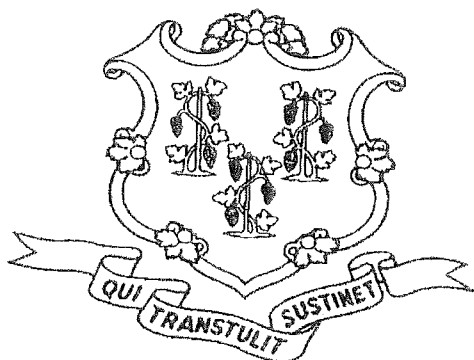


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Bristol Crossings, LLC	
Address (No. & Street, City, State, Zip Code) 61 Bellevue Ave, Bristol, CT 06010	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2329	RHNS	(Specify)	Medicare Provider 07-5221
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Medicaid Provider Numbers:	CCNH 9043	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bristol Crossings, LLC [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit Review

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

(Notary Seal)

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Bristol Crossings, LLC		Period Covered: From 10/1/2018	To 9/30/2019
Address of Facility 61 Bellevue Ave, Bristol, CT 06010			
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/14/2020
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-589-1682		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) Bristol Crossings, LLC			Address (No. & Street, City, State, Zip) 61 Bellevue Ave, Bristol, CT 06010		
License Numbers:	CCNH 2329	RHNS	(Specify)	Medicare Provider No. 07-5221	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
N/A					
Administrator					
Name of Administrator Raymond L. Wilkens			Nursing Home Administrator's License No.:	1841	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
N/A					

State Facility	CT Bristol
Owner	% Ownership
1 Agnes Zitter	2.08%
2 Albert David	1.67%
3 Barry Bokow	1.00%
4 BNB Healthcare Funds LLC	6.67%
5 Chaim Goldenberg	5.00%
6 David Cohen	6.67%
7 Gerald Neuman	3.33%
8 Ira Geffner	1.00%
9 Josef Skoczylas	2.00%
10 Tzivy Roberts	6.67%
11 Magda Manela	5.00%
12 Michael Lipman	5.00%
13 Mordechai Eisen	2.50%
14 Morris Fuchs	8.33%
15 Moshe Shaya-Mograby	1.67%
16 MSO Associates, LLC	30.75%
17 Nathan Pollack	4.17%
18 Shmuel Laufer	2.50%
19 Tali Skoczylas	4.00%
	<hr/>
	100%
	<hr/> <hr/>

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
N/A		

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
N/A			

General Information and Questionnaire

Individual Proprietorship

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		PT,OT,ST SERVICES/CONSULTING	Various	846,200	824,047
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>		Radiology	Page 20 / Line 5f	24,128	20,775
Associates-Aetna 850 Silas Deane Hwy Wethersfield,	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Page 15 / Line 1a5	621,317	621,317
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Interest on Computer Loan / Misc	Various	6,285	6,285
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>		Rent/Other Expense	Page 16 / Line m12	1,912	1,912
20Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>		Rent/Other Expense	Page 16 / Line m12	17,480	17,480
EP Bristol Realty	61 Bellevue Ave, Bristol, Ct 06010	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Page 22 / Line 9	1,260,000	***1,260,000
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Drugs/OTC/RX Consult	Various	382,963	352,521
See Attached for Continued List	Various	<input type="radio"/>	<input checked="" type="radio"/>		Various	Various	954,903	954,903

* Use additional sheets if necessary.

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

*** N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.

General Information and Questionnaire
Related Parties*

Name of Facility Bristol Crossings, LLC		License No. 2329		Report for Year Ended 9/30/2019		Page 4a	of 37	
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	%**				
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Consulting Expense	Page 16 / Line m11	16,807	16,807
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Shared Services	Page 16 / Line m12	528,800	528,800
PREFERRED PROFESSIONAL SERVICES	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Nursing Agency	Page 13 / Line 11a1	40,727	40,727
EP Bristol Realty	61 Bellevue Ave, Bristol, Ct 06010	<input type="radio"/>	<input checked="" type="radio"/>	0%	Depreciation of Building	Page 22 / Line 7b	368,569	368,569

* 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 Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	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.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Bristol Crossings, LLC			2329	9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	Ongoing	3,178	3,178	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	31,669	31,669	
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/15	39 Months	1,105	1,105	
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/17	39 Months	7,293	7,293	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	43,245

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

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
---	--

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	26,610
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 26,610

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

Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 ROGIN NASSAU, LLC 2 Berchem Moses & Devlin PC 3 GOLDMAN GRUDER & WOOD 4 TREASURER STATE OF CONNECTICUT 5	Telephone Number 860-256-6300 203-783-1200 203-899-8900 860-702-3000
--	--

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

1	185 ASYLYM STREET -22ND FLOOR HARTFORD CT 06103-3460
2	75 Broad Street Milford, CT 06460
3	200 CONNECTICUT AVENUE NORWALK CT 06854
4	55 Elm St #2, Hartford, CT 06106
5	

Services Provided by This Firm (*describe fully*)

1	Revaluation Fees (Disallowed on Pg 28)	\$	602
2	Labor - Employee Issues (Disallowed on Pg 28)	\$	620
3	Collections (Disallowed on Pg 28)	\$	2,496
4	Conservatorship (Disallowed on Pg 28)	\$	225
5		\$	
			Charge for Services Provided
			\$ 3,943

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

Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Bristol Crossings, LLC		License No. 2329			Report for Year Ended 9/30/2019				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	132	132			132	132			132	132			
B. On last day of THIS report period	132	132			132	132			132	132			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	125	125			125	125			125	125			
B. As of midnight of THIS report period	126	126			125	125			126	126			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,595	3,595			2,801	2,801			794	794			
B. Medicaid (Conn.)	36,562	36,562			27,474	27,474			9,088	9,088			
C. Medicaid (other states)													
D. Private Pay	3,025	3,025			2,310	2,310			715	715			
E. State SSI for RCH													
F. Other (Specify) Managed Care	2,766	2,766			1,981	1,981			785	785			
G. Total Care Days During Period (3A thru F)	45,948	45,948			34,566	34,566			11,382	11,382			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	47	47			47	47							
B. Other Bed Reserve Days	46	46			41	41			5	5			
5. Total Resident Days (3G + 4A + 4B)	46,041	46,041			34,654	34,654			11,387	11,387			

Schedule of Resident Statistics (Cont'd)

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
N/A													

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	9	91		26				
Per Diem Rate								
a. One bed rm.	Various	247.88		535.00				
b. Two bed rms.	Various	247.88		510.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,719	5,719		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	13,491	13,491		
D. Total Physical Therapy Treatments	19,210	19,210		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	813	813		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,432	1,432		
D. Total Speech Therapy Treatments	2,245	2,245		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,681	4,681		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	13,186	13,186		
D. Total Occupational Therapy Treatments	17,867	17,867		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol Crossings, LLC	2329	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	143,080	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	173,624	7,914				
5. Dietary Service						
a. Head Dietitian	27,504	836				
b. Food Service Supervisor	73,435	2,080				
c. Dietary Workers	363,392	23,742				
6. Housekeeping Service						
a. Head Housekeeper	45,096	2,080				
b. Other Housekeeping Workers	269,272	18,296				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	47,650	1,757				
b. Other Maintenance Workers	54,760	2,516				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	51,496	3,496				
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	236,930	4,048				
b. RN						
1. Direct Care	504,888	12,232				
2. Administrative**	261,987	7,645				
c. LPN						
1. Direct Care	1,294,309	45,792				
2. Administrative**						
d. Aides and Attendants	1,813,574	109,321				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	129,260	6,119				
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	126,375	4,120				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	203,855	6,904				
<i>A-13. Total Salary Expenditures</i>	5,820,487	260,978				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Medical Records	\$ 38,883	2,113				
Admissions	164,972	4,791				
Total	\$ 203,855	6,904	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
IV Nursing Consultant (Disallowed on Pg 28a)	\$ 12,142	162				
Rehab Consultant (Disallowed on Pg 28a)	11,954	250				
Medical Records	803	4				
Total	\$ 24,899	416	\$ -	-	\$ -	-

State of Connecticut

Annual Report of Long-Term Care Facility

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	
Bristol Crossings, LLC				2329	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Marvin J. Ostreicher	28,800			Non Discriminatory	Supervises operations, deals with DNS & other	60	16 / m11	See Attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

The Pines at Bristol
Marvin J Ostreicher Time Study
9/30/2019

	BEDS	Total w/ Bnft
Bethel	161	66.00
Bloomfield	120	67.00
Bristol	132	60.00
Cambridge	160	73.00
Hebrew Home	257	111.00
Ludlowe	144	60.00
Maple View	120	58.00
Marlborough	120	56.00
Milford	120	60.00
Regency	130	62.00
Riverside	345	93.00
Village Crest	95	58.00
Water's Edge	150	64.00
Augusta	72	57.00
Belair	102	53.00
Brattleboro	80	65.00
Brentwood	78	50.00
Brewer	111	64.00
Catskill	136	58.00
Colony	92	55.00
Country	111	58.00
Dover	112	58.00
Eastside	69	51.00
Eliot	114	62.00
Glen Falls	120	56.00
Huntington	320	94.00
Kennebunk	78	51.00
Maywood	120	65.00
Newton Wellseley	110	58.00
Norway	70	48.00
Poughkeepsie	200	74.00
Reservoir	144	71.00
Rutland	125	64.00
Sachem	111	54.00
Sands Point	180	70.00
Utica	117	53.00
Westgate	104	59.00
Winship	72	50.00
Vacation/PTO		
Sick		
Personal		
Holiday		
Total	2,948	1,498.00

Annual Report of Long-Term Care Facility

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 Year Ended			Page	of	
Bristol Crossings, LLC				2329	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Raymond L. Wilkens	143,080			Non Discriminatory	Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol Crossings, LLC	2329	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,280	122				
3. Pharmacist	15,900	212				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	385,376	5,931				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	72,038	358				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	92,748	1,375				
b. Other						
10. Occupational Therapist						
a. Resident Care	362,091	6,785				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	94,219	1,546				
2. Administrative***						
b. LPN						
1. Direct Care	32,411	552				
2. Administrative***						
c. Aides	6,629	287				
d. Other						
12. Other (Specify) See Attached Schedule	24,899	416				
B-13 Total Fees Paid in Lieu of Salaries	1,094,591	17,584				

* 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 Bristol Crossings, LLC		License No. 2329	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultant / Medical Records	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Thearpy-809 Main St., E.Hartford,CT, 06108	PT, OT, ST / Consult Rehab	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Dr Santo Buccheri - 357 Franklin Ave, Hartford, CT 06114	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
PREFERRED PROFESSIONAL SERVICES 850 Silas Deane Hwy Wethersfield, CT 06109	Contract RNs / LPNs / CNAs	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
The Nurse Network, 653 Main St, Plantsville, CT 06479	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Nursecore PO BOX 201925, ARLINGTON TX 76006	Contract CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol Crossings, LLC	2329	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 334,265	334,265			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 106,200	106,200			
4. Social Security (F.I.C.A.)	\$ 430,039	430,039			
5. Health Insurance	\$ 621,317	621,317			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 14,959	14,959			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 10,057	10,057			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 153,478	153,478			
d. Accounting and Auditing	\$ 26,610	26,610			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,943	3,943			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 22,843	22,843			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 33,891	33,891			
2. Cellular Phones	\$ 5,491	5,491			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 78	78			
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	\$ 849,985	849,985			
Subtotal	\$ 2,613,156	2,613,156			

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Background Checks	\$ 10,057		
Total	\$ 10,057	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol Crossings, LLC	2329	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,613,156	2,613,156			
l. Travel and Entertainment					
1. Resident Travel and Entertainment \$					
2. Holiday Parties for Staff \$	1,484	1,484			
3. Gifts to Staff and Residents \$	12,464	12,464			
4. Employee Travel \$	3,531	3,531			
5. Education Expenses Related to Seminars and Conventions \$	1,465	1,465			
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	528	528			
7. Other (<i>Specify</i>) \$					
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>) \$	87	87			
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$					
3. Advertising Other (<i>Specify</i>)*** \$	41,237	41,237			
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 \$	3,365	3,365			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$	7,836	7,836			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$					
9. Subscriptions \$	720	720			
10. Contributions*** \$	216	216			
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$	113,665	113,665			
12. Administrative Management Services** \$	564,999	564,999			
13. Other (<i>Specify</i>) \$	228,606	228,606			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 3,593,359	3,593,359			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Marketing & Advertising (Disallowed on Pg 28)	\$ 41,237		
Total Other Advertising	\$ 41,237	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 7,836		
Total Dues	\$ 7,836	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Donations (Disallowed on Pg 28)	216		
Total Contributions	\$ 216	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses and Permits	\$ 408		
Bank Charges (\$1,872 Disallowed on Pg 28a)	15,942		
Prior Period Expense (Disallowed on Pg 28a)	13,317		
Amortization of Goodwill (Disallowed on Pg 28a)	198,939		
Total Other Administrative and General	\$ 228,606	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bristol Crossings, LLC	2329	9/30/2019	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 #
National Healthcare	564,999	Management Fees	Page 16 / Line M12

* 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 Bristol Crossings, LLC		License No. 2329	Report for Year Ended 9/30/2019	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 325,195	325,195			
2. Non-Food Supplies	\$				
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 12,868	12,868			
c. Other (Specify) _____ Dietary Supplies	\$ 34,787	34,787			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 372,850	372,850			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Bristol Crossings, LLC		License No. 2329	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	46,494	46,494	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	136,161	136,161	
c. Other (Specify) Laundry Supplies		\$	472	472	
3D. Total Laundry Expenditures (3a + b + c)		\$	183,127	183,127	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Bristol Crossings, LLC	2329	9/30/2019	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
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. \$	89	89		
C. Other (<i>Specify</i>) Housekeeping Supplies		\$ 38,426	38,426		
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 38,515	38,515		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$ 335,252	335,252		
2. Purchased from		\$			
b. Medicine Cabinet Drugs		\$ 10,651	10,651		
c. Medical and Therapeutic Supplies		\$ 110,643	110,643		
d. Ambulance/Limousine***		\$ 7,990	7,990		
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 20,776	20,776		
f. X-rays and Related Radiological Procedures***		\$ 24,492	24,492		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h. Laboratory***		\$ 31,592	31,592		
i. Recreation		\$ 16,269	16,269		
j. Direct Management Services*		\$			
k. Indirect Management Services*		\$			
l. Other (Specify)**** See Attached Schedule		\$ 71,272	71,272		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 628,937	628,937		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 ** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.
 *** Facility should self-disallow the expense on Page 29 of the Cost Report.
 **** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	-		
Supplies-Bristol-Rehab Tpy and Ancllry (Disallowed on Pg 29a)	\$ 307		
Supplies Non Billable-Bristol-Nursing (Disallowed on Pg 29a)	39		
Flu Vaccine-Bristol-Medical Services	4,653		
IV Thy Supplies-Bristol-Rehab Tpy and Ancllry (Disallowed on Pg 29a)	13,328		
Minor Equip-Bristol-Nursing	675		
Physician Fees-Bristol-Medical Svs - Consol. Billing (Disallowed on Pg 29a)	69		
Rental Expenses-Bristol-Respiratory (Disallowed on Pg 29a)	2,163		
Equip Rental-Bristol-Nursing (Disallowed on Pg 29a)	17,436		
Equip Rental-Bristol-Rehab Tpy and Ancllry (Disallowed on Pg 29a)	11,116		
Equip Rental-Bristol-Respiratory (Disallowed on Pg 29a)	21,486		
Total Other Resident Care	\$ 71,272	\$ -	\$ -

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

Name of Facility Bristol Crossings, LLC			License No. 2329		Report for Year Ended 9/30/2019			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADM Environmental Group	1370 Coney Island Ave. Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Monthly Recycling Services	33,642			22	6f
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	15,620			16	m11
Med- Apparel Services	Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry / Linen	28,980			19	3b
Unitex Textile	Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry / Linen	107,182			19	3b
Custom Grounds	111 Mines Road, Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Landscaping	19,660			22	6f
M.J.DALY & SONS	110 Mattatuck HTS, Waterbury CT 06705	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC	21,628			22	6f
Bay State Elevator Company	P.O.Box 5 Dalton, Mass 01227-0005	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator Maintenance	10,978			22	6f
Intergrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance System	11,552			16	m11
Smartlinx	333 Thornall St. 4th Floor Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time & Attendance	11,276			16	m11
Iron Mountain	PO Box 27128 New York NY 10087	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Record Management	20,877			16	m11
SMART CARE	P.O. Box 74008980 Chicago, IL 60674-8980	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Equip Repair	11,436			18	2b
		<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
Bristol Crossings, LLC	2329	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$ 22,066	22,066				
c. Light & Power	\$ 166,398	166,398				
d. Water	\$ 13,610	13,610				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 43,245	43,245				
f. Other (<i>itemize</i>) *	\$ 132,313	132,313				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 377,632	377,632				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 368,569	368,569				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 102,296	102,296				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 470,865	470,865				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 14,185	14,185				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 14,185	14,185				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,260,000	1,260,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 221,299	221,299				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 18,287	18,287				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,984,636	1,984,636				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Supplies	\$ 13,679		
Ground Supplies	3,102		
Purch Services	60,123		
Ground Services	19,661		
Pest Control	1,010		
Carting	34,738		
Total Other Repairs and Maintenance	\$ 132,313	\$ -	\$ -

Depreciation Schedule

Name of Facility Bristol Crossings, LLC		License No. 2329			Report for Year Ended 9/30/2019			Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period		7,055,034		7,055,034	1,998,543	S/L	Various	368,569					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal									368,569				
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	1,226,987		1,226,987	718,003	S/L	Various	98,210	
b. Disposals (attach schedule)						(1,236)		(1,236)	(41)				
c. Acquired during this report period (attach schedule)				Var	Var	29,367		29,367		S/L	Various	4,086	
D-3. Subtotal													102,296
E. Total Depreciation													470,865

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2018	floor bed w mattress & rail	\$ 2,551	10	\$ 255
11/30/2018	light commercial washer	1,846	10	185
12/31/2018	HP 260 Desktop mini PC	775	3	258
2/28/2019	top freezer refrigerator	565	10	56
2/28/2019	HP260 G3 desktop mini pc	772	3	257
4/30/2019	4 Air conditioners	3,127	5	625
4/30/2019	Heavy Duty Vacuum	635	8	79
5/31/2019	10 VAC Freedom Wound Monitors	700	7	100
5/31/2019	12 VAC Freedom Wound Monitors	748	7	107
5/31/2019	16 VAC Freedom Wound Monitors	1,119	7	160
5/31/2019	21 VAC Freedom Wound Monitors	1,469	7	210
5/31/2019	28 VAC Freedom Wound Monitors	1,959	7	280
7/31/2019	3 Toshiba Copiers	668	5	134
7/31/2019	Ice & Water Dispenser	6,152	8	769
8/31/2019	Patient Lift	2,695	10	270
8/31/2019	Heat Pump	1,555	10	155
8/31/2019	Laundry Press Machine	1,015	12	85
9/30/2019	Sprint Equipment	1,014	10	101
Total additions for Movable Equipment		\$ 29,367		\$ 4,086 *
Deletions:				
	Prior Period Disposal	\$ (1,236)		
Total deletions for Movable Equipment		\$ (1,236)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2018	Qty4 zoneline Heat pump	\$ 3,003	10	\$ 300
12/31/2018	install 16 rooms nurse call	4,132	10	413
5/31/2019	Hood Cleaning	718	10	72
5/31/2019	Sliding Doors	1,133	10	113
8/31/2019	Wall Covering Project	17,017	5	3,403
9/30/2019	IT Setup-Passport Unit	1,840	10	184
9/30/2019	IT Set up	4,950	10	495
9/30/2019	Roof repair	4,450	10	445
9/30/2019	Kitchen Drains	1,024	20	51
Total additions for Leasehold Improvement		\$ 38,267		\$ 5,476 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Bristol Crossings, LLC			License No. 2329		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	136,705	65,781	S/L	Various	8,709	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	38,267		S/L	Various	5,476	
C-4. Subtotal									14,185
D. Total Amortization									14,185

* 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.

The Pines at Bristol
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2018 A/D	2019 Deprec.	2019 A/D	NBV
LEASEHOLD IMPROVEMENTS									
LI	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	136,705	65,781	8,709	74,490	62,215
2019 Additions									
LI	Qty4 zonline Heat pump	12/31/2018	S/L	10	3,003	-	300	300	2,703
LI	install 16 rooms nurse call	12/31/2018	S/L	10	4,132	-	413	413	3,719
LI	Hood Cleaning	5/31/2019	S/L	10	718	-	72	72	646
LI	Sliding Doors	5/31/2019	S/L	10	1,133	-	113	113	1,020
LI	Wall Covering Project	8/31/2019	S/L	5	17,017	-	3403	3,403	13,614
LI	IT Setup-Passport Unit	9/30/2019	S/L	10	1,840	-	184	184	1,656
LI	IT Set up	9/30/2019	S/L	10	4,950	-	495	495	4,455
LI	Roof repair	9/30/2019	S/L	10	4,450	-	445	445	4,005
LI	Kitchen Drains	9/30/2019	S/L	20	1,024	-	51	51	973
TOTAL LEASEHOLD IMPROVEMENTS					<u>174,972</u>	<u>65,781</u>	<u>14,185</u>	<u>79,966</u>	<u>95,006</u>
Building Improvements									
Bldng Imp	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	7,055,033	1,998,543	368,569	2,367,112	4,687,921
TOTAL Building Improvements					<u>7,055,033</u>	<u>1,998,543</u>	<u>368,569</u>	<u>2,367,112</u>	<u>4,687,921</u>
MOVABLE EQUIPMENT									
MME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,226,987	718,003	98,210	816,213	410,774
2019 Additions									
MME	floor bed w mattress & rail	11/30/2018	S/L	10	2,551	-	255	255	2,296
MME	light commercial washer	11/30/2018	S/L	10	1,846	-	185	185	1,661
MME	HP 260 Desktop mini PC	12/31/2018	S/L	3	775	-	258	258	517
MME	top freezer refrigerator	2/28/2019	S/L	10	565	-	56	56	509
MME	HP260 G3 desktop mini pc	2/28/2019	S/L	3	772	-	257	257	515
MME	4 Air conditioners	4/30/2019	S/L	5	3,127	-	625	625	2,502
MME	Heavy Duty Vacuum	4/30/2019	S/L	8	635	-	79	79	556
MME	10 VAC Freedom Wound Monitors	5/31/2019	S/L	7	700	-	100	100	600
MME	12 VAC Freedom Wound Monitors	5/31/2019	S/L	7	748	-	107	107	641
MME	16 VAC Freedom Wound Monitors	5/31/2019	S/L	7	1,119	-	160	160	959
MME	21 VAC Freedom Wound Monitors	5/31/2019	S/L	7	1,469	-	210	210	1,259
MME	28 VAC Freedom Wound Monitors	5/31/2019	S/L	7	1,959	-	280	280	1,679
MME	3 Toshiba Copiers	7/31/2019	S/L	5	668	-	134	134	534
MME	Ice & Water Dispenser	7/31/2019	S/L	8	6,152	-	769	769	5,383
MME	Patient Lift	8/31/2019	S/L	10	2,695	-	270	270	2,425
MME	Heat Pump	8/31/2019	S/L	10	1,555	-	155	155	1,400
MME	Laundry Press Machine	8/31/2019	S/L	12	1,015	-	85	85	930
MME	Sprint Equipment	9/30/2019	S/L	10	1,014	-	101	101	913
2019 Disposals									
	Prior Period Disposal				(1,236)			(41)	(1,195)
TOTAL MOVABLE EQUIPMENT					<u>1,255,118</u>	<u>718,003</u>	<u>102,296</u>	<u>820,258</u>	<u>434,860</u>
TOTAL ASSETS PER CR SCHEDULE					8,485,123	2,782,327	485,050	3,267,336	5,217,787
TOTAL ASSETS PER TRIAL BALANCE					1,430,090	-	116,481	900,224	529,866
LESS REALTY ASSETS					(7,055,033)	(1,998,543)	-	(2,367,112)	(4,687,921)
ROUNDING									
VARIANCE					(0)	783,784	368,569	-	(0)

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

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* Yes No If "Yes," complete Part B. If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	06/16/66
2. Date Structure Completed	09/01/72
3. If NOT Original Owner, Date of Purchase	
4. Date of Initial Licensure	09/01/72
5. Total Licensed Bed Capacity	132
6. Square Footage	51,083
7. Acquisition Cost	
a. Land	67,917
b. Building	1,467,953

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	02/09/16			
c. Interest Rate for the Cost Year	Libor + 275 basis			
d. Term of Mortgage (number of years)	7			
e. Amount of Principal Borrowed	10,469,500			
f. Principal balance outstanding as of 9/30/19	9,158,000			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Bristol Crossings, LLC		License No. 2329	Report for Year Ended 9/30/2019		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Bristol Crossings, LLC		2329		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	13,576	13,576	
Administration / Property / Computer Loan							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	13,576	13,576	
14. Insurance							
a. Insurance on Property (buildings only)				\$	13,385	13,385	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	10,071	10,071	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	60,743	60,743	
Liability / Crime							
14d. Total Insurance Expenditures (14a + b + c)				\$	84,199	84,199	
15. Total All Expenditures (A-13 thru C-14)				\$	14,191,909	14,191,909	

D. Adjustments to Statement of Expenditures

Name of Facility Bristol Crossings, LLC			License No. 2329	Report for Year Ended 9/30/2019	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 32,994	32,994		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 362,091	362,091		
7.			Other - See attached Schedule	\$ 24,096	24,096		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 153,478	153,478		
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 3,943	3,943		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,051	4,051		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 12,464	12,464		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 3,445	3,445		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 528	528		
18.	16	m2/3	Unallowable Advertising *	\$ 41,237	41,237		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 216	216		
21.	16	m12	Unallowable Management Fees	\$ 268,113	268,113		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 222,638	222,638		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,129,294	1,129,294		

* 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	12m	Admissions Salary Relating to Marketing	\$ 32,994		
Total Other Salaries Adjustment			\$ 32,994	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	IV Nursing Consultant	\$ 12,142		
13	B12o	Rehab Consultant	11,954		
Total Other Fees Adjustments			\$ 24,096	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Non Routine Bank Charges	\$ 1,872		
15	Var	Benefits Associated with Marketing Salary	8,510		
16	m13	Prior Period Expense	13,317		
16	m13	Amortization of Goodwill	198,939		
Total Other A&G Adjustments			\$ 222,638	\$ -	\$ -

National Health Care Associates, Inc. (CT)
Disallowance Schedule for Cell Phones
September 30, 2019

	<u>Amount</u>
Total Cell Phone Expense	5,491 TB Linked
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 1,440
Days in Cost Report (365out of 365 Days)	365
Days in Cost Report Year	<u>365</u>
Partial Year Allowable %	100%
Revised Allowable Cost	\$ 1,440
Disallowed Cell Phone (Page 28, Line 12)	<u><u>\$ 4,051</u></u>

**The Pines at Bristol
 Calculation of Allowable Management Fee
 September 30, 2019**

<u>Description</u>	<u>Amount</u>	
Management fees Charged	564,999	Page 16, Line m12
Accounting Charges	26,610	Page 15, Line 1d
Total Management Fees Per Agreement	<u>591,609</u>	
Patient Days	46,041	Page 8 of C/R
Imputed Days - 90% Occupancy (365/365 Days)	43,362	Calculation
Amount Per Patient Day (Greater of 90% or Actaul Days)	\$ 13.64	
PPD Allowance Per Client 2018	7.81	J.01a
2019 CPI Increase %	<u>1.01%</u>	
PPD Allowance 9/30/2019	<u>7.82</u>	
Amount over (Under)	\$ 5.8234	
Total Days	<u>46,041</u>	Page 8 of C/R
Disallowed Management Fee	<u>\$ 268,113</u>	

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

Name of Facility				License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC				2329	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,129,294	1,129,294		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 335,252	335,252		
28.	20	5d	Ambulance/Limousine	\$ 7,990	7,990		
29.	20	5f	X-rays, etc	\$ 24,492	24,492		
30.	20	5h	Laboratory	\$ 31,592	31,592		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 20,776	20,776		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 88,391	88,391		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 7,609	7,609		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 50,702	50,702		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,696,098	1,696,098		

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Misc Other Income	\$ 45,305		
27	12d	Interest Expense on Late Fees	5,397		
Total Other Adjustments			\$ 50,702	\$ -	\$ -

Schedule of Unallowable Building Interest

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

National Health Care Associates, Inc. (CT)
Cable TV Disallowance
September 30, 2019

Pg. 29b

Total Cable TV Expense	12,799	TB Linked
Total Monthly Fee Allowed	\$ 300	
Total Months	12	
Total Allowable Expense	<u>\$ 3,600</u>	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	<u>365</u>	
Partial Year Allowable %	100.00%	
Revised Allowable Cost	\$ 3,600	
Disallowed Expense	<u><u>\$ 9,199</u></u>	{a}

Tickmark
{a}

Ties to page 29a

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol Crossings, LLC	2329	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 14,745,526	14,745,526			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,637,874)	(6,637,874)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,798,272	1,798,272			
b. Medicare Room and Board Contractual Allowance **	\$ 331,834	331,834			
4. a. Private-Pay Residents and Other	\$ 4,304,730	4,304,730			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,013,044)	(1,013,044)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 142,948	142,948			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (142,948)	(142,948)			
c. Prescription Drugs - Non-Medicare	\$ 166,888	166,888			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (166,125)	(166,125)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 470,841	470,841			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (358,701)	(358,701)			
c. Physical Therapy - Non-Medicare	\$ 252,168	252,168			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (189,214)	(189,214)			
4. a. Speech Therapy - Medicare	\$ 120,416	120,416			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (80,167)	(80,167)			
c. Speech Therapy - Non-Medicare	\$ 91,088	91,088			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (66,011)	(66,011)			
5. a. Occupational Therapy - Medicare	\$ 461,507	461,507			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (363,664)	(363,664)			
c. Occupational Therapy - Non-Medicare	\$ 248,069	248,069			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (193,380)	(193,380)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 38,967	38,967			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 28,429	28,429			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,990,555	13,990,555			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ (36)	(36)			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 167	167			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 77,725	77,725			
V. Total Other Revenue (1 thru 8)	\$ 77,856	77,856			
VI. Total All Revenue (III + V)	\$ 14,068,411	14,068,411			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Medicare Pt A IV	\$ 10,543		
30 II 6a	Medicare Pt A Lab	14,357		
30 II 6a	Medicare Pt A X-Ray	17,373		
30 II 6a	Medicare Pt A Settlement	1,089		
30 II 6a	Medicare Pt B Ambulance	(1,068)		
30 II 6a	Medicare Pt B Flu/Pneumonia	764		
30 II 6a	Medicare Pt B Prior Period	(4,091)		
Total Other Resident Revenue - Medicare		\$ 38,967	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Medicaid IV Therapy-Bristol- - -	\$ 1,656		
30 II 6b	Medicaid Lab-Bristol- - -	54		
30 II 6b	Medicaid Oxygen-Bristol- - -	(85)		
30 II 6b	Medicaid Oxygen Contra-Bristol- - -	85		
30 II 6b	Medicaid X-Ray-Bristol- - -	162		
30 II 6b	Comm Ins IV Therapy-Bristol- - -	623		
30 II 6b	Comm Ins Lab-Bristol- - -	277		
30 II 6b	Comm Ins X-Ray-Bristol- - -	785		
30 II 6b	Mgd Medicare IV Therapy	8,638		
30 II 6b	Mgd Medicare Lab	8,072		
30 II 6b	Mgd Medicare Oxygen	85		
30 II 6b	Mgd Medicare Oxygen Contra	(85)		
30 II 6b	Mgd Medicare X-Ray	7,818		
30 II 6b	Mgd Medicare Flu/Pneumonia	2,178		
30 II 6b	Mgd Medicare Prior Period	(1,834)		
Total Other Resident Revenue		\$ 28,429	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Rev from Money Market Account	478,571	\$ 167		
Total Interest Income			\$ 167	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	UHC Income	\$ 24,962		
30 IV 8	Bristol Hospital Income	768		
30 IV 8	Misc Other Income (Disallowed on Pg 29a)	45,305		
30 IV 8	Prior Period Income	1,098		
30 IV 8	Reversal of PY Health Insurance Expense	5,592		
Total Other Revenue		\$ 77,725	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC	2329	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,086,854
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,594,068
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	32,093
5. Prepaid Expenses			\$	181,366
a. _____				
b. _____				
c. _____				
d. See Schedule		181,366		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,894,381
B. Fixed Assets				
1. Land			\$	225,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>174,972</u>		\$	95,006
	Accum. Depreciation <u>79,966</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,255,118</u>		\$	434,860
	Accum. Depreciation <u>820,258</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	754,866

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC	2329	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	3,649,247
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost 7,055,034	
			Accum. Depreciation 2,367,112	Net
			\$	4,687,922
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	4,687,922
D. Investment and Other Assets				
1. Deferred Deposits			\$	(76,022)
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost 89,389	
			Accum. Depreciation 26,817	Net
			\$	62,572
4. Goodwill (Purchased Only)			\$	1,330,000
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	874,662
Name and Address		Amount	Loan Date	

Due from Realty / Related		874,662		
7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,191,212
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	10,528,381

* 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
Bristol Crossings, LLC		2329	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	478,384
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	17,284
Name of Lender		Purpose	Amount	Date Due	
		Equipment Loan	17,284		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	132,146
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	634,024

See Schedule				634,024	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,261,838

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Bristol Crossings, LLC		License No. 2329	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,261,838	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	89,213
Name of Lender	Purpose	Amount	Date Due		
	Equipment Loan	89,213			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	3,030,107
Name and Address of Lender	Amount	Loan Date			
Due to Realty / Related	3,030,107				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	3,119,320
C. Total All Liabilities (Lines A-13 + B-5)				\$	4,381,158

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Workers Comp	\$ 62,374
31	A5	Prepaid General Insurance	6,731
31	A5	Prepaid Expenses Other	21,988
31	A5	Prepaid Real Estate Taxes	56,631
31	A5	Prepaid Personal Property Taxes	4,157
31	A5	Prepaid Mgmt Assets	29,485
Total Prepaid Expenses			\$ 181,366

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Unclaimed ADP Checks	\$ 6,630
33	A12	Patients Fund	32,290
33	A12	Accrued Expenses	249,001
33	A12	Accrued Pension	15,059
33	A12	Accrued Workers Comp	56,911
33	A12	Accrued Purchase	2,014
33	A12	Accrued Vacation	258,764
33	A12	CT PET Tax Accrued Expenses	13,355
Total Other Current Liabilities (Itemize)			\$ 634,024

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

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

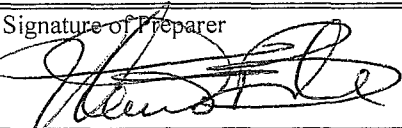
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings, LLC	2329	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,687,922
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			\$	4,687,922
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,214,230
6. Gain or Loss for Period			\$	245,071
7. Total Net Worth			\$	1,459,301
C. Total Reserves and Net Worth			\$	6,147,223
D. Total Liabilities, Reserves, and Net Worth			\$	10,528,381

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol Crossings, LLC	2329	9/30/2019	36	37		
Account			Amount			
A.	Balance at End of Prior Period as shown on Report of 09/30/2018		\$	1,246,230		
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	14,068,411		
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	13,823,340		
D.	Net Income or Deficit		\$	245,071		
E.	Balance		\$	1,491,301		
F.	Additions					
1.	Additional Capital Contributed (<i>itemize</i>)					
	Total Expenses Per Page 27	\$14,191,909				
	F/S vs C/R Depreciation	(368,569)				
	Total Expenses Per F/S	\$13,823,340				
2.	Other (<i>itemize</i>)					
F-3.	Total Additions				\$	
G.	Deductions					
1.	Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$	32,000
	Name and Address (<i>No., City, State, Zip</i>)	Title			Amount	
	Partner Drawings		32,000			
2.	Other Withdrawings (<i>Specify</i>)		\$			
	Purpose	Amount				
3.	Total Deductions		\$	32,000		
H.	Balance at End of Period		\$	1,459,301		
	09/30/19					

I. Preparer's/Reviewer's Certification

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/13/20		
Printed Name of Preparer Matthew S. Bavalack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps		Phone Number 516-705-4813		
Contact Email Address jphelps@nathealthcare.com				



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Bristol Crossings, LLC for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Bristol Crossings, LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Bristol Crossings, LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 10, 2020



Annual Report of Long-Term Care Facility Cost Year 2019 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name Bristol Crossings, LLC

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____
