 2 200 Connecticut Ave, Norwalk, CT  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 General employee matters:Allowed	\$ 878
2 Collections:Disallowed	\$ 3,368
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 4,246

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg 15, Line 1e

**Schedule of Resident Statistics**

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC			License No. 2125C			Report for Year Ended 9/30/2018				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	100	100			100	100			100	100		
B. On last day of THIS report period	100	100			100	100			100	100		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	98	98			98	98			91	91		
B. As of midnight of THIS report period	96	96			91	91			96	96		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,844	5,844			4,397	4,397			1,447	1,447		
B. Medicaid (Conn.)	24,341	24,341			18,168	18,168			6,173	6,173		
C. Medicaid (other states)												
D. Private Pay	3,552	3,552			2,525	2,525			1,027	1,027		
E. State SSI for RCH												
F. Other (Specify) Managed Care	618	618			395	395			223	223		
G. Total Care Days During Period (3A thru F)	34,355	34,355			25,485	25,485			8,870	8,870		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	180	180			142	142			38	38		
B. Other Bed Reserve Days	95	95			94	94			1	1		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	34,630	34,630			25,721	25,721			8,909	8,909		

**Annual Report of Long-Term Care Facility**

**Schedule of Resident Statistics (Cont'd)**

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC			License No. 2125C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Other		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	10		72		12		2						
Per Diem Rate													
a. One bed rm.	529.35		246.13		546.00		400.84						
b. Two bed rms.	529.35		246.13		534.00		400.84						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									10,805	10,805			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									131	131			
2. Restorative Treatments													
C. Other									15,270	15,270			
D. <b>Total Physical Therapy Treatments</b>									26,206	26,206			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,000	1,000			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									1	1			
2. Restorative Treatments													
C. Other									1,146	1,146			
D. <b>Total Speech Therapy Treatments</b>									2,147	2,147			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									6,579	6,579			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									222	222			
2. Restorative Treatments													
C. Other									14,953	14,953			
D. <b>Total Occupational Therapy Treatments</b>									21,754	21,754			

## Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	112,809	2,081				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	233,127	10,585				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	57,827	2,044				
c. Dietary Workers	311,402	24,085				
6. Housekeeping Service						
a. Head Housekeeper	38,006	1,629				
b. Other Housekeeping Workers	204,244	16,655				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,880	2,102				
b. Other Maintenance Workers	42,479	2,201				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	85,971	7,198				
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	213,112	4,138				
b. RN						
1. Direct Care	538,562	14,103				
2. Administrative**	434,753	14,422				
c. LPN						
1. Direct Care	830,185	27,353				
2. Administrative**						
d. Aides and Attendants	1,312,928	74,364				
e. Physical Therapists	567,886	16,742				
f. Speech Therapists	90,471	1,946				
g. Occupational Therapists	345,111	9,348				
h. Recreation Workers	104,141	5,925				
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	145,038	4,891				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,728,932	241,812				

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

Name of Facility				License No.	Report for Year Ended				Page	of
New Horizons Inc. d/b/a Cherry Brook HCC				2125C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>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).</b>										
Not Applicable										

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

\*\* Include **all** employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
New Horizons Inc. d/b/a Cherry Brook HCC				2125C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section III - Administrators***</b>										
Jacob S. Bompastore (10/1/2017 - 9/30/2018)	112,809			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,081	A2			
<b>Section IV - Assistant Administrators</b>										

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

\*\* Include **all** other employment worked during the cost year.

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2018	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	21,911	655				
2. Dentist	3,300	23				
3. Pharmacist	9,540	194				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	46,800	323				
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)	2,400	16				
9. Speech Therapist						
a. Resident Care	8,669	24				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	49,133	805				
2. Administrative***						
b. LPN						
1. Direct Care	156,315	5,852				
2. Administrative***						
c. Aides	343,242	15,690				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>641,310</b>	<b>23,582</b>				

\* 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 New Horizons Inc. d/b/a Cherry Brook HCC		License No. 2125C	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Patricia Messina, RD, 27 Fox Run Road, Unionville, CT 06085	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse, P.O.Box 301076, Dallas, TX 75303-1076	nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Gary Miller MD, 61 Bradley St, Bristol, CT 06010	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
ProCare LTC, 110 Bi-County Blvd, Farmingdale, NY	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Amor Lomibao, 71 Spenser St, Winsted, CT 06098	Sub-acute Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, 653 Main Street, Plainville, CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Staffing Solutions, 12558 Collections Center, Chicago, IL 60693	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Matthew P. Keefe, 93 Atwater Road, Collinsville, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Vista Behavioral Health, LLC 152 Simsbury Rd Bldg 9 Avon, CT 06001	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Audiology Group, 888 Worcester Street, Wellesley, MA 02482-3744	Speech Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd., Avonm, CT 06001	Speech Therapy services	<input type="radio"/>	<input checked="" type="radio"/>		
Leanne Carlson, 561 High Road, Kensington, CT 06037	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
MASSTEX, 3 Electronics Ave, Danvers, MA	Speech Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>		
ValueRx Pharmacy Services, 54 Tuttle Place, Middletown, CT 06457	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Michela Lux, 9 Feetwood Drive, Plainville, CT 06062	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Worldwide Staff, 175 Dwight Road, STE 202, Longmeadow, MA 01106	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 183,311	183,311		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 58,841	58,841		
4. Social Security (F.I.C.A.)	\$ 418,244	418,244		
5. Health Insurance	\$ 918,389	918,389		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 48,510	48,510		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 37,600	37,600		
d. Accounting and Auditing	\$ 32,700	32,700		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 4,246	4,246		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 51,755	51,755		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,119	21,119		
2. Cellular Phones	\$ 2,333	2,333		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 605,795	605,795		
<b>Subtotal</b>	\$ 2,382,843	2,382,843		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
<b><i>Subtotals Brought Forward:</i></b>	2,382,843	2,382,843			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,888	6,888			
3. Gifts to Staff and Residents	\$ 19,367	19,367			
4. Employee Travel	\$ 1,068	1,068			
5. Education Expenses Related to Seminars and Conventions	\$ 4,412	4,412			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 17	17			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 7,674	7,674			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 23,109	23,109			
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	\$ 7,517	7,517			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 10,273	10,273			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 171,600	171,600			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 61,629	61,629			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 2,696,397	2,696,397			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Other
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
promotional	\$ 23,109		
<b>Total Other Advertising</b>	\$ 23,109	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
Leading Age CT	\$ 9,488		
ACHCA	\$ 700		
ALTCFM	\$ 85		
<b>Total Dues</b>	\$ 10,273	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
St of CT annual license renewal	\$ 1,542		
Bank charges	\$ 6,592		
Payroll processing fees	\$ 14,093		
Employee Physicals/Background checks	\$ 9,671		
CMP case#2018-01-LTC-059	\$ 5,538		
energy audit	\$ 257		
Data processing fees	\$ 23,936		
<b>Total Other Administrative and General</b>	\$ 61,629	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook HC	2125C	9/30/2018	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	223,200	Contract Attached to a Prior Year	See Below
Allocation of the above	\$40176	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg.
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	24,288	Admin/Gen - Other exp	Pg 16, Line 12

**\* 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
New Horizons Inc. d/b/a Cherry Brook HCC		2125C	9/30/2018	18	37
Item	Total	CCNH	RHNS	Other	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 221,804	221,804			
2. Non-Food Supplies	\$ 19,675	19,675			
3. Other ( <i>Specify</i> ) _____	\$ _____				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$ _____				
c. Other ( <i>Specify</i> ) _____ Management services	\$ 35,712	35,712			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 277,191</b>	<b>277,191</b>			
2F. Dietary Questionnaire	Total	CCNH	RHNS	Other	
G. Resident Meals: Total no. of meals served per day:*	282	282			
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	\$4,681
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	\$2,065
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					18,2a
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC		2125C	9/30/2018		19	37
Item		Total	CCNH	RHNS	Other	
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	15,835	15,835		
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$				
	c. Other ( <i>Specify</i> ) Supplies = \$8,491	\$	8,491	8,491		
3D.	<b>Total Laundry Expenditures</b> (3a + b + c)	\$	24,326	24,326		
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* 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 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC		2125C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	39,851	39,851		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	39,851	39,851		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Value Rx	\$	253,583	253,583		
b.	Medicine Cabinet Drugs	\$	18,126	18,126		
c.	Medical and Therapeutic Supplies	\$	254,604	254,604		
d.	Ambulance/Limousine***	\$	7,708	7,708		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	29,364	29,364		
f.	X-rays and Related Radiological Procedures***	\$	26,038	26,038		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	27,968	27,968		
i.	Recreation	\$	22,302	22,302		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	176,268	176,268		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	815,961	815,961		

\* 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	Other
Management Fee Direct	\$ 40,176		
Occupational Therapy Supplies	\$ 2,338		
Physical Therapy Supplies	\$ 48,690		
Medical Equip Rentals-Other	\$ 24,071		
Oxygen Concentrator Rentals	\$ 20,589		
Cable TV Services Expense	\$ 15,916		
Speech Therapy Supplies	\$ 1,414		
Medical Equip Rentals-Medicaid	\$ 23,074		
<b>Total Other Resident Care</b>	<b>\$ 176,268</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC			License No. 2125C		Report for Year Ended 9/30/2018			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
Riverside Nursery	Box 435, Collinsville, CT 06022	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping, Snow Removal	33,713			22	6f
CWPM	P.O.Box 415, Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	20,875			22	6f
Athena Health Care Associates	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	247,488			17	
ADP	100 Corporate Drive, Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	14,093			16	m13
ProCare LTC	110 Bi-County BLVD, Farmingdale, NY	<input type="radio"/>	<input checked="" type="radio"/>		Pharmacy Services	97,194			20	5a2
ValueRx Pharmacy Services	54 Tuttle Place, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Pharmacy Services	180,083			20	5a2
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 88,846	88,846				
b. Heat	\$ 39,212	39,212				
c. Light & Power	\$ 147,723	147,723				
d. Water	\$ 45,923	45,923				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 14,627	14,627				
f. Other ( <i>itemize</i> )	\$ 73,109	73,109				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 409,440	409,440				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 30,490	30,490				
b. Building & Building Improvements	\$ 321,536	321,536				
c. Non-Movable Equipment	\$ 10,315	10,315				
d. Movable Equipment	\$ 59,370	59,370				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 421,711	421,711				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 19,436	19,436				
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 19,436	19,436				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 149,212	149,212				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 15,843	15,843				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 606,202	606,202				

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





### Depreciation Schedule

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC			License No. 2125C		Report for Year Ended 9/30/2018			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			314,106		314,106	97,523	S/L	Various	30,489				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										30,489			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			7,653,868		7,653,868	5,287,574	S/L	Various	321,537				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										321,537			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			237,993		237,993	167,942	SL	Various	10,316				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										10,316			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Ford Van		X		7	2005	6,000		6,000	6,000	S/L	5 yrs		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2017	979,142		979,142	584,029	S/L	Various	57,422	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2018	31,215		31,215		S/L	Various	1,948	
D-3. Subtotal													59,370
<b>E. Total Depreciation</b>													421,712

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Building Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
Various	See attached	\$ 31,215	-	\$ 1,948
<b>Total additions for Movable Equipmen</b>		\$ 31,215		\$ 1,948 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvemen</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

CHERRY BROOK HEALTH CARE  
 FURNITURE & EQUIPMENT #1952  
 FYE 09/30/18

DATE	VENDOR	DESCRIPTION	USE	AMOUNT
BEGINNING BALANCE @ 10/01/17				\$ 982,550.73
12/31/17	Global Equipment Company	K-400 drum machine with Bulb Auger	\$	518.86
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	430.26
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	523.80
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	579.92
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	561.21
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	579.92
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	561.21
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	579.92
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	561.21
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	579.92
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	561.21
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	579.92
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	542.50
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	579.92
1/31/18	Joerns	DERMAFLOAT LAL System - mattress	\$	579.92
5/31/18	ACP	Therapy equipment	\$	7,194.00
5/31/18	Wesson	hot water tank	\$	4,587.00
6/30/18	arjo	actuator kit - hoyer lift	\$	1,759.97
8/31/18	WB Mason	office furniture	\$	1,137.00
9/30/18	ACP	Therapy equipment	\$	6,000.00
9/30/18	Fire Service Group	flow meter (for sprinkler system)	\$	2,797.02
Additions 9/30/18				\$ 31,214.77
ENDING BALANCE @ 9/30/18				\$ 1,013,765.50

**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
New Horizons Inc. d/b/a Cherry Brook HCC			2125C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Finance Fees-CHEFA	9	1994	30 yrs	922,570	922,570	SL	0		
2. Finance Fees-Farmington Bank	12	2014	10 yrs	194,356	55,068	SL	0	19,436	
3.									
B-4. Subtotal									19,436
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period		2017	15 yrs	390,000	325,000				
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									19,436

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of Facility New Horizons Inc. d/b/a Cherry Brook	License No. 2125C	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		01/14/1993		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		01/14/93		
5. Total Licensed Bed Capacity		100		
6. Square Footage				
7. Acquisition Cost				
a. Land		1,000,000		
b. Building		6,039,220		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		12/10/14		
c. Interest Rate for the Cost Year		2.99%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		4,200,000		
f. Principal balance outstanding as of		2,770,587		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
New Horizons Inc. d/b/a Cherry Brook		2125C	9/30/2018			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 89,748	89,748				
Name of Lender		Rate					
Farmington Bank							
Address of Lender							
One Farm Glen Boulevard, Farmington, CT 06032							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 89,748	89,748				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of		
New Horizons Inc. d/b/a Cherry Brd	2125C	9/30/2018	27	37		
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:			89,748	89,748		
12. C. Movable Equipment						
1. Automotive Equipment	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$					
12. D. Other Interest Expense (Specify)	\$		2,118	2,118		
Vender Interest = \$786; Bond Fees = \$1,332						
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$		91,866	91,866		
14. Insurance						
a. Insurance on Property (buildings only)	\$		151,567	151,567		
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$					
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$		151,567	151,567		
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$		11,483,043	11,483,043		



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC				2125C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 345,111	345,111		
4.			Other - See attached Schedule	\$ 3,798	3,798		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 37,600	37,600		
10.	15	1d&e	Accounting	\$ 3,368	3,368		
10a.			Legal	\$			
11.	15	1h2	Telephone	\$ 1,613	1,613		
12.			Cellular Telephone	\$			
13.	16	13	Life insurance premiums on the life of Owners, Partners, Operators	\$ 19,367	19,367		
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	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.	16	m2&3	Automobile Expense (e.g. personal use)	\$ 23,109	23,109		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m6	Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 12,744	12,744		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 2,616	2,616		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 449,326	449,326		

\* 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	Other
10	A12M	Marketing Salaries & Benefits	\$ 3,798	\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
<b>Total Other Salaries Adjustment</b>			\$ 3,798	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	M13	Bank Charges	\$ 6,592		
16	M13	CMS Penalty - case #2017-01-LTC-078	\$ 5,538		
various	various	Outpatient therapy: A & G costs	\$ 614		
<b>Total Other A&amp;G Adjustments</b>			\$ 12,744	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
New Horizons Inc. d/b/a Cherry Brook HCC			2125C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 449,326	449,326		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 253,583	253,583		
28.			Ambulance/Limousine	\$ 7,708	7,708		
29.			X-rays, etc	\$ 26,038	26,038		
30.			Laboratory	\$ 27,968	27,968		
31.			Medical Supplies	\$ 29,305	29,305		
32.			Oxygen (non emergency)	\$ 29,364	29,364		
33.			Occupational Therapy	\$ 2,338	2,338		
34.			Other - See Attached Schedule	\$ 37,460	37,460		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 8,315	8,315		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 1,624	1,624		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 2,862	2,862		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 39,599	39,599		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 32,174	32,174		
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 947,664	947,664		

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

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
various	various	Outpatient Therapy - Indirect Costs	\$ 463	\$ -	\$ -
20	5j	Medical Equipment Rental	\$ 24,071	\$ -	\$ -
20	5a1 & 2	Omnicare pricing audit	\$ 12,926	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
		Unallowable Management Fees.....-Indirect Care	\$ -	\$ -	\$ -
		Unallowable Management Fees.....-Direct Care	\$ -	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			<b>\$ 37,460</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	7d	Excess Moveable Equipment	\$ 8,315		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 8,315</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
various	various	Outpatient Therapy - Capital costs	\$ 570		
various	various	Outpatient Therapy - Fair rent	\$ 1,054		
<b>Total Other Property Adjustments</b>			<b>\$ 1,624</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	Other
27	12D	Vendor Interest	\$ 786		
27	12D	Bond Fees	\$ 1,332		
30	IV8	Cell Tower Income	\$ 25,165		
22	5j	Radio and Television	\$ 12,316		
<b>Total Other Adjustments</b>			\$ 39,599	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	8b	Deferred Finance fees Refinance	\$ 19,436		
22	7a	Building Improvements Deprec Carryforward	\$ 12,738		
<b>Total Unallowable Building Interest</b>			\$ 32,174	\$ -	\$ -

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook	H(2125C)	9/30/2018		30	37
Item	Total	CCNH	RHNS	Other	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,932,707	12,932,707			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,957,082)	(6,957,082)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,171,436	2,171,436			
b. Medicare Room and Board Contractual Allowance **	\$ 222,620	222,620			
4. a. Private-Pay Residents and Other	\$ 3,061,354	3,061,354			
b. Private-Pay Room and Board Contractual Allowance **	\$ (251,581)	(251,581)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 162,435	162,435			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (160,510)	(160,510)			
c. Prescription Drugs - Non-Medicare	\$ 172,744	172,744			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (172,744)	(172,744)			
2. a. Medical Supplies - Medicare	\$ 19,305	19,305			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (15,242)	(15,242)			
c. Medical Supplies - Non-Medicare	\$ 33,263	33,263			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (33,263)	(33,263)			
3. a. Physical Therapy - Medicare	\$ 1,072,540	1,072,540			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (750,565)	(750,565)			
c. Physical Therapy - Non-Medicare	\$ 269,484	269,484			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (269,484)	(269,484)			
4. a. Speech Therapy - Medicare	\$ 225,956	225,956			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (159,567)	(159,567)			
c. Speech Therapy - Non-Medicare	\$ 28,981	28,981			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (28,981)	(28,981)			
5. a. Occupational Therapy - Medicare	\$ 871,730	871,730			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (670,042)	(670,042)			
c. Occupational Therapy - Non-Medicare	\$ 246,075	246,075			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (246,075)	(246,075)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 4,016	4,016			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (22,978)	(22,978)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,756,532	11,756,532			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 78,379	78,379			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 78,379	78,379			
<b>VI. Total All Revenue</b> (III +V)	\$ 11,834,911	11,834,911			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description		CCNH	RHNS	Other
pg 31, L A	Interest on A/R	N/A	\$ 2,862		
pg 31, L A	Bond Funds Interest	N/A	\$ 1,154		
<b>Total Other Resident Revenue - Medicare</b>			\$ 4,016	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description		CCNH	RHNS	Other
NA	Retroactives		\$ (22,978)		
			\$ -		
0					
0					
0					
0					
0			\$ (22,978)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	Other
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description		CCNH	RHNS	Other
0	Cell Tower Income		\$ 25,165		
0	Bad Debt Recoveries		\$ 38,880		
0		0	\$ -		
0	Dividend-rehabCare		\$ 600		
0	CHEFA settlement award		\$ 310		
0	donations		\$ 498		
0	Omnicare pricing audit		\$ 12,926		
<b>Total Other Revenue</b>			\$ 78,379	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook	2125C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	921,174
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	837,275
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	17,794
5. Prepaid Expenses			\$	239,940
a. Prepaid Insurance	95,139			
b. Prepaid Expenses	144,801			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	7,000
_____				
_____				
See Schedule	7,000			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	2,023,183
B. Fixed Assets				
1. Land			\$	1,000,000
2. Land Improvements	*Historical Cost	314,106	\$	186,094
	Accum. Depreciation	128,012		Net
3. Buildings	*Historical Cost	7,653,869	\$	2,044,757
	Accum. Depreciation	5,609,112		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	237,993	\$	59,735
	Accum. Depreciation	178,258		Net
6. Movable Equipment	*Historical Cost	952,506	\$	304,607
	Accum. Depreciation	647,899		Net
7. Motor Vehicles	*Historical Cost	66,807	\$	
	Accum. Depreciation	66,807		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	48,833
_____				
See Schedule	48,833			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	3,644,026

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

(Carry Total forward to next page)



Cherry Brook Health Care  
#1580 - PPD exp  
9/30/2018

	\$	50,000.00	health insurance deposit
9/30/2018 1580-010-108	\$	9,592.47	Storage
9/30/2018 1580-010-108	\$	84,585.70	Health Insurance
9/30/2018 1580-010-108	\$	4,200.00	Health Insurance
9/30/2018 1580-010-108	\$	2,675.51	Health Insurance
1/31/2018 1580-010-108	\$	2,379.72	Leading Age Association Dues
	\$	(9,524.46)	BUCK donation
	\$	425.00	Peers, Johnny
	\$	167.50	Bombastore, Jake
	\$	299.99	SWEETWATER MUSIC INSTRUMENTS & PRO AUDIO PORTABLE PA W/WIRELESS MIC+BLU
	\$	144,801.43	

Cherry Brook Moveable Equipment Carryforward Schedule

Cost Year

	Amount	Amount	Amount	Amount		Totals
	Excess Over CON Adj #1	Excess Over CON Adj #2	Excess Over CON Adj #3	Excess Over CON Adj #4	2016 resident tv's/speaker wiring	
Cost Term	\$ 11,385 \$ 5	\$ 1,501 \$ 8	\$ 12,345 \$ 10	\$ 2,690 \$ 15	\$ 83,139 \$ 10	\$ 111,060
1995 Deprec	\$ 1,139	\$ 94	\$ 617	\$ 90		\$ 1,940
1995 Book Value	\$ 10,246	\$ 1,407	\$ 11,728	\$ 2,600		\$ 25,981
1996 Deprec	\$ 2,277	\$ 188	\$ 1,234	\$ 180		\$ 3,879
1996 Book Value	\$ 7,969	\$ 1,219	\$ 10,494	\$ 2,420		\$ 22,102
1997 Deprec	\$ 2,277	\$ 188	\$ 1,234	\$ 180		\$ 3,879
1997 Book Value	\$ 5,692	\$ 1,031	\$ 9,260	\$ 2,240		\$ 18,223
1998 Deprec	\$ 2,277	\$ 188	\$ 1,234	\$ 180		\$ 3,879
1998 Book Value	\$ 3,415	\$ 843	\$ 8,026	\$ 2,060		\$ 14,344
1999 Deprec	\$ 2,277	\$ 188	\$ 1,234	\$ 180		\$ 3,879
1999 Book Value	\$ 1,138	\$ 655	\$ 6,792	\$ 1,880		\$ 10,465
2000 Deprec	\$ 1,138	\$ 188	\$ 1,234	\$ 180		\$ 2,740
2000 Book Value	\$ -	\$ 467	\$ 5,558	\$ 1,700		\$ 7,725
2001 Deprec		\$ 188	\$ 1,234	\$ 180		\$ 1,602
2001 Book Value		\$ 279	\$ 4,324	\$ 1,520		\$ 6,123
2002 Deprec		\$ 188	\$ 1,234	\$ 180		\$ 1,602
2002 Book Value		\$ 91	\$ 3,090	\$ 1,340		\$ 4,521
2003 Deprec		\$ 91	\$ 1,234	\$ 180		\$ 1,505
2003 Book Value		\$ -	\$ 1,856	\$ 1,160		\$ 3,016
2004 Deprec			\$ 1,234	\$ 180		\$ 1,414
2004 Book Value			\$ 622	\$ 980		\$ 1,602
2005 Deprec			\$ 622	\$ 180		\$ 802
2005 Book Value			\$ -	\$ 800		\$ 800
2006 Deprec				\$ 180		\$ 180
2006 Book Value				\$ 620		\$ 620
2007 Deprec				\$ 180		\$ 180
2007 Book Value				\$ 440		\$ 440
2008 Deprec				\$ 180		\$ 180
2008 Book Value				\$ 260		\$ 260
2009 Deprec				\$ 180		\$ 180
2009 Book Value				\$ 80		\$ 80
2010 Deprec				\$ 80		\$ 80
2010 Book Value				\$ -		\$ -
2016 Deprec					\$ 4,157	\$ 4,157
2016 Book Value					\$ 78,982	\$ 78,982
2017 Deprec					\$ 8,315	\$ 8,315
2017 Book Value					\$ 70,667	\$ 70,667
2018 Deprec					\$ 8,315	\$ 8,315
2018 Book Value					\$ 62,352	\$ 62,352
2019 Deprec					\$ 8,315	\$ 8,315
2019 Book Value					\$ 54,037	\$ 54,037
2020 Deprec					\$ 8,315	\$ 8,315
2020 Book Value					\$ 45,722	\$ 45,722
2021 Deprec					\$ 8,315	\$ 8,315
2021 Book Value					\$ 37,407	\$ 37,407
2022 Deprec					\$ 8,315	\$ 8,315
2022 Book Value					\$ 29,092	\$ 29,092
2023 Deprec					\$ 8,315	\$ 8,315
2023 Book Value					\$ 20,777	\$ 20,777
2024 Deprec					\$ 8,315	\$ 8,315
2024 Book Value					\$ 12,462	\$ 12,462
2025 Deprec					\$ 8,315	\$ 8,315
2025 Book Value					\$ 4,147	\$ 4,147
2026 Deprec					\$ 4,147	\$ 4,147
2026 Book Value					\$ -	\$ -

erry Brook Capital Asset Carryforward Schedule  
Cost Year

Cost Year	Amount		Amount	
	Deferred Finance Fees		Building Improvements	
	\$ 194,356	\$	\$ 382,149	\$
	\$ 10	\$	\$ 30	\$
1994				
1994				
1995				
1995				
1996				
1996				
1997		\$ 12,738		
1997		\$ 369,411		
1998		\$ 12,738		
1998		\$ 356,672		
1999		\$ 12,738		
1999		\$ 343,934		
2000		\$ 12,738		
2000		\$ 331,196		
2001		\$ 12,738		
2001		\$ 318,458		
2002		\$ 12,738		
2002		\$ 305,719		
2003		\$ 12,738		
2003		\$ 292,981		
2004		\$ 12,738		
2004		\$ 280,243		
2005		\$ 12,738		
2005		\$ 267,504		
2006		\$ 12,738		
2006		\$ 254,766		
2007		\$ 12,738		
2007		\$ 242,028		
2008		\$ 12,738		
2008		\$ 229,289		
2009		\$ 12,738		
2009		\$ 216,551		
2010		\$ 12,738		
2010		\$ 203,813		
2011		\$ 12,738		
2011		\$ 191,075		
2012		\$ 12,738		
2012		\$ 176,336		
2013		\$ 12,738		
2013		\$ 165,598		
2014		\$ 12,738		
2014		\$ 152,860		
2015		\$ 12,738		
2015		\$ 140,121		
2016	Deprec	\$ 19,436	\$ 12,738	
2016	Book Value	\$ 174,920	\$ 127,363	
2017	Deprec	\$ 19,436	\$ 12,738	
2017	Book Value	\$ 155,484	\$ 114,645	
2018	Deprec	\$ 19,436	\$ 12,738	
2018	Book Value	\$ 136,048	\$ 101,906	
2019	Deprec	\$ 19,436	\$ 12,738	
2019	Book Value	\$ 116,612	\$ 89,168	
2020	Deprec	\$ 19,436	\$ 12,738	
2020	Book Value	\$ 97,176	\$ 76,430	
2021	Deprec	\$ 19,436	\$ 12,738	
2021	Book Value	\$ 77,740	\$ 63,692	
2022	Deprec	\$ 19,436	\$ 12,738	
2022	Book Value	\$ 58,304	\$ 50,953	
2023	Deprec	\$ 19,436	\$ 12,738	
2023	Book Value	\$ 38,868	\$ 38,215	
2024	Deprec	\$ 38,868	\$ 12,738	
2024	Book Value	\$ -	\$ 25,477	
2025	Deprec	\$ -	\$ 12,738	
2025	Book Value	\$ -	\$ 12,738	
2026	Deprec	\$ -	\$ 12,738	
2026	Book Value	\$ -	\$ -	

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook	2125C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	5,667,209
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	60,800
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	119,853
Name and Address	Amount	Loan Date		
Deferred Finance Fees	119,853			
7. Other Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	180,653
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	5,847,862

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref	Line Ref	Description	
31	A8	A/R Facilities: Non-related	\$ 7,000
<b>Total Other Current Assets (Itemize)</b>			\$ 7,000

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

Page Ref	Line Ref	Description	
31	B9	Excluded Moveable Equipment	\$ 62,352
31	B9	Misc Diff fixed assets to books	\$ (13,519)
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ 48,833

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

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

Page Ref	Line Ref	Description	
		Accd Operating Expenses-see attached	\$ 43,590
		Provider taxes Due	\$ 156,851
		Third Party reserve	\$ 50,000
<b>Total Other Current Liabilities (Itemize)</b>			\$ 250,441

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC		2125C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	694,792
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	156,430
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	39,211
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	6,920
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	250,441
_____					
_____					
_____					
See Schedule				250,441	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,147,794

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

(Carry Total forward to next page)

Cherry Brook  
Accrued Expenses  
9/30/2018

9/30/2018	(\$9,592.47)	storage
9/30/2018	(\$576.09)	office supplies
9/30/2018	(\$4,732.17)	employee relations
9/30/2018	(\$716.15)	housekeeping supplies
9/30/2018	(\$150.00)	medical staff meeting
9/30/2018	(\$150.00)	medical staff meeting
9/30/2018	(\$330.42)	PT Supplies
9/30/2018	(\$3,520.14)	nursing supplies
9/30/2018	(\$2,299.00)	Nurse pool
9/30/2018	(\$4,191.14)	Nurse pool
9/30/2018	(\$1,356.63)	Nurse pool
9/30/2018	(\$15,976.21)	Annual sewer usage
	(\$43,590.42)	

**G. Balance Sheet (cont'd)**

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC		License No. 2125C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,147,794	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 2,770,587	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ (5,231,599)	
Name and Address of Lender	Amount	Loan Date			
New Horizons Inc, 37 Bliss Memorial Dr, Unionville, CT	(5,302,089)				
New Horizons Village, 37 Bliss Memorial Dr, Unionville, CT	70,490				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (2,461,012)	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ (1,313,218)	



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

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook	2125C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	6,809,212
6. Gain or Loss for Period			\$	351,868
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	7,161,080
<b>C. Total Reserves and Net Worth</b>			\$	7,161,080
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	5,847,862

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook H	2125C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	6,810,855
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,834,911
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,483,043
D. Net Income or Deficit			\$	351,868
E. Balance			\$	7,162,723
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Prior year expense adjustment ( copier )	(1,643)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(1,643)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip )</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>	09/30/18		\$	7,161,080

### I. Preparer's/Reviewer's Certification

Name of Facility New Horizons Inc. d/b/a Cherry Brook	License No. 2125C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Address Address			Phone Number	