

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Saint Joseph Living Center LLC	
Address (No. & Street, City, State, Zip Code) 14 Club Rd. Windham, CT 06280	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 20397	RHNS	(Specify)	Medicare Provider 07-5321
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Medicaid Provider Numbers:	CCNH	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) Saint Joseph Living Center LLC	License No. 20397	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 Saint Joseph Living Center 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.

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Saint Joseph Living Center LLC		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 14 Club Rd. Windham, CT 06280				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/15/2020	
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 860-456-1107		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) Saint Joseph Living Center LLC			Address (No. & Street, City, State, Zip) 14 Club Rd. Windham, CT 06280		
License Numbers:	CCNH 20397	RHNS	(Specify)	Medicare Provider No. 07-5321	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input 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.					
Administrator					
Name of Administrator Ginny Person			Nursing Home Administrator's License No.:	001882	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Saint Joseph Living Center LLC	License No. 20397	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	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			

Names of Stockholders Owning at Least 10% of Shares			

**General Information and Questionnaire
 Related Parties***

Name of Facility Saint Joseph Living Center LLC	License No. 20397	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	%**				
Diocese of Norwich		<input type="radio"/>	<input checked="" type="radio"/>		Heath Insurance	15/1a5	1,080,204	1,080,204
Diocese of Norwich		<input type="radio"/>	<input checked="" type="radio"/>		Auto Insurance	27/14b	4,802	4,802
Christian Brothers		<input type="radio"/>	<input checked="" type="radio"/>		Pension	15/1a7	151,715	151,715
See Attached List		<input type="radio"/>	<input checked="" type="radio"/>		Pastoral	12/B12	17,785	17,785
		<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 Saint Joseph Living Center LLC	License No. 20397	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.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

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 Saint Joseph Living Center LLC			License No. 20397	Report for Year Ended 9/30/2019			Page 6	of 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. PO Box 371887, Pittsburg PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	12/20/18	12 months	4,512	4,512	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***
							4,512	

* 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 Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2019	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Blum, Shapiro & Co PC		29 South Main St West Hartford, Ct 06127-2000		
2 CJLC LLC		225 Pitkin St Suite 200 East Hartford, Ct 06108		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Financial Consulting, Audited Financial Statements & Tax Form 990	\$	30,541	
2	Medicaid Cost Report	\$	7,006	
3		\$.	
4		\$		
			Charge for Services Provided	
			\$ 37,547	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Mutha Cullina LLP			860-240-6000	
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 City Place 1 Asylum Street Hartford, Ct 06103				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Various See Attached	\$	5,603	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 5,603	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1e				

Schedule of Resident Statistics

Name of Facility Saint Joseph Living Center LLC		License No. 20397			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	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	98	98			98	98			114	114		
B. As of midnight of THIS report period	111	111			114	114			111	111		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,855	2,855			2,212	2,212			643	643		
B. Medicaid (Conn.)	28,612	28,612			21,322	21,322			7,290	7,290		
C. Medicaid (other states)												
D. Private Pay	5,814	5,814			4,263	4,263			1,551	1,551		
E. State SSI for RCH												
F. Other (Specify) MA Plans & Contracts	3,040	3,040			2,339	2,339			701	701		
G. Total Care Days During Period (3A thru F)	40,321	40,321			30,136	30,136			10,185	10,185		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	23	23			13	13			10	10		
5. Total Resident Days (3G + 4A + 4B)	40,344	40,344			30,149	30,149			10,195	10,195		

Schedule of Resident Statistics (Cont'd)

Name of Facility Saint Joseph Living Center LLC			License No. 20397			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	9		81			21							
Per Diem Rate													
a. One bed rm.			218.46			445.00							
b. Two bed rms.			222.83			415.00							
c. Three or more bed rms.			227.48										
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,220	2,220			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									16,380	16,380			
D. Total Physical Therapy Treatments									18,600	18,600			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									419	419			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,312	1,312			
D. Total Speech Therapy Treatments									1,731	1,731			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,091	3,091			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									17,501	17,501			
D. Total Occupational Therapy Treatments									20,592	20,592			

Report of Expenditures - Salaries & Wages

Name of Facility Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2019	Page 10	of 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)	139,784	2,262				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	435,709	15,556				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	63,262	2,270				
c. Dietary Workers	348,230	26,571				
6. Housekeeping Service						
a. Head Housekeeper	20,628	975				
b. Other Housekeeping Workers	181,724	15,509				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	103,767	5,389				
8. Laundry Service						
a. Supervisor	20,628	975				
b. Other Laundry Workers	148,193	8,596				
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	234,313	4,512				
b. RN						
1. Direct Care	1,238,497	37,839				
2. Administrative**	476,154	18,284				
c. LPN						
1. Direct Care	713,620	25,952				
2. Administrative**						
d. Aides and Attendants	1,898,129	115,692				
e. Physical Therapists	374,291	8,870				
f. Speech Therapists	57,582	1,137				
g. Occupational Therapists	249,496	7,722				
h. Recreation Workers	141,147	7,870				
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	101,610	3,738				
n. Marketing						
o. Other (Specify) See Attached Schedule	32,877	1,958				
<i>A-13. Total Salary Expenditures</i>	6,979,642	311,677				

* 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	
Saint Joseph Living Center LLC				20397	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										
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.

**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	
Saint Joseph Living Center LLC				20397	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***										
Ginny Person	139,784			Standard	Responsible for daily operations of the facility	2,262	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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Joseph Living Center LLC	20397	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	23,072	781				
2. Dentist	13,032	151				
3. Pharmacist	12,483	170				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other	78,979	240				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	66,000	567				
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	9,948	412				
d. Other						
12. Other (Specify) See Attached Schedule	19,585	378				
B-13 Total Fees Paid in Lieu of Salaries	223,099	2,699				

* 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 Saint Joseph Living Center LLC		License No. 20397	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		
Margaret B. Higgins, 635 RT 197, Woodstock, CT 06281	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HeathDrive Dental Group, 1 Prestidge Drive, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare Pharmacy Services, PO Box 715268, Columbus, OJ 53271-5268	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Alessandro, MD, PO Box 6, Pomfret Center, CT, 06259	Medical Staff/Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Michael Kilgannon, MD, 60 Fieldstone Dr., Storrs, CT 06268	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Ralph J Laguardia, MD, 10 Higgins HWY STE 4, Mansfield CTR, CT, 06280	Medical Staff/Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Elizabeth Visone, APRN, 1 Enders Rd., Windsor, CT 06095	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
See List Attached to Page 4	Pastoral Care	<input checked="" type="radio"/>	<input type="radio"/>	Affiliate Organization	
Facility Compliance Services, 221 West Main Street, Plantsville, CT 06479	Emergency Preparedness & Risk Assessment	<input type="radio"/>	<input checked="" type="radio"/>		
Heathpro Management Services, 536 Old Howell Road, Greenville, SC 29615	Rehab Department Software & Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Northest Med Staff, 221 Chelmsford st, Chelmsford, MA	Nursing 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"/>		
		<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
Saint Joseph Living Center LLC	20397	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 221,744	221,744			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 14,683	14,683			
4. Social Security (F.I.C.A.)	\$ 504,104	504,104			
5. Health Insurance	\$ 1,083,204	1,083,204			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 151,715	151,715			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 1,333	1,333			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 109,108	109,108			
d. Accounting and Auditing	\$ 37,547	37,547			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,603	5,603			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 39,494	39,494			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 10,555	10,555			
2. Cellular Phones	\$ 228	228			
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	\$ 737,844	737,844			
Subtotal	\$ 2,917,162	2,917,162			

* 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
Saint Joseph Living Center LLC	20397	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,917,162	2,917,162			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 4,498	4,498			
5. Education Expenses Related to Seminars and Conventions	\$ 8,821	8,821			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,254	2,254			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 13,349	13,349			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 20,116	20,116			
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	\$ 5,312	5,312			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 13,682	13,682			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 500	500			
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>)	\$ 53,583	53,583			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 58,015	58,015			
C-14 Total Administrative & General Expenditures	\$ 3,097,293	3,097,293			

* 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)
Business Promotion	\$ 10,565		
Advertising	\$ 9,551		
Total Other Advertising	\$ 20,116	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 255		
Bank Of America	\$ 248		
CAHCF	\$ 350		
CHA	\$ 1,400		
Leading Age	\$ 11,314		
Soroptimists	\$ 115		
Total Dues	\$ 13,682	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
New Hire Expenses	\$ 7,853		
Employee Relations	\$ 19,372		
Breakroom Expense	\$ 3,952		
Licenses	\$ 3,224		
Service Charges - Bank	\$ 4,380		
Professional Fees	\$ 2,700		
Loss on Disposal of Asset	\$ 4,971		
Chapel Supplies	\$ 2,988		
Restricted Chapel	\$ 125		
Miscellaneous Expense	\$ 8,450		
Total Other Administrative and General	\$ 58,015	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

* 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
Saint Joseph Living Center LLC		20397	9/30/2019	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 333,135	333,135		
2.	Non-Food Supplies	\$ 48,760	48,760		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (Specify) _____					
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 381,895	381,895		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*	3	3		
H.	Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" 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.
L.	Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$2,248
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item) 30/IV1				
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 Saint Joseph Living Center LLC		License No. 20397	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. \$			
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. \$	8,430	8,430	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify)		\$	20,135	20,135	
3D. Total Laundry Expenditures (3a + b + c)		\$	28,565	28,565	
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
Saint Joseph Living Center LLC		20397	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. \$	32,288	32,288		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 32,288	32,288		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	241,723	241,723		
b.	Medicine Cabinet Drugs	\$	29,753	29,753		
c.	Medical and Therapeutic Supplies	\$	169,271	169,271		
d.	Ambulance/Limousine***	\$	5,626	5,626		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	46,058	46,058		
f.	X-rays and Related Radiological Procedures***	\$	11,408	11,408		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	32,241	32,241		
i.	Recreation	\$	18,256	18,256		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	40,432	40,432		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 594,767	594,767		

* 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 - Patient Personal	\$ 1,150		
Physician Services Medicare	\$ 3,753		
Other - Nursing Admin Exp	\$ 4,935		
Supplies - PT	\$ 2,112		
Supplies - OT	\$ 1,733		
Purchased Services - ST	\$ 3,408		
DME Rental	\$ 12,222		
IV Therapy Consultant	\$ 2,395		
IV Therapy Supplies	\$ 784		
IV Therapy Supplies Insurance	\$ 1,662		
IV Therapy Supplies Medicare	\$ 6,279		
Total Other Resident Care	\$ 40,432		
		\$ -	\$ -

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

Name of Facility Saint Joseph Living Center LLC		License No. 20397		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
ADP	PO Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	48,699			16	m11
CONN COMPUTER SERVICE INC	Box 35, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Service Contracts	88,285			15\22	1g\6a
Hawthorne, Ryan	Mansfield Center, CT 06250	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	39,830			22	6f
MDI Acheieve/Matrixcare	PO Box 86, Minneapolis, MN 55486	<input type="radio"/>	<input checked="" type="radio"/>		Office Supplies, Nursing Supplies	15,768			var	var
Seventy Two Degrees	PO Box 692, Baltic, CT 06330	<input type="radio"/>	<input checked="" type="radio"/>		Repairs and Maintenance	32,293			22	6f
Willimantic Waste Paper	PO Box 239, Willimantic, CT 06226	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	27,239			22	6f
		<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
Saint Joseph Living Center LLC	20397	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	71,920	71,920			
b. Heat	\$	58,469	58,469			
c. Light & Power	\$	112,328	112,328			
d. Water	\$	27,068	27,068			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	4,512	4,512			
f. Other <i>(itemize)</i>	\$	154,035	154,035			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	428,332	428,332			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	7,784	7,784			
b. Building & Building Improvements	\$	423,823	423,823			
c. Non-Movable Equipment	\$	36,465	36,465			
d. Movable Equipment	\$	68,120	68,120			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	536,191	536,191			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$	11,434	11,434			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	11,434	11,434			
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	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	94	94			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	547,719	547,719			

* 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)
Trash Removal	\$ 27,759		
Service Contracts	\$ 82,932		
Grounds Maintenance	\$ 41,228		
Rent - Storage	\$ 2,116		
Total Other Repairs and Maintenance	\$ 154,035	\$ -	\$ -

Depreciation Schedule

Name of Facility Saint Joseph Living Center LLC			License No. 20397			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	163,049		163,049	111,324	SL	Various	7,784					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)					SL	Various						
A-4. Subtotal								7,784				
B. Building and Building Improvements												
1. Acquired prior to this report period	7,981,970		7,981,970	10,957,965	SL	Various	423,001					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	18,280						822					
B-4. Subtotal								423,823				
C. Non-Movable Equipment												
1. Acquired prior to this report period	678,444		678,444	545,811		Various	33,946					
2. Disposals (attach schedule)	(13,145)		(13,145)	(8,174)								
3. Acquired during this report period (attach schedule)	47,972						2,519					
C-4. Subtotal								36,465				
		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. Senator Bus	x			12	2001	44,405	44,405	44,405				
b. 2010 Nissan Xterra	x			12	2009	25,580	25,580	25,580				
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period						2,035,102	2,035,102	973,938			63,039	
b. Disposals (attach schedule)						(35,249)	(35,249)	(35,249)				
c. Acquired during this report period (attach schedule)						50,740					5,081	
D-3. Subtotal												68,120
E. Total Depreciation												536,191

Saint Joseph Living Center LLC
9/30/2019

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:				
Nov-01-2018	CAT 6 DATA RUNS (10) - Admin Area	\$ 2,475	20	
Nov-07-2018	1 DOOR - HALL FIRE DOOR	\$ 1,200	15	
Nov-15-2018	2 DOORS - HALL FIRE DOORS	\$ 1,840	15	
Nov-19-2018	1 DOOR	\$ 1,055	15	
Dec-11-2018	1 DOOR - SOILED WORKROOM	\$ 622	15	
Mar-30-2019	REPAIR ROOF LEAKS, PT, BREAKROOM	\$ 3,500	5	
Apr-30-2019	2 DOORS- FIRE DOORS - LAUNDRY & GENERA TOR RM	\$ 2,488	15	
Jun-12-2019	INSTALL DOORS	\$ 3,000	15	
Aug-12-2019	FASCIA REPAIR - FRONT OF BLDG	\$ 1,300	15	
Aug-12-2019	DRYER VENT- LINT TRAP	\$ 800	15	
Total additions for Building Improvements		\$ 18,280		\$ 822
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:				
Oct-27-2019	SPRINKLER SYSTEM REPAIRS - DRY PIPE- SA	\$ 1,447	5	
Nov-30-2019	SPRINKLER SYSTEM REPAIRS - ACCELERATOR- SA	\$ 1,590	5	
Dec-05-2018	CODE ALERT UPGRADE EQUIP	2,116.40	10	
Dec-05-2018	CODE ALERT UPGRADE EQUIP	305.47	10	
Dec-28-2018	CODE ALERT UPGRADE INSTALL	1,576.25	10	
Dec-28-2018	CODE ALERT UPGRADE EQUIP	2,910.00	10	
Jan-19-2019	SPRINKLER SYSTEM REPAIRS - PIPE- ATTIC SA	1,611.30	5	
Jan-24-2019	2 LOCKS W ALARM - OXYGEN ROOM DOORS	1,138.00	5	
Feb-20-2019	SPRINKLER SYSTEM REPAIRS - PIPE- ATTIC SA	1,859.05	5	
Feb-26-2019	SPRINKLER SYSTEM REPAIRS - PIPE- ATTIC SA	755.71	5	
Feb-28-2019	HOT WATER HEATER - 119 GAL	3,565.00	10	
Mar-22-2019	SPA TUB	11,998.27	20	

Aug-29-2019	2 HOT WATER HEATERS	17,100.00	10	
Total additions for Non-Movable Equipment		\$ 47,972		\$ 2,519
Deletions:				
Oct-31-2006	NEW WATER TANK	\$ 3,023	10	
SEPT-30-2010	119 GAL BRADFORD STORAGE TANK	\$ 3,350	20	
DEC-30-2012	LAUNDRY - 120 GAL HOT WATER TANK (Note: 10/2015 Tank replaced under warranty)	\$ 3,964	10	
Oct-31-2015	LABOR TO REPLACE 12/2012 LAUNDRY HOT WATER TANK (Tank under Warranty)	\$ 2,808	10	
Total deletions for Non-Movable Equipment		\$ (13,145)		\$ -

*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:				
Nov-21-2018	SWITCH - CISCO 2960X-48LPS-L	\$ 4,555	5	
Nov-28-2018	SWITCH INSTALL - CISCO 2960X-48LPS-L	\$ 765	5	
Nov-27-2018	DRYER #2 - BEARING REPAIRS	\$ 1,154	3	
Dec-06-2018	3 HP LAPTOP ELITEBOOK 840 14"- ADM	\$ 5,080	3	
Dec-11-2018	3 HP LAPTOP INSTALL-ADM	\$ 1,163	3	
Jan-30-2019	3-SPEED BLENDER	\$ 1,555	5	
Nov-14-2018	DISHWASHER REPAIRS	\$ 435	5	
Dec-03-2018	DISHWASHER REPAIRS	\$ 445	5	
Jan-24-2019	DISHWASHER REPAIRS	\$ 989	5	
Feb-15-2019	BEVERAGE CART- ELS	\$ 606	10	
Mar-12-2019	EPSON PROJECTOR	\$ 450	5	
Apr-17-2019	RECUMBENT CROSS-TRAINER	\$ 6,771	10	
May-21-2019	20 MATTRESSES	\$ 4,746	5	
Jun-17-2019	20 MATTRESSES	\$ 4,746	5	
Jun-26-2019	16 MATTRESSES	\$ 3,806	5	
Jul-15-2019	15 MATTRESSES	\$ 3,766	5	
Jul-22-2019	THERM BASES AND COVERS	\$ 3,551	10	
Aug-19-2019	2 APC BU/SURGE PROTECT - COPIERS	\$ 478	5	
Aug-27-2019	PRINTER INSTALL-ADM	\$ 495	5	
Aug-30-2019	HP PRINTER- ADM	\$ 699	5	
Aug-30-2019	EMAIL EXCH 360	\$ 1,195	5	
Sep-30-2019	EMAIL EXCH 360 LICENSE	\$ 900	3	
Sep-30-2019	DONATED - ARJO LIFT MAXI TWIN	\$ 2,390	5	
Total additions for Movable Equipment		\$ 50,740		\$ 5,081
Deletions:				
6/1/2000	PRESSURE MATTRESS	\$ 1,739	5 YEARS	\$ -
6/1/2000	PRESSURE MATTRESS	\$ 1,739	5 YEARS	\$ -
2/1/2000	SLEEP SYSTEM	\$ 1,739	5 YEARS	\$ -
7/1/2000	SLEEP SYSTEM	\$ 3,833	5 YEARS	\$ -
9/1/2000	SLEEP SYSTEM	\$ 4,239	5 YEARS	\$ -
10/1/2000	MATTRESSES	\$ 665	5 YEARS	\$ -
FEB-28-2001	MATTRESSES	\$ 1,337	5 YEARS	\$ -
MAR-31-2001	MATTRESSES	\$ 711	5 YEARS	\$ -
MAY-31-2001	MATTRESSES	\$ 702	5 YEARS	\$ -
Feb/28/2002	MATTRESSES	\$ 1,673	5 YEARS	\$ -
Mar/31/2002	MATTRESSES-PANACEA	\$ 3,689	5 YEARS	\$ -
Oct/31/2002	PRESSURE MATTRESSES	\$ 852	5 YEARS	\$ -
Jan/31/2004	MATTRESS	\$ 498	5 YEARS	\$ -
Sep/30/2004	MATTRESSES	\$ 794	5 YEARS	\$ -
Nov/30/2004	MATTRESS	\$ 332	5 YEARS	\$ -
Mar/31/2005	OVER BED TABLES & MATRESSES	\$ 968	5 YEARS	\$ -
Apr-30-2005	SCHEDULING SOFTWARE LICENSE	\$ 8,489	5 YEARS	\$ -
Sep-30-2014	TV SA LOUNGE TOSHIVA 5012300	\$ 1,249	5 YEARS	\$ -
Total deletions for Movable Equipment		\$ (35,249)		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ -
Deletions:				

Total deletions for Leasehold Improvement		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Saint Joseph Living Center LLC			License No. 20397		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. Insurance Costs	6	2016	87 months	82,897	25,726	SL		11,434	
2.									
3.									
A-4. Subtotal									11,434
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									11,434

* 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 Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	02/17/94			
2. Date Structure Completed	09/01/88			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	10/12/88			
5. Total Licensed Bed Capacity	120			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building	6,458,157			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	09/20/13			
c. Interest Rate for the Cost Year	3.32%			
d. Term of Mortgage (number of years)	10			
e. Amount of Principal Borrowed	5,000,000			
f. Principal balance outstanding as of 9/30/19	2,597,000			
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		License No.	Report for Year Ended			Page	of
Saint Joseph Living Center LLC		20397	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$ 5,000,000					
2. Loan Origination Date		09/20/13					
3. Interest Rate %		3.32%					
4. Term		10					
5. CHEFA Interest Expense		197,511	197,511				
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 197,511	197,511				

(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
Saint Joseph Living Center LLC		20397		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				197,511	197,511		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 197,511	197,511		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 191,405	191,405		
b. Insurance on Automobiles				\$ 4,802	4,802		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 196,207	196,207		
15. Total All Expenditures (A-13 thru C-14)				\$ 12,707,319	12,707,319		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Saint Joseph Living Center LLC				20397	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	a12g	Occupational Therapy	\$ 249,496	249,496		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 109,108	109,108		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 20,116	20,116		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 33,258	33,258		
Page 18 - Dietary Expenditures							
24.	30	iv8	Meals to employees, guests and others who are not residents	\$ 2,830	2,830		
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)				\$ 414,808	414,808		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8a	Chamber of Commerce Dues	\$ 500		
30	iv8	Restricted Revenue	\$ 18,300		
30	iv8	Chapel-Restricted Revenue	\$ 423		
30	iv8	Rec-Restricted Revenue	\$ 100		
30	iv8	Eden-Restricted Revenue	\$ 514		
16	m13	Loss on Property	\$ 4,971		
16	m13	Miscellaneous Expense	\$ 8,450		
Total Other A&G Adjustments			\$ 33,258	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Saint Joseph Living Center LLC				20397	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 414,808	414,808		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 241,723	241,723		
28.	20	d	Ambulance/Limousine	\$ 5,626	5,626		
29.	20	f	X-rays, etc	\$ 11,408	11,408		
30.	20	j	Laboratory	\$ 32,241	32,241		
31.			Medical Supplies	\$ 393	393		
32.	20	5e	Oxygen (non emergency)	\$ 46,058	46,058		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 40,432	40,432		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,299	1,299		
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	\$ 188	188		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 85	85		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 794,261	794,261		

*** 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.

Saint Joseph Living Center LLC
9/30/2019

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Supplies - Patient Personal	\$ 1,150		
20	5j	Physician Services Medicare	\$ 3,753		
20	5j	Other - Nursing Admin Exp	\$ 4,935		
20	5j	Supplies - PT	\$ 2,112		
20	5j	Supplies - OT	\$ 1,733		
20	5j	Purchased Services - ST	\$ 3,408		
20	5j	DME Rental	\$ 12,222		
21	5j	IV Therapy Consultant	\$ 2,395		
22	5j	IV Therapy Supplies	\$ 784		
23	5j	IV Therapy Supplies Insurance	\$ 1,662		
24	5j	IV Therapy Supplies Medicare	\$ 6,279		
Total Other Ancillary Costs			\$ 40,432	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7c	Depreciation of Chapel Video System 12/31/14	\$ 1,000		
22	7c	Depreciation of Install Box Camera/Tested Audio for PA Systems 1/31/15	\$ 227		
22	7b	Depreciation on Wire Runs To Basement/Chapel Camera 1/31/15	\$ 72		
Total Excess Movable Equipment Depreciation			\$ 1,299	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22		Outpatient Therapy Adjustment	\$ 188		
Total Other Property Adjustments			\$ 188	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Joseph Living Center LLC	20397	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>)	\$ 11,796,330	11,796,330				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,457,809)	(5,457,809)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,186,625	1,186,625				
b. Medicare Room and Board Contractual Allowance **	\$ 490,444	490,444				
4. a. Private-Pay Residents and Other	\$ 3,810,770	3,810,770				
b. Private-Pay Room and Board Contractual Allowance **	\$ (135,054)	(135,054)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 155,329	155,329				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 180,669	180,669				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 411,336	411,336				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 371,767	371,767				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 91,476	91,476				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 79,926	79,926				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 451,973	451,973				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 445,643	445,643				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,083,784)	(1,083,784)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (732,797)	(732,797)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,062,844	12,062,844				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 2,248	2,248				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 6,842	6,842				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 156,357	156,357				
V. Total Other Revenue (1 thru 8)	\$ 165,447	165,447				
VI. Total All Revenue (III +V)	\$ 12,228,291	12,228,291				

* 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)
	Medicare A - IV Therapy	\$ 9,418		
	Medicare A - X-Ray	\$ 8,951		
	Medicare A - Physician Care	\$ 100		
	Medicare A - Lab	\$ 18,617		
	Medicare A - Contractual Adjustment	\$ (888,036)		
	Insurance - Contractual Adjustment	\$ (78,792)		
	Medicare B - Vaccines	\$ 4,119		
	Medicare B - Contractual Adjustment	\$ (79,173)		
	Managed Care B - Lab	\$ 13,736		
	Managed Care B - Contractual Adjustment	\$ (92,724)		
	Insurance B - Vaccines	\$ 65		
	Insurance B - Contractual Adjustment	\$ (65)		
	Total Other Resident Revenue - Medicare	\$ (1,083,784)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Medicaid - Contractual Adjustment	\$ (24,540)		
	Managed Care - IV Therapy	\$ 2,230		
	Managed Care - X-Ray	\$ 6,386		
	Managed Care - Physician Care	\$ 120		
	Managed Care - Lab	\$ 11,665		
	Managed Care - Contractual Adjustment	\$ (736,469)		
	Insurance - X-Ray	\$ 189		
	Insurance - Lab	\$ 1,486		
	Managed Care B - Vaccines	\$ 6,135		
	Total Other Resident Revenue	\$ (732,797)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 6,842		
	Total Interest Income		\$ 6,842	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Charitable Donations	\$ 8,820		
	Misc. Income	\$ 5,827		
	Recovery Of Bad Debt	\$ 116,438		
	Small Balance Adjustments	\$ (725.24)		
	Restricted Revenue	\$ 18,300		
	Chapel Offering Box	\$ 1,459		
	Chapel-Restricted Revenue	\$ 423		
	Rec-Restricted Revenue	\$ 100		
	Eden-Restricted Revenue	\$ 514		
	Discounts Earned	\$ 5,200		
	Total Other Revenue	\$ 156,357	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Joseph Living Center LLC	20397	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,889,201
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	727,799
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	65,532
5. Prepaid Expenses			\$	119,058
a. _____				
b. _____				
c. _____				
d. See Schedule		119,058		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	2,660

See Schedule		2,660		
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,804,250
B. Fixed Assets				
1. Land			\$	1,220,000
2. Land Improvements	*Historical Cost	163,049	\$	43,941
	Accum. Depreciation	119,107		
	Net			
3. Buildings	*Historical Cost	8,000,250	\$	(3,381,538)
	Accum. Depreciation	11,381,788		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost	713,271	\$	139,169
	Accum. Depreciation	574,102		
	Net			
6. Movable Equipment	*Historical Cost	2,050,593	\$	1,040,516
	Accum. Depreciation	1,010,077		
	Net			
7. Motor Vehicles	*Historical Cost	69,985	\$	
	Accum. Depreciation	69,985		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	3,299,633

See Schedule		3,299,633		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,361,721

* 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
Saint Joseph Living Center LLC	20397	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	6,165,971
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	82,897		
	Accum. Depreciation	37,161	Net	\$ 45,736
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
_____			\$	
_____			\$	
See Schedule			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	45,736
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,211,708

* 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 Saint Joseph Living Center LLC		License No. 20397	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	340,807
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>)				\$	980,290
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	13,543
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>)				\$	7,203
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	385,887

See Schedule					385,887
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,727,730

* 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 Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				1,727,730
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 2,513,000
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 72,306

See Schedule				72,306
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,585,306
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,313,036

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

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Joseph Living Center LLC	20397	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,377,700
6. Gain or Loss for Period			\$	(479,028)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	1,898,671
C. Total Reserves and Net Worth			\$	1,898,671
D. Total Liabilities, Reserves, and Net Worth			\$	6,211,708

H. Changes in Total Net Worth

Name of Facility Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	2,377,700
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,228,291
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,707,319
D. Net Income or Deficit			\$	(479,028)
E. Balance			\$	1,898,672
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	1,898,672
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility Saint Joseph Living Center LLC	License No. 20397	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		Date Signed
Printed Name of Preparer				
CJLC LLC				
Address Address			Phone Number	
225 Pitkin St., East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				