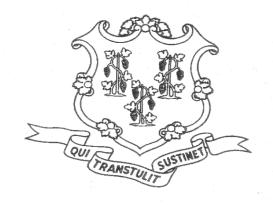
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as I	licensed)						
Saint Joseph Living C	,						
Address (No. & Stree		ip Code)					
14 Club Rd. Windhar		•					
Type of Facility							
Chronic and C Nursing Home	Convalescent e only (CCNH)		Rest Home wit Supervision on (RHNS)	_		(Specify)	
Report for Year Begin 10/1/2017	nning		Report for Yea 9/30/2018	_			
License Numbers:	License Numbers: CCNH 20397		RHNS	(-1			Medicare Provider 07-5321
Medicaid Provider Nu	umbers:	CC	CNH	RH	INS	I	CF-IID
For Department Use	e Only						
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign		Signed a	and Notarized	Date Received

Annual Report of Long-Term Care Facility CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Saint Joseph Living Center LLC	20397	9/30/2018	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Saint Joseph Living Center LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
			2-8	
Printed Name (Administrator)			Printed Name (Owner)	
Ginny Person				
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:				
				/ /
Address of Notary Public	_	<u>-</u>	-	-

(Notary Seal)

Table of Contents

General Information and Questionnaire - Type of Facility - Organization Structure 2	Gen	eral Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Partners/Members 3A General Information and Questionnaire - Corporate Owners 3A General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Interval 17 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Report of Firms Providing Services by Contract 21 C	Gen	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Corporate Owners General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4General Information and Questionnaire - Related Parties 5General Information and Questionnaire - Basis for Allocation of Costs 5General Information and Questionnaire - Leases 6General Information and Questionnaire - Leases 6General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 11 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Bala	Gen	eral Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 20 C. Expenditures Other than Salar	Gen	eral Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Related Parties General Information and Questionnaire - Basis for Allocation of Costs General Information and Questionnaire - Leases General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 22 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 24 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance S	Gen	eral Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Basis for Allocation of Costs General Information and Questionnaire - Leases General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 13 Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 D. Adjustments to Statement of Expenditures 27 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees for Service Basis Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 Depreciation Schedule 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Expenditures Other than Salaries (Cont'd) - Interest 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Interest 26 D. Adjustments to Statement of Expenditures 27 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Accounting Basis Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fces Report of Expenditures - Professional Fces Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fce for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care Report of Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care Report of Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 24 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 26 Balance Sheet 30 Adjustments to Statement of Expenditures 31 G. Balance Sheet Cont'd) 32 Balance Sheet 33 G. Balance Sheet Cont'd) 34 G. Balance Sheet Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Basis for Allocation of Costs	5
Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 11 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 63 G. Balance Sheet (Cont'd) 73 G. Balance Sheet (Cont'd) 74 G. Balance Sheet (Cont'd) 75 H. Changes in Total Net Worth 36 H. Changes in Total Net Worth 36	Gen	eral Information and Questionnaire - Leases	6
Schedule of Resident Statistics (Cont'd) A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Interest 24 C. Expenditures Other than Salaries (Cont'd) - Interest 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Accounting Basis	7
A. Report of Expenditures - Salarics & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant 11 Administrators and Other Relatives 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 13 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnai	Sche	edule of Resident Statistics	8
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Sche	edule of Resident Statistics (Cont'd)	9
Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) - Reserves and Net Worth 36 H. Changes in Total Net Worth	A.	Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth		Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 19 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 20 Report of Expenditures Other than Salaries (Cont'd) - Maintenance and Property 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) - Reserves and Net Worth 35 H. Changes in Total Net Worth		Administrators and Other Relatives	11
B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D.		Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D.		Administrators and Other Relatives (Cont'd)	12
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd)	B.		13
for Service Basis C. Expenditures Other than Salaries - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd)			
 C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth 36 			14
 C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth 36 	C.	Expenditures Other than Salaries - Administrative and General	15
Schedule C-1 - Management Services C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Laundry C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) Agenatic Sheet (Cont'd) 35 H. Changes in Total Net Worth	C.		16
C.Expenditures Other than Salaries (Cont'd) - Dietary18C.Expenditures Other than Salaries (Cont'd) - Laundry19C.Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care20Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract21C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36			17
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures Cont'd) F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) - Reserves and Net Worth 35 H. Changes in Total Net Worth	C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Depreciation Schedule	23
C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Amortization Schedule	24
C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest	26
D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures	28
G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures (Cont'd)	29
G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	F.	Statement of Revenue	30
G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet	31
G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	32
G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	33
H. Changes in Total Net Worth 36	G.	Balance Sheet (Cont'd)	34
<u> </u>	G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
I. Preparer's/Reviewer's Certification 37	H.	Changes in Total Net Worth	36
	I.	Preparer's/Reviewer's Certification	37

State of Connecticut

Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of 37		
Name of Facility	Period Cov	ered:	From	То
Saint Joseph Living Center LLC			10/1/2017	9/30/2018
Address of Facility				
14 Club Rd. Windham, CT 06280				
Report Prepared By	Phone Nun	ıber	Date	
CJLC LLC	860-610-90	009	2/15/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$ 			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

				cility	Report for Ye	ar Ended		of
Dr. 07 111 (1 11)		806	-456-1107		9/30/2018		2	37
Name of Facility (as shown on license)					Street, City, Sto			
Saint Joseph Living Center LLC	CCNH	1	RHNS	. W 111	dham, CT 062 (Specify)	80	Madiaara l	Provider No.
License Numbers:	20397		KIINS		(Specify)		07-5321	TOVIDEL ING.
Type of Facility (Check appropriate box(es)							07 3321	
Chronic and Convalescent Nursing Home only (CCNH)			t Home with pervision only			(Specify))	
Type of Ownership (Check appropriate box))							
O Proprietorship O LLC O F	Partnership	0	Profit Corp.		Non-Profit Co	rp. O	Government	O Trust
If this facility opened or closed during repor	t year provid	e:		Date	e Opened	Date Clo	osed	
Has there been any change in ownership								
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain full	y.
Administrator					_			
Name of Administrator					Nursing Ho		001000	
Ginny Person					Administrat		001882	
Other Operators/Owners who are assistant ac	dministrators	(ful	1 or nart time	of th	License I	NO.:		
Name	ammistrators	(Tui	Tor part time,	, O1 t1	License l	No.:		

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Saint Joseph Living Center LL	C	License No. 20397	Report for Y 9/30/2018	ear Ended	Page of 3		
Legal Name of Parti					l/or Town(s) in Registered		
Name of Partners/Members	Business Ac	ldress	1	Γitle	% Owned		
N/A							

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Saint Joseph Living Center LLC	20397	9/30/2018		3A	37
If this facility is owned or operated as a corp	poration, provide	the following info			
Legal Name of Corporation	Busin	ness Address	State(s) in V	Vhich Incorp	porated
				No. S	hares
Name of Directors, Officers	Busin	ness Address	Title	Held by	
				11010 0	, Laci
See Attached					
Names of Stockholders Owning at Least					
10% of Shares					

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Saint Joseph Living Center LLC 20397 9/30/2018 3B If this facility is owned or operated as an individual proprietorship, provide the following information: Owner(s) of Facility	37
o wher(b) of ruently	
N/A	

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Saint Joseph Living Cen	ter LLC		20397		9/30/2018		4	37
A : 1:: 11	:.: £ 41 - £-	- :1:4	1 _ 4 _ 1 41	1.		TCUX7 11 '1 41	3.T /A.1	1 1
•	iving compensation from the fa	•		_		If "Yes," provide th		
marriage, ability to contr	ol, ownership, family or busine	ss assoc	ciation?	0	Yes • No	complete the inform	nation on Pa	ge 11 of the report.
Are any individuals or co	ompanies which provide goods	or servi	ces,					
including the rental of pr	operty or the loaning of funds t	o this fa	cility,					
related through family as	ssociation, common ownership,	control,	, or busi	ness	• Yes • No			
association to any of the	owners, operators, or officials of	of this fa	acility?			If "Yes," provide th	e following	information:
						, *		
		Als	so Provi	des		Indicate Where		
		Good	ls/Servi	ces to		Costs are Included		
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	0/0**	Provided	Page # / Line #	Reported	Related Party
			•			8		-
Diocese of Norwich		0	•		Heath Insurance	15/1a5	1,017,711	1,017,711
Diocese of Norwich		0	•		Auto Insurance	27/14b	4,867	4,867
		0	•				,	,
Christian Brothers		O	•		Pension	15/1a7	148,652	148,652
See Attached List		0	•		Pastoral	12/B12	16,100	16,100
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No).	Report for Year Ended	Page	of			
Saint Joseph Living Center LLC	20397	9/30/2018 5			37			
If the facility is licensed as CDH and/or RCH or	r provides A	AIDS or TB	I services with special Medica	id rates,	costs			
must be allocated to CCNH and RHNS as follow	ws:							
Item		Method of Allocation						
Dietary		Number of	meals served to residents					
Laundry		Number of	pounds processed					
Housekeeping		Number of	square feet serviced					
		Number of	hours of routine care provided	by EAG	СН			
Nursing		employee o	classification, i.e., Director (or	Charge	Nurse),			
		Registered	Nurses, Licensed Practical Nu	ırses, Ai	des and			
		Attendants						
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EA	CH			
		specialist ((See listing page 13)					
Maintenance and operation of plant		Square feet	į .					
Property costs (depreciation)		Square feet	t .					
Employee health and welfare		Gross salar	ries					
Management services		Appropriate cost center involved						
All other General Administrative expenses		Total of Di	rect and Allocated Costs					
The preparer of this report must answer the following	owing quest	ions applications	able to the cost information pr	ovided.				
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	ch alloca	ition was			
costs allocated as required?	o i es	O No	not made.					
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting dat	a.				
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing he	ome cost	t centers?			
(e.g., Assisted Living, Home Health, Outpati	ient Service	s, Adult Da	y Care Services, etc.)					
		•	If "No," explain fully why suc	ch alloca	ntion was			
	Yes	O No	not made.	m anoca	ition was			

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	ear Ended		Page	of
Saint Joseph Living Center LLC			20397	9/30/2018			6	37
		ed * to ners,						
		ators,				Annual		
		icers		Date of	Term of	Amount	Ame	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
Pitney Bowes. PO Box 371887, Pittsburg PA 15250-7887	0	•	Postage Machine	06/20/17	12 months	4,512	4,512	
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for All Lo	eased V	ehicles	? O Yes	•	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	License No.	Report for Year Ended	Page of
Saint Joseph Living Center LLC	20397	9/30/2018	7 37
	1	were maintained on the following basis:	1 2 2
		S	
	Modified Cash		
Is the accounting basis for this			
1.	Yes	If "No," explain.	
previous period?	No		
Independent Accounting Firm			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	
1 Blum, Shapiro & Co PC		29 South Main St West Hartford, Ct 0612	
2 CJLC LLC		225 Pitkin St Suite 200 East Hartford, Ct	
3		,,	
4			
Services Provided by This Firm (de	escribe fully)		
1 Financial Consulting, Audited Finan-	cial Statements & Tax Form 990		\$ 29,197
2 Medicaid Cost Report			\$ 6,500
3			\$.
4			\$
-			Charge for Services Provided
Are These Charges Deflected in the Evner	aditura Dartian of This Danaut? If N	Ves, Specify Expense Classification and Line No.	\$ 35,697
Yes O No	15/1d	res, specify Expense Classification and Line No.	
Legal Services Information	10/10		
Name of Legal Firm or Independen	nt Attornev		Telephone Number
1 Gordon & Rees LLP	,		860-278-7448
2 Mutha Cullina LLP			860-240-6000
3 SB2 Inc			717-585-7186
4 Wiggin & Dana			203-498-4400
5			
Address (No. & Street, City, State,			
1 95 Glastonbury Blvd Suite 200			
2 City Place 1 Asylum Street Ha			
3 1426 N. 3rd Street Suite 200 H			
4 One Century Tower PO Box 1	832 New Haven, Ct 06508		
5 Services Provided by This Firm (de	ascriba fully)		
	escribe july)		
1 Various See Attached			\$ (5,000)
2 Various See Attached			\$ 11,668
3 Various See Attached			\$ 144
4 Various See Attached			\$ 3,014
5			\$ T
			Charge for Services Provided
			\$ 9,826
Are These Charges Reflected in the Exper	•	Yes, Specify Expense Classification and Line No.	
⊙ Yes O No	15/1e		

Schedule of Resident Statistics

Name of Facility			License N				-	r Year Ende	ed		Page	of
Saint Joseph Living Center LLC			20)397			9/30/2018	3			8	37
						Period 10	/1 Thru 6/	30		Period 7/	1 Thru 9/3	30
	T	Total	Total	TD 4 1								
	Total All Levels	CCNH Level	RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity				(1)/				(1)				\ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	109	109			109	109			98	98		
B. As of midnight of THIS report period	103	103			98	98			103	103		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,505	3,505			2,724	2,724			781	781		
B. Medicaid (Conn.)	27,196	27,196			20,486	20,486			6,710	6,710		
C. Medicaid (other states)												
D. Private Pay	6,100	6,100			4,520	4,520			1,580	1,580		
E. State SSI for RCH												
F. Other (Specify) MA Plans & Contracts	3,058	3,058			2,389	2,389			669	669		
G. Total Care Days During Period (3A thru F)	39,859	39,859			30,119	30,119			9,740	9,740		
Total Number of Days Not Included in Figures in 3G												
for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	7	7			7	7						
B. Other Bed Reserve Days	80	80			54	54			26	26		
5. Total Resident Days (3G + 4A + 4B)	39,946	39,946			30,180	30,180			9,766	9,766		

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Saint Joseph Living Center LILC	Name of Facility License No. Rep						Report	t for Year	Ended		Page	of			
The continue of the following information:	Saint Joseph	Living (Center L	LC	2	0397					9/30/201	8		9	37
Date of CNH RHNS CSpecify Lost Gained Gained Change		•	_			pacity du	ring t	the repo	ort yea	ar?	0	Yes	•	No	
Change			Place of	f Change		Cł	nange	in Bed	s		Ca	pacity Afte	er Change		
Contact Cont	Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	d			_		
Contact Cont	Changa										1				
RESIDENT DAYS for 90 days following the change. Change in Resident Days	Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
RESIDENT DAYS for 90 days following the change. Change in Resident Days															
RESIDENT DAYS for 90 days following the change. Change in Resident Days															
RESIDENT DAYS for 90 days following the change. Change in Resident Days															
1st change															
2nd change				Change in R	esider	nt Days					CC	CNH	RHNS	(Spe	ecify)
Attempted Atte															
Ath change		_													
Number of Residents and Rates on September 30 of Cost Year Medicare Med		_													
Rem			dents an	d Rates on Septe	ember	30 of Co	st Ye	ar							
No. of Residents											Se	elf-Pay		Other Sta	te Assisted
No. of Residents															
Per Diem Rate				CCNH	C	CNH	RI	HNS	CC	CNH	RI	INS	(Specify)	R.C.H.	ICF-MR
a. One bed rm. b. Two bed rms. c. Three or more bed rms. 7. Total Number of Physical Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments C. Other D. Total Physical Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments C. Other D. Total Physical Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments C. Other A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments C. Other A. Medicare - Part B D. Total Speech Therapy Treatments A. Medicare - Part B D. Total Speech Ther			3	6		73				24					
b. Two bed rms. c. Three or more bed rms. 7. Total Number of Physical Therapy Treatments						210.06				445.00					
c. Three or more bed rms. Common to be dry the bed rms. TOTAL CCNH RHNS (Specify) 7. Total Number of Physical Therapy Treatments 2,756 <td></td>															
Note						218.40				415.00					
Total Number of Physical Therapy Treatments															
A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other D. Total Physical Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments C. Other D. Total Speech Therapy Treatments D. Total Speech Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments D. Total Speech Therapy Treatments A. Medicare - Part B D. Total Speech Therapy Treatments A. Medicare - Part B D. Total Speech Therapy Treatments A. Medicare - Part B D. Total Speech Therapy Treatments A. Medicare - Part B D. Total Number of Occupational Therapy Treatments A. Medicare - Part B D. Medicaid (Exclusive of Part B) D. Maintenance Treatments D. Maintenance Treatments D. Restorative Trea															
B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 4 C. Other 16,700 16,700 D. Total Physical Therapy Treatments 19,456 19,456 8. Total Number of Speech Therapy Treatments 193 193 A. Medicare - Part B 193 193 B. Medicaid (Exclusive of Part B) 4 4 1. Maintenance Treatments 4 4 2. Restorative Treatments 1,175 1,175 D. Total Speech Therapy Treatments 1,368 1,368 9. Total Number of Occupational Therapy Treatments 3,402 3,402 B. Medicaid (Exclusive of Part B) 3,402 3,402 B. Medicaid (Exclusive of Part B) 4 4 1. Maintenance Treatments 4 4 2. Restorative Treatments 4 4 2. Restorative Treatments 4 4 3. Restorative Treatments 4 4 4. Cother 17,076 17,076			-		tment	S					ТО	-		RHNS	(Specify)
1. Maintenance Treatments	A.	Medica	id (Evel	LB Jusive of Part R								2,756	2,756		
2. Restorative Treatments 16,700 16,700 C. Other 16,700 16,700 D. Total Physical Therapy Treatments 19,456 19,456 8. Total Number of Speech Therapy Treatments 193 193 A. Medicare - Part B 193 193 B. Medicaid (Exclusive of Part B) 1 1 1. Maintenance Treatments 1,175 1,175 C. Other 1,175 1,175 D. Total Speech Therapy Treatments 1,368 1,368 9. Total Number of Occupational Therapy Treatments 3,402 3,402 B. Medicaid (Exclusive of Part B) 3,402 3,402 1. Maintenance Treatments 2. Restorative Treatments 17,076 17,076	Б.				,										
C. Other 16,700 16,700 D. Total Physical Therapy Treatments 19,456 19,456 8. Total Number of Speech Therapy Treatments 193 193 A. Medicare - Part B 193 193 B. Medicaid (Exclusive of Part B) 100 100 1. Maintenance Treatments 100 100 2. Restorative Treatments 100 100 3. Total Speech Therapy Treatments 100 100 4. Medicare - Part B 3,402 3,402 B. Medicaid (Exclusive of Part B) 3,402 3,402 1. Maintenance Treatments 100 100 2. Restorative Treatments 100 17,076 2. Restorative Treatments 17,076 17,076															
8. Total Number of Speech Therapy Treatments 193 193 A. Medicare - Part B 193 193 B. Medicaid (Exclusive of Part B) 100 100 1. Maintenance Treatments 100 100 2. Restorative Treatments 100 100 C. Other 100 100 D. Total Speech Therapy Treatments 100 100 9. Total Number of Occupational Therapy Treatments 100 100 A. Medicare - Part B 100 100 B. Medicaid (Exclusive of Part B) 100 100 1. Maintenance Treatments 100 100 2. Restorative Treatments 100 100 C. Other 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	C.											16,700	16,700		
A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other D. Total Speech Therapy Treatments 4. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 4. Medicare - Part B 5. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other 17,076 17,076												19,456	19,456		
B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments 3. Maintenance Treatments 3. Maintenance Treatments 3. Maintenance Treatments 4. Maintenance Treatments <t< td=""><td></td><td></td><td></td><td></td><td>nents</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>					nents										
1. Maintenance Treatments ————————————————————————————————————												193	193		
2. Restorative Treatments 1,175 1,175 C. Other 1,175 1,175 D. Total Speech Therapy Treatments 1,368 1,368 9. Total Number of Occupational Therapy Treatments 3,402 3,402 A. Medicare - Part B 3,402 3,402 B. Medicaid (Exclusive of Part B) 3,402 3,402 1. Maintenance Treatments 1,207 1,207 C. Other 17,076 17,076	В.)										
C. Other 1,175 1,175 1,175 1,175 1,368															
D. Total Speech Therapy Treatments 1,368 1,368 9. Total Number of Occupational Therapy Treatments 3,402 3,402 A. Medicare - Part B 3,402 3,402 B. Medicaid (Exclusive of Part B) 5,402 5,402 1. Maintenance Treatments 5,402 5,402 2. Restorative Treatments 1,707 17,076 C. Other 17,076 17,076	C.		iorative	Treatments								1.175	1.175		
9. Total Number of Occupational Therapy Treatments A. Medicare - Part B 3,402 3,402 B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other 17,076 17,076			peech T	herapy Treatm	ents										
A. Medicare - Part B B. Medicaid (Exclusive of Part B) 1. Maintenance Treatments 2. Restorative Treatments C. Other 3,402 3,402 3,402 3,402 3,402 1,402 1,402 1,402 1,403						ments									
1. Maintenance Treatments	A.	Medica	re - Par	t B								3,402	3,402		
2. Restorative Treatments 17,076 17,076 C. Other 17,076 17,076	B.		,)										
C. Other 17,076 17,076															
			torative	reatments							<u> </u>	17.076	17.07		
			Occupati	ional Therany T	reatn	ients					 				

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I of Schedule A.) 2. Administrator(s) (Complete also Sec. III of Schedule A.) 3. Assistant Administrator (Complete also Sec. IV of Schedule A.) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 417,683 5. Dietary Service a. Head Dietitian b. Food Service Supervisor 73,813 2.,669 c. Dietary Workers 73,813 2.,669 c. Dietary Workers 8 329,486 2.5,020 c. Housekeeping Service a. Head Housekeeping Workers 71,129 14,893 7. Repairs & Maintenance Services a. Engineer or Chef of Maintenance b. Other Housekeeping Workers 7. Repairs & Maintenance Services a. Engineer or Chef of Maintenance b. Other Haundry Workers 99,562 8. Laundry Service a. Supervisor 22,293 1,133 1,00 1,00 1,00 1,00 1,00 1,00 1,	Report of Ex		Salalic			_	
Are time records maintained by all individuals receiving compensation?	1			_	r Ended	_	i
Total Cost and Hours	Saint Joseph Living Center LLC	20397		9/30/2018		10	37
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I of Schedule A1) 1. Administrator(s) (Complete also Sec. III of Schedule A1) 135,645 2,238 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 135,645 2,238 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Salaries (telephone operator, clerks, receptionists, etc.) 417,683 15,514 5. Dietary Service 4. Item (Salaries (telephone operator, clerks, receptionists, etc.) 417,683 15,514 5. Dietary Service 2. Dietary Workers 329,486 25,629 6. Housekeeping Service 22,293 1,133 4. Dietary Workers 417,291 44,893 7. Repairs & Maintenance Services 22,293 1,133 4. Dietary & Maintenance Services 8. Laundy Service 2. Salaries 4,893 7. Repairs & Maintenance Workers 99,562 5,271 8. Laundy Service 2. Salaries 4,893 7.	Are time records maintained by all individuals receiving con	npensation?	•	Yes	0	No	
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I of Schedule A1) 1. Administrator(s) (Complete also Sec. III of Schedule A1) 135,645 2,238 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 135,645 2,238 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrator (Salaries (telephone operator, clerks, receptionists, etc.) 417,683 15,514 5. Dietary Service 4. Item (Salaries (telephone operator, clerks, receptionists, etc.) 417,683 15,514 5. Dietary Service 2. Dietary Workers 329,486 25,629 6. Housekeeping Service 22,293 1,133 4. Dietary Workers 417,291 44,893 7. Repairs & Maintenance Services 22,293 1,133 4. Dietary & Maintenance Services 8. Laundy Service 2. Salaries 4,893 7. Repairs & Maintenance Workers 99,562 5,271 8. Laundy Service 2. Salaries 4,893 7.				Total Cost a	ınd Hours		
A. Salarics and Wages* 1. Operators Owners (Complete also Sec. I of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salarics (telephone operator, clerks, receptionists, etc.) 5. Dictary Service a. Head Dietitian b. Food Service Supervisor 7.3,813 c. Dictary Workers 329,486 6. House-keeping Service a. Head House-keeping Workers 171,291 14,893 7. Repairs. A Maintenance Services a. Engineer or Chief of Maintenance b. Other House-keeping Workers 171,291 14,893 7. Repairs. A Maintenance Services a. Engineer or Chief of Maintenance b. Other Maintenance Workers 99,562 8. Laundry Service 3. Supervisor 99,562 8. Laundry Service 10. Protective Services 11. Accounting Services 11. Accounting Services 11. Accounting Services 11. Protective Services 11. Protective Services 11. Protective Services 11. Direct Care 11. Line Care 11. Direct Care 12. Administrative** 430,944 15. Jill Services 15. Direct Services 16. Administrative* 17. Direct Care 18. Direct Care 19. Direct							
A. Stalaries and Wages* 1. Operator/Owners (Complete also Sec. II of Schedule A1) 2. Administrator (Complete also Sec. IV of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietury Service a. Head Dietitian b. Food Service Supervisor C. Dietury Workers 329,486 C. Sopposition Complete Services 3. Engineer or Chief of Maintenance b. Other Housekeeping Workers 329,486 C. Sopposition Complete Services 3. Supervisor 3. Hard Workers 3. Dietury Services 3. Hard Administrative Supervisor 4. Admini							
A. Stalaries and Wages* 1. Operator/Owners (Complete also Sec. II of Schedule A1) 2. Administrator (Complete also Sec. IV of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietury Service a. Head Dietitian b. Food Service Supervisor C. Dietury Workers 329,486 C. Sopposition Complete Services 3. Engineer or Chief of Maintenance b. Other Housekeeping Workers 329,486 C. Sopposition Complete Services 3. Supervisor 3. Hard Workers 3. Dietury Services 3. Hard Administrative Supervisor 4. Admini	Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
of Schedule A1) 2. Administratory (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor 7. 3.813 2. 669 c. Dietary Workers 329,486 6. Housekceping Service a. Head Housekceping Workers 171,291 14,893 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance b. Other Housekceping Workers 171,291 14,893 7. Repairs & Maintenance Workers 99,502 8. Laundy Service a. Supervisor 18. Laundy Service a. Supervisor 19,504 10. Protective Services 10. Protective Services 11. Accounting Services 11. Accounting Services 11. Accounting Services a. Head Accountant b. Other Accountants 12. Professional Care of Residents a. Direct Care 1. Administrative** 4. Addes and Attendants 1. Physician 1. Direct Care 1. Physician Services 1. Reception of Care of Residents 1. Direct Care 2. Administrative** 4. Addes and Attendants 1. Physician Services 1. Reception of Care of Residents 1. Direct Care 2. Laundy Service 3. Resident Care** 4. Addies and Attendants 1. Physician Services 1. Reception of Care of Residents 1. Reception of Care of Residents 2. Laundy Service 3. Resident Care*** 4. Other (Specify) 5. Dentists 4. Other (Specify) 5. Cherry Services 6. Directive Services 6. Direction of Care of Residents 6. Direction of Care*** 6. Cherry Services 6. Direction of Care*** 6. Cherry Services 6. Direction of Care** 6. Cherry Services 6. Cherry	A. Salaries and Wages*						
2. Administrator(s) (Complete also Sec. III of Schedule A1) 135,645 2,238 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, elerks, receptionists, etc.) 417,683 15,514 5. Dietary Service a. Head Dietitian b. Food Service Supervisor 73,813 2,669 c. Dietary Workers 329,486 25,629 c. Dietary Workers 329,486 25,629 c. Dietary Workers 329,486 25,629 c. Dietary Workers 4. Head Housekeeping Service a. Head Housekeeping Workers 171,291 14,893 c. Dietary Workers 22,293 1,133 c. Dietary Workers 1,14,24,24 2,24,44 2,44,44 2,44,44 2,44,44 3,4	1. Operators/Owners (Complete also Sec. I						
3. Assistant Administrative Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, recoptionists, etc.) 417,683 15,514 5. Dietary Service 4 17,683 15,514 6. Dietary Service 4 17,683 15,514 73,813 2,669 73,81							
3. Assistant Administrator (Complete also See, IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dictary Service a. Head Dictitian b. Food Service Supervisor 7. 3,813 2,669 c. Dictary Workers 8. Head Housekeeping Service a. Head Housekeeping Workers 171,291 14,893 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance b. Other Maintenance Workers 99,562 8. Laundry Service a. Supervisor 8. Laundry Service a. Supervisor 139,404 8,631 9. Barber and Beautician Services 10. Protective Services 11. Accounting Services 12. Professional Care of Residents a. Directors and Assistant Director of Nurses b. Other Accountant b. Other Accountant b. Other Accountant c. LPN 1. Direct Care 2. Administrative** 430,994 1. Direct Care 2. Administrative** d. Aides and Attendants p. Proposition Service 1. Projection Service 3. Altinoid Autendants 1. Projection Service 1. Administrative** 430,994 1. Direct Care 2. Administrative** 430,994 1. Direct Care 2. Administrative** 430,994 1. Direct Care 2. Administrative** 440,094 1. Direct Care 2. Administrative** 450,994 1. Direct Care 2. Administrative** 461,13 886 9. Occupational Therapists 1. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care** 4. Other (Specify) 5. Exek Attached Schedule 30,116 1,842	2. Administrator(s) (Complete also Sec. III						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	,	135,645	2,238				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	<u> </u>						
Special Company Special Co	,						
S. Dietary Service		417.602	15.514				
a. Head Dictitian b. Food Service Supervisor 73.813		417,683	15,514				
b. Food Service Supervisor c. Dietary Workers d. Housekceping Service a. Head Housekceper 2.2,293 1.133 b. Other Housekceping Workers 171,291 14,893 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance b. Other Maintenance Workers 99,562 5,271 8. Laundry Service a. Supervisor 2.2,293 1.133 b. Other Laundry Workers 139,404 8,631 9. Barber and Beautician Services 10. Protective Services 11. Accounting Services 11. Accounting Services 12. Professional Care of Residents a. Directors and Assistant Director of Nurses b. RN 1. Direct Care 1. Administrative** 430,954 1. Direct Care 2. Administrative** 430,954 1. Direct Care 4. Addes and Attendants 5. Direct Care 1. Direct Care 1							
c. Dietary Workers 329,486 25,629 6. Housekeeping Service a. Head Housekeeping Service a. Head Housekeeping Workers 171,291 14,893 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance b. Other Maintenance Workers 99,562 5,271 8. Laundry Service 22,293 1,133 9. Borber and Beautician Services 139,404 8,631 10. Protective Services 11. Accounting Services 11. Accounting Services 4. Head Accountant 12. Professional Care of Residents 4. Directors and Assistant Director of Nurses 222,384 4,457 b. RN 1. Direct Care 1,168,393 37,337 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 668,496 25,180 2. Administrative** 430,954 12,281 d. Aides and Attendants 1,853,097 121,281 e. Physical Therapists 315,151 8,570 f. Speech Therapists 44,613 8,86 g. Occupational Therapists 228,958		73 813	2.669				
6. Housekeeping Service a. Head Housekeeper 2.2,293 1,133 b. Other Housekeeping Workers 171,291 14,893 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance b. Other Maintenance Workers 99,562 5,271 8. Laundry Service a. Supervisor 22,293 1,133 b. Other Laundry Workers 139,404 8,631 9. Barber and Beautician Services 10. Protective Services 11. Accounting Services 11. Accounting Services 11. Accounting Services 12. Professional Care of Residents a. Directors and Assistant Director of Nurses b. RN 1. Direct Care 1,168,393 1,7,337 2. Administrative** 430,954 1,6,378 c. LPN 1. Direct Care 2. Administrative** 430,954 1,853,097 1,12,281 4,4613 8,86 2. Administrative** 4,41613 8,86 g. Occupational Therapists 1. Physical Therapists 4,4613 9,866 1, Physical Therapists 1. Medical Director 2. Utilization Review 3. Resident Care** 4. Other (Specify) j. Dentists 4. Other (Specify) 5. See Attached Schedule 3,0,116 1,842							
a. Head Housekeeper							
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance b. Other Maintenance Workers 99,562 5,271 8. Laundry Service a. Supervisor 22,293 1,133 b. Other Laundry Workers 139,404 8,631 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 222,384 4,457 b. RN 1. Direct Care 1,168,393 37,337 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 2. Administrative** 4. Aides and Attendants 1. Birch Care 2. Administrative** 4. Aides and Attendants 1. Birch Care 2. Administrative* 4. Aides and Attendants 1. Birch Care 5. Speech Therapists 44,613 8,66 g. Occupational Therapists 1. Medical Director 2. Utilization Review 3. Resident Care** 4. Other (Specify) 5. Dentists 5. Dentists 5. Dentists 6. Derect Care 1. Defect Care 1	a. Head Housekeeper		1,133				
a. Engineer or Chief of Maintenance b. Other Maintenance Workers 99,562 5,271 8. Laundry Service a. Supervisor 22,293 1,133 b. Other Laundry Workers 139,404 8,631 9. Barber and Beautician Services 110. Protective Services 111. Accounting Services a. Head Accountant b. Other Accountants 12. Professional Care of Residents a. Directors and Assistant Director of Nurses 222,384 4,457 b. RN 1. Direct Care 1,168,393 37,337 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 668,496 25,180 2. Administrative** 4. d. Aides and Attendants 1,853,097 121,281 c. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 44,613 886 g. Occupational Therapists 12,859,85 7,439 h. Recreation Workers 139,511 7,606 i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care** 4. Other (Specify) 5. Dentists 6. Pharmacists 1. Podiatrists 7. Dentists 8. Pharmacists 1. Podiatrists 9. Dentists 1. Podiatrists 1. Podiatrists 1. Podiatrists 1. Direct Care 13,163,114 1,842		171,291	14,893				
b. Other Maintenance Workers 99,562 5,271							
8. Laundry Service a. Supervisor 22,293 1,133 b. Other Laundry Workers 139,404 8,631 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 b. RN 1. Direct Care 1,168,393 37,337 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 668,496 25,180 2. Administrative** d. Aides and Attendants 1,853,097 121,281 c. Physical Therapists 315,151 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 228,958 7,439 h. Recreation Workers 1. Physicians 1. Medical Director 2. Utilization Review 3 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists I. Podiatrists II. Podiatrists II. Podiatrists III. Marketing O. Other (Specify) See Attached Schedule 30,116 1,842		22.55					
a. Supervisor b. Other Laundry Workers 139,404 8.631 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 b. RN 1. Direct Care 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 1,168,393 37,337 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 2. Administrative** 44,613 8.570 6. Physical Therapists 351,511 8.570 1. Speech Therapists 44,613 886 g. Occupational Therapists 139,511 7,606 1. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists 1. Podiatrists 1. Marketing 1. Marketing 1. Marketing 1. Marketing 1. Other (Specify) See Attached Schedule 30,116 1,842		99,562	5,271				
b. Other Laundry Workers 139,404 8,631 9. Barber and Beautician Services 10. Protective Services 11. Accounting Services a. Head Accountant b. Other Accountant b. Other Accountant c. Directors and Assistant Director of Nurses 222,384 4,457 b. RN 1. Direct Care 1,168,393 37,337 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 668,496 25,180 2. Administrative** d. Aides and Attendants 1,853,097 121,281 e. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 228,958 7,439 h. Recreation Workers 139,511 7,606 i. Physicians i. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) 5. Dentists 6. Dediatrists 7. Other (Specify) 8. Other (Specify) 9. Other (Specify) 1. Marketing 0. Other (Specify) 5. See Attached Schedule 30,116 1,842		22 202	1 122				
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 222,384 4,457 b. RN 1. Direct Care 1,168,393 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 2. Administrative** 43. Aides and Attendants 1,853,097 121,281 c. Physical Therapists 351,511 c. Physical Therapists 44,613 g. Occupational Therapists 44,613 g. Occupational Therapists 1. Pofugational Therapists 1. Medical Director 2. Utilization Review 3. Resident Carce** 4. Other (Specify) j. Dentists k. Pharmacists m. Social Workers/Case Management 107,676 3,959 n. Marketing Other (Specify) See Attached Schedule 30,116 1,842							
10. Protective Services	,	137,404	0,031				
a. Head Accountants b. Other Accountants 12. Professional Care of Residents a. Directors and Assistant Director of Nurses b. RN 1. Direct Care 1.168,393 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 668,496 2. Administrative** 4. Aides and Attendants 1.853,097 121,281 c. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 1. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842							
b. Other Accountants 12. Professional Care of Residents a. Directors and Assistant Director of Nurses 222,384 4,457	11. Accounting Services						
12. Professional Care of Residents a. Directors and Assistant Director of Nurses 222,384 4,457 b. RN 1. Direct Care 1,168,393 37,337 c. Administrative** 430,954 16,378 c. LPN 1. Direct Care 668,496 25,180 c. LPN d. Aides and Attendants 1,853,097 121,281 c. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 228,958 7,439 d. Recreation Workers 139,511 7,606 i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists l	a. Head Accountant						
a. Directors and Assistant Director of Nurses b. RN 1. Direct Care 1.168,393 37,337 2. Administrative** 430,954 16,378 c. LPN 1. Direct Care 668,496 2. Administrative** d. Aides and Attendants 1,853,097 121,281 e. Physical Therapists 351,511 e. Physical Therapists 44,613 g. Occupational Therapists 1. Recreation Workers 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule 30,116 1,842							
b. RN 1. Direct Care 2. Administrative** 430,954 1. Direct Care 1. Direct Care 668,496 2. Administrative** 4. Aides and Attendants 1,853,097 1. Speech Therapists 351,511 5,70 6. Speech Therapists 44,613 886 9. Occupational Therapists 228,958 7,439 h. Recreation Workers 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists I. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule 30,116 1,842							
1. Direct Care		222,384	4,457				
2. Administrative** 430,954 16,378 c. LPN 668,496 25,180 2. Administrative** 2. Administrative** d. Aides and Attendants 1,853,097 121,281 e. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 228,958 7,439 h. Recreation Workers 139,511 7,606 i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists 1. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842		1.160.202	27.227				
C. LPN							
1. Direct Care 668,496 25,180 2. Administrative** 4. Aides and Attendants 1,853,097 121,281 e. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 228,958 7,439 h. Recreation Workers 139,511 7,606 i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists 1. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842		430,934	10,576				
2. Administrative** 1,853,097 121,281 d. Aides and Attendants 1,853,097 121,281 e. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 228,958 7,439 h. Recreation Workers 139,511 7,606 i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842		668,496	25,180				
d. Aides and Attendants 1,853,097 121,281 e. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 228,958 7,439 h. Recreation Workers 139,511 7,606 i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) 4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists 1. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842		000,00					
e. Physical Therapists 351,511 8,570 f. Speech Therapists 44,613 886 g. Occupational Therapists 228,958 7,439 h. Recreation Workers 139,511 7,606 i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842	d. Aides and Attendants	1,853,097	121,281				
g. Occupational Therapists 228,958 7,439 h. Recreation Workers 139,511 7,606 i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists 1. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842		351,511	8,570				
h. Recreation Workers 139,511 7,606 i. Physicians 1 Medical Director 2 Utilization Review 3. Resident Care*** 4 Other (Specify) 3 Pointists k. Pharmacists 1 Podiatrists 1 Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0 Other (Specify) See Attached Schedule 30,116 1,842							
i. Physicians 1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule 1. Medical Director 1. Medical Director 1. Dentists 1. Podiatrists 1. Podiatris							
1. Medical Director 2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists 5. Pharmacists l. Podiatrists 1. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842		139,511	7,606				
2. Utilization Review 3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule 2. Utilization Review 3. Resident Care*** 1. Podiatrists 1. Podiatr	1						
3. Resident Care*** 4. Other (Specify) j. Dentists k. Pharmacists 1. Podiatrists m. Social Workers/Case Management n. Marketing o. Other (Specify) See Attached Schedule 30,116 1,842							
4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing o. Other (Specify) See Attached Schedule 30,116 1,842							
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k. Pharmacists 1. Podiatrists m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) 0. Other (Specify) See Attached Schedule 30,116 1,842							
1. Podiatrists							
m. Social Workers/Case Management 107,676 3,959 n. Marketing 0. Other (Specify) See Attached Schedule 30,116 1,842							
n. Marketing o. Other (Specify) See Attached Schedule 30,116 1,842							
o. Other (Specify) See Attached Schedule 30,116 1,842		107,676	3,959			ļ	
See Attached Schedule 30,116 1,842							
		30 116	1 842				
A-13. Total Salary Expenditures 6,657,181 312,046						1	

^{*} 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)

	CC	NH	RE	INS	(Spe	cify)
Position	\$	Hours	\$	Hours	\$	Hours
Pastorial Wages	\$ 30,116	1,842				
Total	\$ 30,116	1,842	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

	CCNH		RI	HNS	(Spe	cify)	
Service		\$	Hours	\$	Hours	\$	Hours
New Emergency Prepardness Plan & Legionella Risk Assessment	\$	6,050					
Pastoral Service	\$	17,825	343				
m	Φ.	22.075	2.12				
Total	\$	23,875	343	\$ -	-	\$ -	-

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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		
Saint Joseph Living Center LLC				20397		9/30/2018			11	37
		Salary Paid	1	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

^{**} Include all employment worked during the cost year.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Saint Joseph Living Center LLC				20397		9/30/2018			12	37
		Salary Pai		Fringe Benefits and/or Other Payments	Full Description of	Total Hours		Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Ginny Person	135,645			Standard	Responsible for daily operations of the facility	2,238	A2			
Section IV - Assistant Administrators										

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Saint Joseph Living Center LLC	License No. 203	97	Report for Y 9/30/2018	ear Ended	Page 13	of 37
saint Joseph Living Center LLC	203	<i>)</i>	Total Cost	and Haura	13	31
			Total Cost	alid 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	21,667	733				
2. Dentist	13,032	110				
3. Pharmacist	11,106	159				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	64,700	556				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	400	6				
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)						
e. Giner (Speeny)						
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						
d. Other						
12. Other (Specify)						
See Attached Schedule	23,875	343				
3-13 Total Fees Paid in Lieu of Salaries	134,780	1,907	-		-	

^{*} Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Saint Joseph Living Center LLC	20397		9/30/2018		14	37
Name & Address of Individual	Full Explanation of Service	Operator	to Owners, rs, Officers	Expla	nation of Rel	ationship
		Yes	No			
Margaret B. Higgins, 635 RT 197, Woodstock, CT 06281	Dietician	0	•			
HeathDrive Dental Group, 1 Prestidge Drive, Meriden, CT 06450	Dentist	0	•			
Omnicare Pharmcy Services, PO Box 715268, Columbus, OJ 53271-5268	Pharmacist	0	•			
Charles Shooks, 237 Walnut St., Willimantic, CT 06226	Medical Staff/Medical Director	0	•			
Michael Kilgannon, MD, 60 Fieldstone Dr., Storrs, CT 06268	Medical Director	0	•			
Steven Leach MD, 135 Elizabeth Street, Hartford, CT 06105	Medical Staff/Medical Director	0	•			
Elizabeth Visone, APRN, 1 Enders Rd., Windsor, CT 06095	Medical Director	0	•			
See List Attached to Page 4	Pastoral Care	•	0	Affiliate Organ	nization	
Facility Compliance Services, 221 West Main Street, Plantsville, CT 06479	Emergecy Prepardness & Risk Assessment	0	•			
		0	•			
		0	•			
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		0	•			
		0	•			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Saint Joseph Living Center LLC	Name of	Facility	License No.	Report for Y	ear Ended	Page	of
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 3. Unemployment Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* 5. 136,635 136,635 136,635 4. Accounting and Auditing 6. Legal (Services should be fully described on Page 7) 7. Pensions (Owners and Operators (Discriminatory)* c. Legal (Services should be fully described on Page 7) 8. Jinsurance on Lives of Owners and Operators (Discriminatory)* g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee 5. 718,759 718,759 718,759		•	20397	•		•	37
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 3. Unemployment Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* 5. 136,635 136,635 136,635 4. Accounting and Auditing 6. Legal (Services should be fully described on Page 7) 7. Pensions (Owners and Operators (Discriminatory)* c. Legal (Services should be fully described on Page 7) 8. Jinsurance on Lives of Owners and Operators (Discriminatory)* g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee 5. 718,759 718,759 718,759		<u> </u>	•				
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 3. Unemployment Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* 5. 136,635 136,635 136,635 4. Accounting and Auditing 6. Legal (Services should be fully described on Page 7) 7. Pensions (Owners and Operators (Discriminatory)* c. Legal (Services should be fully described on Page 7) 8. Jinsurance on Lives of Owners and Operators (Discriminatory)* g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee 5. 718,759 718,759 718,759							
a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 225,612 225,612 2. Disability Insurance \$ 12,115 12,115 4. Social Security (F.I.C.A.) \$ 487,426 487,426 5. Health Insurance \$ 1,020,711 1,020,711 6. Life Insurance (employees only) (not-owners and not-operators) \$ 148,652 148,652 7. Pensions (Non-Discriminatory) \$ 148,652 148,652 (not-owners and not-operators) 8. Uniform Allowance \$ 9, Other (Specify) \$ 7,096 7,096 See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 136,635 136,635 (136,635 4) d. Accounting and Auditing \$ 35,697 (18,695 4) c. Legal (Services should be fully described on Page 7) \$ 9,826 (18,695 4) f. Insurance on Lives of Owners and Operators (Specify) * 9,697 (18,695 4) g. Office Supplies \$ 37,043 37,043 (18,695 4) h. Telephone and Cellular Phones \$ 286 286 (18,695 4) 1. Telephone & Pagers \$ 9,697 9,697 (18,695 4) 2. Cellular Phones \$ 286 286 (18,695 4) j. Corporation Business Taxes (franchise tax) \$ 1,695 4,718,759 (18,759 718,759 718,759 (18,759 718,759 718,759 718,759 718,759 718,759 718,759 (18,759 718,759 718,759 718,759 718,759 718,759 718,759 718,759 718,759		Item		Total	CCNH	RHNS	(Specify)
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2. Disability Insurance 3. Unemployment Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) 6. Life Insurance (employees only) 7. Pensions (Non-Discriminatory) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule 6. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* 6. Bad Debts* 7,096 7,096 8. Ji36,35 9,826 9							
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5. Health Insurance 6. Life Insurance (employees only)	3	·		\$ 12,115	12,115		
6. Life Insurance (employees only)		• ` '	(\$ 487,426	487,426		
(not-owners and not-operators) \$ 148,652 1	5			1,020,711	1,020,711		
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8. Uniform Allowance \$ 9. Other (Specify) \$ 7,096 7,096 See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 136,635 136,635 d. Accounting and Auditing \$ 35,697 35,697 e. Legal (Services should be fully described on Page 7) \$ 9,826 9,826 f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 37,043 37,043 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 9,697 9,697 2. Cellular Phones \$ 286 286 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7	7. Pensions (Non-Discriminatory)	9	148,652	148,652		
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Profit Sharing Plans for Owners and Operators (Discriminatory)*		See Attached Schedule					
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f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 37,043 37,043 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 9,697 9,697 2. Cellular Phones \$ 286 286 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 718,759 718,759	d. A	Accounting and Auditing	(35,697	35,697		
Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 37,043 37,043 \$ 37,043 \$ 37,043 \$ 47,043 \$ 47,043 \$ 47,047 \$ 47,0	e. I	_egal (Services should be fully described	on Page 7)	9,826	9,826		
g. Office Supplies \$ 37,043 37,043 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 9,697 9,697 2. Cellular Phones \$ 286 286 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 718,759 718,759	f. I	nsurance on Lives of Owners and	(5			
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1. Telephone & Pagers \$ 9,697 9,697 2. Cellular Phones \$ 286 286 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$	g. (Office Supplies	(\$ 37,043	37,043		
2. Cellular Phones \$ 286 286 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	h. T	Telephone and Cellular Phones					
i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 718,759	1	. Telephone & Pagers		9,697	9,697		
j. Corporation Business Taxes (franchise tax) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2	2. Cellular Phones	(\$ 286	286		
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 718,759 718,759	i. <i>A</i>	Appraisal (Specify purpose and	(\$			
k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 718,759 718,759	a	uttach copy)*					
k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 718,759 718,759							
1. Income* \$ 2. Other (Specify) \$ See Attached Schedule \$ 3. Resident Day User Fee \$ 718,759 718,759	ј. С	Corporation Business Taxes (franchise to	(x)	\$			
2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 718,759 718,759	k. C	Other Taxes (Not related to property - Se	e Page 22)				
See Attached Schedule 3. Resident Day User Fee \$ 718,759 718,759	1	. Income*		\$			
See Attached Schedule 3. Resident Day User Fee \$ 718,759 718,759	2	2. Other (Specify)	(\$			
	3	8. Resident Day User Fee	(718,759	718,759		
	Subtotal		(\$ 2,849,555	2,849,555		

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

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

Saint Joseph Living Center LLC 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Physicals	\$ 7,096		
Total	\$ 7,096	\$ -	\$ -

.....

Schedule of Other Taxes

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

.....

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

Name of Facility	License No.	1	Report for Y	Year Ended	Page	of
Saint Joseph Living Center LLC	20397	Ģ	9/30/2018		16	37
	•					
Item			Total	CCNH	RHNS	(Specify)
	ls Brought Forward	d:	2,849,555	2,849,555		1 37
Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	4,457	4,457		
5. Education Expenses Related to Seminars ar	nd Conventions	\$	8,908	8,908		
6. Automobile Expense (not purchase or depr	reciation)	\$	1,503	1,503		
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	es)	\$	9,645	9,645		
2. Advertising Telephone Directory (all such a		\$				
3. Advertising Other (Specify)***	· ·	\$	16,859	16,859		
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	ce)***					
7. Postage		\$	6,202	6,202		
* 8. Dues and Membership Fees to Professional		\$	15,421	15,421		
Associations (Specify)						
See Attached Schedule		-1				
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$	500	500		
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	l Complete	\$	48,163	48,163		
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$	89,220	89,220		
13. Other (Specify)		\$	53,988	53,988		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	3,104,421	3,104,421		

^{*} 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

Business Promotion \$	7,643		
	7,010		
Advertising \$	9,217		
Total Other Advertising \$	16,859	\$ -	\$ -

Schedule of Dues

Description	CCN	Н	RH	NS	(Spec	ify)
ALTCFM	\$	255				
Bank of America	\$	205				
CAHCF	\$	700				
CHA	\$	1,853				
Leading Age	\$ 1	2,253				
Soroptimists	\$	155				
						ď
Total Dues	\$ 1	5,421	\$	-	\$	-

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCN	Н	RHN	S	(Spec	cify)
New Hire Expenses	\$	6,629				
Employee Relations	\$ 10	6,414				
Breakroom Expense	\$	3,624				
Licenses	\$ 4	4,108				
Service Charges - Bank	\$ 4	4,609				
Citations/Fines	\$ 1:	5,375				
Loss on Disposal of Asset	\$	261				
Chapel Supplies	\$	2,586				
Restricted Chapel	\$	384				
Total Other Administrative and General	\$ 53	3,988	\$	-	\$	-

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Saint Joseph Living Center LLC	20397	9/30/2018	17 37
Name & Address of Individual or Company Supplying Service Heathpro Management Services, 536 Old	Cost of Management Service 89 220	Full Description of Mgmt. Service Provided Rehab Deparment Software and	Indicate Where Costs are Included in Annual Report Page #/Line # 16/m12
Howell Road, Greenville, SC 29615	69,220	Consulting	10/11112

^{*} 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)

Non	ne of Facility		cense	No.	Report for Y	Your Endad	Page	of
	it Joseph Living Center LLC	LIC		20397	9/30/2018		18	37
Sall	it Joseph Living Center LLC			20391	9/30/2016) 	10	37
	Item			Total	CCNH	RHNS	(S	pecify)
2.	Dietary							
	a. In-House Preparation & Service		Ф	240.205	240.205			
	1. Raw Food		\$	348,307	348,307		_	
	2. Non-Food Supplies		\$	47,580	47,580		_	
	3. Other (Specify)		\$	_				
	b. Purchased Services (by contract other		\$					
	than through Management Services) (Complete Schedule C-2 att. Page 21)							
	c. Other (Specify)		\$					
	(1 3)							
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	395,888	395,888			
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(S	pecify)
G.	Resident Meals: Total no. of meals served per	day:*		3	3			
H.	Is cost of employee meals included in 2E?	O Ye	es	•	No			
I.	Did you receive revenue from employees?	O Ye	es	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cost R	eport	? (Page/Line	Item)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	⊙ Ye	es	0	No	If yes, specify cost.		
L.	Is any revenue collected from these people?	• Ye	es	0	No	If yes, specify amt.		\$1,907
M.	Where is the revenue received reported in the	Cost R	eport	? (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?	O Ye	es	•	No	If yes, specify cost.		
О.	Is any revenue collected from employees?	O Ye	es	•	No	If yes, specify amt.		
P.	Where is the revenue received reported in the	Cost R	eport	? (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 Y 9/30/2018		Page of 19 37
Saint Joseph Living Center LLC	4	20371	7/30/2010		17 31
Item		Total	CCNH	RHNS	(Specify)
 3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 	Lbs.				
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt. \$				
3. Personal clothing of residents	Lbs.				
washed, ironed, and/or processed.***	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	13,088	13,088		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify)	\$	19,737	19,737		
3D. Total Laundry Expenditures (3a + b + c)	\$	32,825	32,825		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.	
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost	t Report?		(Page/Line	Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	
K. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost	t Report?		(Page/Line	Item)	

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 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			Repo	ort for Year E	nded	Page	of
Saint Joseph Living	Center LLC	20397		9/30/2018		20	37
	Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Item	Co. Et Compiond		Total	CCIVII	Kiins	(Specify)
a. In-House Ca	140	Sq. Ft. Serviced					
		by Personnel	¢	24.475	24 475		
	s - Cleaning (<i>Mops</i> , rooms, etc.)	Amt.	\$	34,475	34,475		
	ervices (by contract other	Sq. Ft. Serviced					
	h Management Services)	_					
-	chedule C-2 att.	by Personnel	\$				
Page 21		Amt.	Ф				
C. Other (Special		1	\$				
C. Other (speed	<i>Jy)</i>		Ψ			_	
4D. Total Houseke	eping Expenditures (4a +	b+c)	\$	34,475	34,475		
5. Resident Care (,		,	,		
a. Prescription	** /		- 1				
1. Own Ph	_		\$				
2. Purchase			\$	243,719	243,719		
			- 1				
b. Medicine Ca	abinet Drugs		\$	32,221	32,221		
	Therapeutic Supplies		\$	203,962	203,962		
d. Ambulance/	Limousine***		\$	841	841		
e. Oxygen							
1. For Eme	ergency Use		\$				
2. Other**	*		\$	42,385	42,385		
f. X-rays and I	Related Radiological		\$	12,722	12,722		
Procedures*	**						
g. Dental (Not	dentists who should be inc	luded under	\$				
salaries or f	iees)						
h. Laboratory*	**		\$	26,511	26,511		
i. Recreation			\$	17,856	17,856		
	gement Services*		\$				
	nagement Services*		\$				
l. Other (Speci	ify)****		\$	48,271	48,271		
See Atta	ched Schedule						
5M. Total Resident	Care Expenditures (5a - 5	5j)	\$	628,487	628,487		

^{*} 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	\$	758	
Physician Services Medicare	\$ 2,	172	
Other - Nursing Admin Exp	\$ 7,3	325	
Supplies - PT	\$ (194)	
Supplies - OT	\$ 3,	359	
Speech Therapist Supplies	\$	286	
Purchased Services - ST	\$ 4,	775	
DME Rental	\$ 15,:	502	
IV Therapy Supplies	\$	262	
IV Therapy Supplies Insurance	\$ 2,9	994	
IV Therapy Supplies Medicare	\$ 5,0	646	
IV Therapy Consultant	\$ 5,3	385	
Total Other Resident Care	\$ 48,2	271 \$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended					of
Saint Joseph Living Center L	LC			20397	9/30/2018				21	37
		Related ** Operators	,				Total Cost/Page Ref.**			1
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
ADP	PO Box 842875, Boston, MA 02284	0	•	•	Payroll Processing	45,393				m11
CONN COMPUTER SERVICE INC	Box 35, Plantsville, CT 06479	0	•		Service Contracts	61,867			15\22	1g\6a
East Coast Insulation	12 Innes Avenue, Thomaston, CT 06787 PO Box 376, Ellington,	0	•		Imrpovements, Repairs, Grounds Maintenance	33,706			var	var
Ellington Energy	CT 06029 Mansfield Center, CT	0	•		Building Improvements	17,660			22	6f
Hawthorne, Ryan	06250 PO Box 86, Minneapolis,	0	•		Grounds Maintence Office Supplies, Nursing	34,360			22	6f
MDI Acheieve/Matrixcare	MN 55486 South Windsor, CT	0	•		Supplies Supplies, Moveable	15,384			var	var
Ryan Business Systems Inc.	06074 PO Box 692, Baltic, CT	0	•		Equipment, Prepaid	22,455			var	var
Seventy Two Degrees	06330 PO Box 239,	0	•		Reapirs and Maintence	10,649			22	6f
Willimantic Waste Paper	Willimantic, CT 06226 Po Box 630, Barrington,	0	•		Rubbish Removal Moveable Equipment,	26,143			22	6f
Yankee Equipment System Inc.	NH 03825	0	•		Repairs and Maintenance	13,654			22	6f
		0	<u> </u>							
		0	• •							
		0	• •							

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

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

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

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

Name of Facility	License No.	Report for Y	ear Ended		Page	of
Saint Joseph Living Center LLC	20397	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Spec	ify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	85,299	85,299			
b. Heat	\$	52,093	52,093			
c. Light & Power	\$	97,773	97,773			
d. Water	\$	25,891	25,891			
e. Equipment Lease (Provide detail on p	age 6) \$	4,512	4,512			
f. Other (itemize)	\$	145,669	145,669			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	· 6f) \$	411,238	411,238			
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$	6,338	6,338			
b. Building & Building Improvements	\$	427,105	427,105			
c. Non-Movable Equipment	\$	34,791	34,791			
d. Movable Equipment	\$	76,561	76,561			
*7e. Total Depreciation Costs $(7a + b + c + d)$) \$	544,795	544,795			
8. Amortization (Complete att. Schedule Pa	ge 24*)					
a. Organization Expense	\$	11,434	11,434			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d	\$	11,434	11,434			
9. Rental payments on leased real property l	ess					
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	\$	783	783			
11. Total Property Expenses (7e + 8e + 9 +	10) \$	557,012	557,012			

^{*} 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	\$ 27,631		
Service Contracts	\$ 80,055		
Grounds Maintenance	\$ 35,499		
Rent - Storage	\$ 2,484		
Total Other Repairs and Maintenance	\$ 145,669	\$ -	\$ -

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

Depreciation Schedule

				License No.	iation St		Report for Year E	nded	Page	of		
Saint Joseph Living Center LLC					2039) 7		9/30/2018		•	23	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												
Acquired prior to this report period					133,218		133,218	104,986	SL	Various	4,433	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ich sch	edule)			29,831		29,831		SL	Various	1,905	
A-4. Subtotal												6,338
B. Building and Building Improvements												
 Acquired prior to this report period 					7,949,070		7,949,070	10,530,860	SL	Various	425,916	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ich sch	edule)			32,900						1,189	
B-4. Subtotal												427,105
C. Non-Movable Equipment												
Acquired prior to this report period					678,444		678,444	511,020		Various	34,791	
2. Disposals (attach schedule)												
Acquired during this report period (atta	ich sch	edule)										
C-4. Subtotal												34,791
	logi	nileage book ained?		e of isition Year	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
D. Movable Equipment	100	1.0		1001			1	1	1			
Motor Vehicles (Specify name, model and year of each vehicle)			12	2001	44.405		44.405	44.405				
a. Senator Bus	X			2001 2009	44,405		44,405	44,405				
b. 2010 Nissian Xterra c.	X		12	2009	25,580		25,580	25,580				
d.												
Movable Equipment												
a. Acquired prior to this report period		2,012,650		2,012,650	937,192			71,995				
b. Disposals (attach schedule)					(31,981)		(31,981)	(31,981)			71,773	
c. Acquired during this report period					(31,701)		(31,701)	(31,701)				
(attach schedule)					54,433						4,566	
D-3. Subtotal					57,753						7,500	76,561
E. Total Depreciation												544,795
E. Tom Depreciation												J ++ ,/93

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:					
4/20/2018	Brick Sign	\$ 6,500	25	\$	158
5/1/2018	Brick Sign	\$ 9,300	25	\$	158
8/27/2018	Coutyard Pavers	\$ 4,031	20	\$	107
8/27/2018	Coutyard Pavers-Statue Base	\$ 4,500	20	\$	107
9/12/2018	Sealcoat Parking lot	\$ 5,500	2	\$	1,375
Total additions for	Land Improvements	\$ 29,831		\$	1,905
Deletions:					
Total deletions for	Land Improvements	\$ -		\$	-

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

g improvements required during this report period		Useful		
Description of Item	Cost	Life	Depreciation	l
EAST COAST INSULATION	\$ 3,750	15		
EAST COAST INSULATION	\$ 3,750	15		
CT ROOFING	\$ 3,595	5		
CONSTRUCTION SPECIALTIES	\$ 3,195	15		
ELLINGTON ENERGY	\$ 17,660	20		
EAST COAST INSULATION	\$ 950	15		
Building Improvements	\$ 32,900		\$ 1,189) ;
				٦
Building Improvements	\$ -		\$ -	,
	 Description of Item EAST COAST INSULATION EAST COAST INSULATION CT ROOFING CONSTRUCTION SPECIALTIES ELLINGTON ENERGY EAST COAST INSULATION Building Improvements S	Cost	Description of Item	Description of Item

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

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

^{*}Ties to Page 23, Line C3

**Ties to Page 23, Line C2

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/5/2017	hp laserjet	\$ 1,905	5	
10/5/2017	hp laserjet	\$ 165	5	
11/8/2017	washer	\$ 12,300	10	
2/7/2018	hp elitebook laptops	\$ 3,670	3	
2/15/2018	cannon coppier	\$ 7,295	5	
2/15/2018	cannon coppier	\$ 7,295	5	
2/27/2018	cannon ir install	\$ 248	5	
2/27/2018	cannon ir install	\$ 248	5	
7/17/2018	neurogym Equipment	\$ 11,400	10	
8/1/2018	hp printer	\$ 1,999	5	
8/20/2018	hp sff600 computer	\$ 2,350	5	
8/20/2018	hp sff600 computer licences	\$ 958	3	
9/1/2018	garbage disposal	\$ 3,488	5	
9/26/2018	hp sff600 computer install	\$ 1,114	5	
Total additions for	Movable Equipment	\$ 54,433		\$ 4,566
Deletions:				
3/13/2014	food disposer	\$ (2,608)	5	
7/31/2013	cannon coper	\$ (5,090)	3	
5/31/2011	Computers SA & SP Nursing Units Touch Computer	\$ (2,880)	5	
3/30/2009	Washing Mach Upgrade Panel	\$ (1,250)	3	
4/30/2008	Washrer repairs	\$ (682)	3	
12/31/2007	Washer control panel	\$ (709)	3	
6/30/2004	washers # 3	\$ (10,022)	10	
7/31/2002	5 n printer	\$ (8,739)	5	
Total deletions for	Movable Equipment	\$ (31,981)		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

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

^{*}Ties to Page 24, Line C3

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

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

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Yea	ar Ended	Page	of	
Saint Joseph Living Center LLC			20397		9/30/2018			24	37
					Accumulated				
	Date	e of			Amort. to				
	Acqui	sition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1. Insurance Costs	6	2016	87 months	82,897	14,292	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.

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

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

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

		2	License No		Report for Year En	Page of			
Saiı	ıt Jo	seph Living Center LLC	203	397	9/30/2018			25	37
11.	Pro	operty Questionnaire							
		rt A							
		the property either owned by th	e Facility			_		If "Yes," comple	te Part B.
		leased from a Related Party?*		•	Yes	0	No	If "No," complet	
		*If any owner or operator of this fa	cility is related	d by family, n	narriage, ownership, abi	ility to control or		, -	
		business association to any person of							
		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 Purchas	e					
	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		1		
	-	rt B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
	1.	Financing		1 \	E' 1				
		a. Type of Financing (e.g., fi	ixed, variab	le)	Fixed				
		b. Date Mortgage Obtained	V		09/20/13				
		c. Interest Rate for the Cost			3.32%				
		d. Term of Mortgage (number	•		10				
		e. Amount of Principal Borrf. Principal balance outstand		9/30/18	5,000,000 2,678,000				
		•		_9/30/18	2,678,000				
		Complete if Mortgage was I During Current Cost Ye							
		g. Type of Financing (e.g., fi		10)					
		h. Date of Refinancing	ixeu, variau	10)					
		i. New Interest Rate							
		j. Term of Mortgage (number	er of years)						
		k. Amount of Principal Borr							
		Principal Outstanding on I		Off					
		Part C - Arms-Length Lease			mprovements Only	v	l		
		Name and Address of Lesso			perty Leased		Term of Lease	Annual Amount	t 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 1		Report for Yes	ar Ended		Page	of
Saint Joseph Living Center LLC 20	397	9/30/2018			26	37
Item		Total	CCNH	RHNS	(Spec	cify)
12. Interest		10111	CCIVII	Tanto	(Брс	<i>(</i> 11 <i>y</i>)
A. Building, Land Improvement & N	on-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	I					
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		4,678	4,678			
12 B7. Total Building Interest Expense (A1	- A4 + B5) \$	4,678	4,678			_
		(Carm	v Subtotals f	Command to m	art naga	

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Y	ear Ended		Page	of		
Saint Joseph Living Center LLC	20397	9/30/2018			27	37		
Ite				Total	CCNH	RHNS	(Spec	eify)
12 G M 11 F	Subtota	ıls Brou	ught Forward:	4,678	4,678			
12. C. Movable Equipment			Φ.					
1. Automotive Equipme		D 4	\$					
A. Item		Rate	Amount					
Lender			<u> </u>					
Address of Lender								
2. Other (<i>Specify</i>)			\$					
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender	I							
Address of Lender								
12. C. 3. Total Movable Equip	ment Interes	t						
Expense $(C1 + 2)$			\$					
12. D. Other Interest Expense (Specify)		\$					
13. Total All Interest Expense (10D7 ± 10C2	± 12D	9) \$	4.670	4.670			
• `	12D/ T 12C3	⊤ 12D	3	4,678	4,678			
14. Insurance a. Insurance on Property (b	uildings only	7)	\$	193,919	193,919			
a. Insurance on Property (b. Insurance on Automobil		y <i>)</i>	<u> </u>		4,867			
c. Insurance other than Pro		cified a		4,007	4,007			
1. Umbrella (<i>Blanket Co</i>	1 2 1							
2. Fire and Extended Co			\$ \$					
3. Other (<i>Specify</i>)	0*		\$					
			•					
14d. Total Insurance Expenditur	$pos(14a \pm h)$	- c)	\$	198,786	198,786			
15. Total All Expenditures (A-1)			12,159,769					
13. Tom An Expenditures (A-1)	<i>5 111 u C-14)</i>		\$	14,137,709	12,137,709			

D. Adjustments to Statement of Expenditures

Saint Joseph Living Center LLC		e of Fa	-		Lic	ense No.	Report for Year	r Ended	Page of
Item Page Line No. Item Description Decrease CCNH RHNS (Specify) Page 10 - Salaries and Wages	Saint	Josep	h Livi	ng Center LLC		20397	9/30/2018		28 37
Page 10 - Salaries and Wages				Item Description		Amount of	CCNH	RHNS	(Specify)
1.				•					(=F===5)
2. Salaries not related to Resident Care S 3. 10 al 2g Occupational Therapy S 228,958 228,958 4. Other - See attached Schedule S Page 13 - Professional Fees S C Occupational Therapy S S S S S S S S S				_	\$				
3. 10 al 2g Occupational Therapy S 228,958 228,958 4. Other - See attached Schedule S Page 13 - Professional Fees S S S S S S S S S	2.			*					
4.		10	a12g			228,958	228,958		
Page 13 - Professional Fees			- 6						
S. Resident Care Physicians ** S	Page	13 - I	rofes						
Comparisonal Therapy S Pages 15 & Pages 15 & S Pages 16 & Pages 18 & Pages 19 &					\$				
7.				·					
S	7.								
S	Page	s 15 &	16 -	Administrative and General					
9. 15 Ic Bad Debts \$ 136,635 136,635					\$				
10a	9.	15	1c	•		136,635	136,635		
10a	10.			Accounting		· ·			
11.	10a.			•					
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) \$ 16,859 16,859 19. Income Tax / Corporate Business Tax \$ 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 37,288 37,288 37,288 23. Other - See attached Schedule \$ 37,288 37,288 24.73 2,473 2,473 2.473 2.473 2.473 2.473 2.473 2.473 2.473 2.473 2.473 2.473 2.473 2.473 2.474 2.474 2.474 2.475 2.475 2.475 2.475 2.476 2.476 2.477	11.			•	\$				
13. Life insurance premiums on the life of Owners, Partners, Operators \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	12.								
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 * 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 24. 30 iv8 Meals to employees, guests and others who are not residents \$ 24. So is a complex spenditures 25. Laundry services to employees, guests and others who are not residents \$ 26. Housekeeping Expenditures 27. Housekeeping services to employees, guests and others who are not residents \$ 28. Housekeeping services to employees, guests and others who are not residents \$ 39. Automobile Expenditures 30. Education and related costs for which is a conference or seminars outside the continuation and related costs for which is a conference or seminars outside the continuation and related costs for which is a conference or seminars outside the continuation and related costs for which is a conference or seminars outside the continuation and related costs for which is a conference or seminars outside the continuation and related costs for which is a conference or seminars outside the continuation and related costs for which is a conference or seminars outside the continuation and related costs for outside the continuation an	13.								
Education expenditures to colleges or universities for tuition and related costs for owners and employees \$				of Owners, Partners, Operators	\$				
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 * \$ 16,859 \$ 16,859 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 37,288 \$ 37,288 20. Other - See attached Schedule \$ 37,288 \$ 37,288 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 37,288 \$ 37,288 24. 30 iv8 Meals to employees, guests and others who are not residents \$ 2,473 \$ 2,473 25. Laundry Expenditures 26. Housekeeping Expenditures 27. Housekeeping Expenditures 28. Housekeeping Expenditures	14.			Gifts, flowers and coffee shops	\$				
for owners and employees \$	15.			Education expenditures to colleges or					
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 * \$ 16,859 16,859 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 37,288 37,288				universities for tuition and related costs					
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 * \$ 16,859 16,859 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 37,288 37,288 Page 18 - Dietary Expenditures 24. 30 iv8 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 \$ \$ Housekeeping services to employees, guests and others who are not residents \$				for owners and employees	\$				
continental U.S. Other out-of-state travel in excess of one representative \$ 17.	16.			Travel for purposes of attending					
travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. 16 m3 Unallowable Advertising * \$ 16,859 16,859 16,859 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 37,288 37,288 23. Other - See attached Schedule \$ 37,288 37,288 24. 30 iv8 Meals to employees, guests and others who are not residents \$ 2,473 2,473 2,473 2. Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$ \$ 2,473 2,473 2,473 4,				conferences or seminars outside the					
17. Automobile Expense (e.g. personal use) \$ 18. 16 m3 Unallowable Advertising * \$ 16,859 16,859 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 37,288 37,288 23. Other - See attached Schedule \$ 37,288 37,288 24. 30 iv8 Meals to employees, guests and others who are not residents \$ 2,473 2,473 2,473 2,473 2.4				continental U.S. Other out-of-state					
18. 16 m3 Unallowable Advertising * \$ 16,859 16,859 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 37,288 Page 18 - Dietary Expenditures 24. 30 iv8 Meals to employees, guests and others who are not residents \$ 2,473 2,473 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 \$									
19.									
20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 37,288 37,288		16	m3			16,859	16,859		
21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 37,288 \$ Page 18 - Dietary Expenditures 24. 30 iv8 Meals to employees, guests and others who are not residents \$ 2,473 \$ 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 \$ 10. The service of the				•					
Barber and Beauty \$									
23. Other - See attached Schedule \$ 37,288 37,288 Page 18 - Dietary Expenditures 24. 30 iv8 Meals to employees, guests and others who are not residents \$ 2,473 2,473 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 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$									
Page 18 - Dietary Expenditures 24. 30 iv8 Meals to employees, guests and others who are not residents \$ 2,473 2,473 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 \$ and others who are not residents									
24. 30 iv8 Meals to employees, guests and others who are not residents \$ 2,473 2,473 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 \$ and others who are not residents \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					\$	37,288	37,288		
who are not residents \$ 2,473 2,473 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 \$ 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 \$	24.	30	iv8						
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 \$ Housekeeping services to employees, guests					\$	2,473	2,473		
and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$		19 - I	aund						
Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$	25.								
26. Housekeeping services to employees, guests and others who are not residents \$					\$				
and others who are not residents \$		20 - I	Iouse	1 0 1					
	26.								
Subtotal (Items 1 - 26) \$ 422,213 422,213									
* All avont "Halp Wanted" (Carry Subtotal forward to next page)				Subtotal (Items 1 - 26)	\$				

^{*} 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 Othe	r Salaries A	Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Fees Adji	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
16	8a	Chamber of Commerce Dues	\$	500		
16	m13	Loss on Property	\$	261		
30	iv8	Restricted Revenue	\$	4,600		
30	iv8	Chapel-Restricted Revenue	\$	666		
30	iv8	Rec-Restricted Revenue	\$	200		
30	iv8	Eden-Restricted Revenue	\$	251		
16	m13	citations & Fines		15375		
	·					
30	iv8	Stericycle Settlement		15434.95		
Total Othe	r A&G Ad	justments	\$	37,288	\$ -	\$ -

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

Saint Joseph Living Center LLC		Name of Facility License No. Report for Year Ended Page Of											
Total Amount of Decrease CCNH RHNS (Specify Subtotals Brought Forward \$ 422,213 424,213 424,213 424,213 424,213 424,213 424,213 424,213					Lic			ear Ended					
Item Page Line No. No. No. No. Item Description Subtotals Brought Forward \$ 422,213 422,213	Saint	Josep	h Livi	ng Center LLC			9/30/2018		29	37			
No. No. No. Item Description Decrease CCNH RHNS						Total							
Subtotals Brought Forward \$ 422,213 422,213	Item	Page	Line			Amount of							
Page 20 - Resident Care Supplies*** 27. 20 5a2 Prescription Drugs \$ 243,719 243,719 28. 20 d Ambulance/Limousine \$ 841 841 29. 20 f X-rays, etc \$ 12,722 12,722 30. 20 j Laboratory \$ 26,511 26,511 31. Medical Supplies \$ 47,770 47,770 47,770 33. Occupational Therapy \$ 47,770 47,770 47,770 33. Other - See Attached Schedule \$ 37,260 37,260 8 Page 22 - Maintenance and Property \$ \$ 37,260 37,260 Page 22 - Maintenance and Property \$ \$ 1,299 1,299 1,299 35. Excess Movable Equipment Depreciation \$ \$ 1,299 1,299 1,299 36. Depreciation on Unallowable Motor Vehicles \$ \$ \$ 3 1,299 1,299 1,299 1,299 1,299	No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)			
27. 20 5a2 Prescription Drugs \$ 243,719 243,719 243,719 28. 20 d Ambulance/Limousine \$ 841 841 841 29. 20 f X-rays, etc \$ 12,722 12,722 12,722 30. 20 j Laboratory \$ 26,511 26,511 31. Medical Supplies \$ 47,770 47,770 32. 20 5e Oxygen (non emergency) \$ 47,770 47,770 47,770 33. Occupational Therapy \$ 37,260 37,260 37,260				Subtotals Brought Forward	\$	422,213	422,213						
28. 20 d Ambulance/Limousine \$ 841 841 29. 20 f X-rays, etc \$ 12,722 12,722 30. 20 j Laboratory \$ 26,511 26,511 31. Medical Supplies \$ 32. 20 5e Oxygen (non emergency) \$ 47,770 47,770 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 37,260 37,260 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 \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Other - Indirect \$	Page	20 - I	Reside	nt Care Supplies***									
29, 20 f X-rays, etc	27.	20	5a2	Prescription Drugs	\$	243,719	243,719						
30. 20 j	28.	20	d	Ambulance/Limousine	\$	841	841						
31. Medical Supplies \$ 32. 20 5e Oxygen (non emergency) \$ 47,770 47,770 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 37,260 37,260	29.	20	f	X-rays, etc	\$	12,722	12,722						
32. 20 5e Oxygen (non emergency) S 47,770 47,770 33. Occupational Therapy S 34. Other - See Attached Schedule S 37,260 37,260 Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule S 1,299 1,299 36. Depreciation on Unallowable Motor Vehicles S 37. Unallowable Property and Real Estate Taxes S 38. Rental of Building Space or Rooms S 39. Other - See Attached Schedule S Page 27 - Insurance 40. Mortgage Insurance S 41. Property Insurance S 42. Other - Indirect S 43. Interest Income on Account Rec. S 44. Other - Miscellaneous Administrative S 45. Management Fees Direct S 46. Management Fees Indirect S Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation	30.	20	j		\$	26,511	26,511						
32. 20 5e Oxygen (non emergency) S 47,770 47,770 33. Occupational Therapy S 34. Other - See Attached Schedule S 37,260 37,260 Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule S 1,299 1,299 36. Depreciation on Unallowable Motor Vehicles S 37. Unallowable Property and Real Estate Taxes S 38. Rental of Building Space or Rooms S 39. Other - See Attached Schedule S Page 27 - Insurance 40. Mortgage Insurance S 41. Property Insurance S 42. Other - Indirect S 43. Interest Income on Account Rec. S 44. Other - Miscellaneous Administrative S 45. Management Fees Direct S 46. Management Fees Indirect S Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation	31.			Medical Supplies	\$								
33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 37,260 37,260	32.	20	5e		\$	47,770	47,770						
34. Other - See Attached Schedule \$ 37,260 37,260 Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 1,299 1,299 36. Depreciation on Unallowable Motor Vehicles \$ 1,299 1,299 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ 9. 40. Mortgage Insurance \$ 41. Property Insurance \$ 44. 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. 43. Interest Income on Account Rec. \$ 44. \$ 45. 44. Other - Miscellaneous Administrative \$ 46. Management Fees Direct \$ 46. 46. Management Fees Indirect \$ 5 \$ 5 47. Other - Direct \$ 5 Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation	33.				\$								
Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 1,299 36. Depreciation on Unallowable Motor Vehicles 37. Unallowable Property and Real Estate Taxes 8. Rental of Building Space or Rooms 39. Other - See Attached Schedule 40. Mortgage Insurance 41. Property Insurance 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	34.				\$	37,260	37,260						
See Attached Schedule \$ 1,299 1,299	Page	22 - N	Mainte	enance and Property									
See Attached Schedule													
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 \$ 41. Property Insurance \$ 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					\$	1,299	1,299						
Motor Vehicles	36.			Depreciation on Unallowable	Ť	,							
37. Unallowable Property and Real Estate Taxes \$				<u> </u>	\$								
Estate Taxes \$	37.				Ť								
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 \$ Not For Profit Providers Only \$ 48. Building/Non Movable Eq. Depreciation				= -	\$								
39. Other - See Attached Schedule \$	38.				\$								
Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous * 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ Not For Profit Providers Only * 48. Building/Non Movable Eq. Depreciation					_								
40. Mortgage Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Page	27 - I	nsura		Ť								
41. Property Insurance \$ Other - Miscellaneous \$ 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ Not For Profit Providers Only \$ 48. Building/Non Movable Eq. Depreciation					\$								
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													
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	Other	r - Mis	scella	1 0	Ť								
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	42.			Other - Indirect	\$								
44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation					_								
45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation					_								
46. Management Fees Indirect \$ 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation					_								
47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation				-	_								
Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation													
48. Building/Non Movable Eq. Depreciation		For Pr	ofit P		Ť								
					ᅥ								
				Unallowable Building Interest -									
See Attached Schedule \$				S	\$								
49. Total Amount of Decrease (Items 1 - 48) \$ 792,335 792,335	49.	Total	Amoi			792,335	792,335						

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	C	CNH	RHNS	(Spe	ecify)
20	5j	Supplies - OT	\$	3,359			
20	5j	Physician Services Medicare	\$	2,172			
20	5j	Other	\$	7,325			
20	5j	DME Rental	\$	15,502			
20	5j	IV Therapy Supplies	\$	262			
20	5j	IV Therapy Supplies Insurance	\$	2,994			
20	5j	IV Therapy Supplies Medicare	\$	5,646			
Total Othe	r Ancillarv	Costs	\$	37,260	\$ -	\$	-

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 Exce	ss Movable	Equipment Depreciation	\$ 1,299	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility License No.			Report for Yo	Page of		
Saint Joseph Living Center LLC	20397		9/30/2018			30 37
	T.		Tr. 4 1	CCNII	DIDIC	(C:f-)
I Decident Decom Decod & Deciden	Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine						
1. a. Medicaid Residents (CT only		\$	11,274,625	11,274,625		
b. Medicaid Room and Board C	Contractual Allowance **	\$	(5,383,066)	(5,383,066)		
2. <u>a. Medicaid (All other states)</u>		\$				
b. Other States Room and Boar		\$				
3. a. Medicare Residents (all incli	· · · · · · · · · · · · · · · · · · ·	\$	1,473,745	1,473,745		
b. Medicare Room and Board C		\$	(568,965)	(568,965)		
4. a. Private-Pay Residents and O		\$	2,986,510	2,986,510		
b. Private-Pay Room and Board	d Contractual Allowance **	\$	171,624	171,624		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicar	re	\$	186,961	186,961		
b. Prescription Drugs - Medicar	re Contractual Allowance **	\$				
c. Prescription Drugs - Non-Mo	edicare	\$	83,362	83,362		
d. Prescription Drugs - Non-Me	edicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	:	\$				
b. Medical Supplies - Medicare		\$				
c. Medical Supplies - Non-Med		\$				
	licare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare		\$	379,861	379,861		
b. Physical Therapy - Medicare		\$	217,002	011,001		
c. Physical Therapy - Non-Med		\$	323,821	323,821		
	licare Contractual Allowance **	\$	323,021	323,021		
4. a. Speech Therapy - Medicare	meare confractant time wanted	\$	196,189	196,189		
b. Speech Therapy - Medicare (Contractual Allowance **	\$	170,107	170,107		
c. Speech Therapy - Non-Medi		\$	68,751	68,751		
d. Speech Therapy - Non-Medi		\$	00,731	00,731		
5. a. Occupational Therapy - Med		\$	465,323	465,323		
	dicare Contractual Allowance **	\$	403,323	403,323		
c. Occupational Therapy - Nor		\$	389,979	389,979		
	n-Medicare Contractual Allowance **	\$	309,919	309,979		
6. a. Other (<i>Specify</i>) - Medicare	i-iviedicare Contractual Allowance	\$	(168,195)	(168,195)		
	2070	\$		` ` `		
b. Other (Specify) - Non-Medic		\$	34,212	34,212		
III. Total Resident Revenue (Section	1. thru Section II.)	Þ	11,914,738	11,914,738		
IV. Other Revenue*						
1. Meals sold to guests, employees		\$	1,907	1,907		
2. Rental of rooms to non-resident	S	\$				
3. Telephone		\$				
4. Rental of Television and Cable	Services	\$				1
5. Interest Income (Specify)		\$	5,545	5,545		<u> </u>
6. Private Duty Nurses' Fees		\$				<u> </u>
7. Barber, Coffee, Beauty and Gift	shops	\$				
8. Other (Specify)		\$	161,697	161,697		
V. Total Other Revenue (1 thru 8)		\$	169,149	169,149		
VI. Total All Revenue (III+V)		\$	12,083,888	12,083,888		

 $^{* \ \}textit{Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.}$

^{**} 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	\$	6,721		
	Medicare A - X-Ray	\$	10,075		
	Medicare A - Physician Care	\$	219		
	Medicare A - Lab	\$	15,589		
	Insurance - Contractual Adjustment	\$	(58,717)		
	Medicare B - Speech Therapy	\$	16,196		
	Medicare B - Contractual Adjustment	\$	(80,988)		
	Managed Care B - Lab	\$	13,277		
	Managed Care B - Contractual Adjustment	\$	(90,566)		
Total Othe	Total Other Resident Revenue - Medicare		(168,195)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Managed Care - IV Therapy	\$ 4,004		
	Managed Care - X-Ray	\$ 5,692		
	Managed Care - Physician Care	\$ 45		
	Insurance - Occupational Therapy	\$ 18,035		
	Insurance - IV Therapy	\$ 675		
	Insurance - X-Ray	\$ 381		
	Insurance - Lab	\$ 778		
	Managed Care B - Vaccines	\$ 4,602		
Total Oth	Total Other Resident Revenue		\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 5,545		
Total Inter	Total Interest Income		\$ 5,545	\$ -	\$ -

Schedule of Other Revenue

Page Ref Description		CCNH	RHNS	(Specify)
Charitable Donations	\$	7,595		
Misc. Income	\$	16,812		
Recovery Of Bad Debt	\$	130,411		
Restricted Revenue	\$	4,600		
Chapel Offering Box	\$	1,163		
Chapel-Restricted Revenue	\$	666		
Rec-Restricted Revenue	\$	200		
Eden-Restricted Revenue	\$	251		
		•		
Total Other Revenue			\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Pag	
Saint Joseph Living Center LLC	20397	9/30/2018	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in bar	,		\$	2,968,651
2. Resident Accounts Recei		,	\$	618,487
3. Other Accounts Receival	ole (Excluding Owners of	or Related Parties)	\$	
4 Inventories			\$	63,571
5. Prepaid Expenses			\$	109,550
a				
b				
c				
d. See Schedule		109,556		
6. Interest Receivable			\$	
7. Medicare Final Settlemen			\$	
8. Other Current Assets (ite	emize)		\$	2,660
			_	
			_	
See Schedule		2,660		
A-9. Total Current Assets (Lines	A1 thru 8)		\$	3,762,926
B. Fixed Assets				
1. Land			\$	1,220,000
2. Land Improvements	*Historical Cost	163,049	\$	51,725
	Accum. Deprecia	tion 111,324 Net		
3. Buildings	*Historical Cost	7,981,970	\$	(2,975,995)
	Accum. Deprecia	tion 10,957,965 Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
Non-Movable Equipmen	t *Historical Cost	678,444	\$	132,633
	Accum. Deprecia	tion 545,811 Net		
6. Movable Equipment	*Historical Cost	2,035,102	\$	1,021,349
	Accum. Deprecia			
7. Motor Vehicles	*Historical Cost	69,985	\$	
	Accum. Deprecia	tion 69,985 Net		
8. Minor Equipment-Not D	epreciable		\$	
9. Other Fixed Assets (item	ize)		\$	3,336,179
See Schedule		3,336,179		
3-10. Total Fixed Assets (Line	es B1 thru 9)		\$	2,785,891

^{*} Historical Costs must agree with Historical Cost reported in Schedules on (Carry Total forward to next page) Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility			License No.	Report for Year Ended		Page		of
Saint Joseph Living Center LLC		seph Living Center LLC	20397	7 9/30/2018		32		37
			Account			Am	ount	
				Total Brought Forward	\$		6,548	,817
C.		asehold or like property record	ded for Equity Purpos	es.				
		Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	n Net	\$			
		Minor Equipment-Not Depre			\$			
C-8		tal Leasehold or Like Proper	ties (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$			
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost	82,897				
			Accum. Depreciation	n 25,727 Net	\$		57	,171
	4.	\			\$			
	5.	Investments Related to Resid	lent Care (itemize)		\$			
		_			4			
	_	7	D	1				
	6.	Loans to Owners or Related			\$			_
		Name and Address	Amount	Loan Date	4			
	7	Other Agests (itemina)			¢			
	/.	Other Assets (itemize)			\$			
					-			
Cas Cahadul-					-			
D 8	See Schedule D-8. <i>Total Investments and Other Assets</i> (Lines D1 thru 7)						57	,171
D-8.		tal All Assets (Lines A9 + B1)	\$		6,605	
レ-9.	J-9, 1000 100 100 (Dilles 17) + D10 + C0 + D0)						0,003	,700

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description

i age Kei	Line Kei	Description	
		Prepaid-Expenses	\$ 19,270
		Prepaid-Insurance	\$ 90,287
Total Prepaid Expenses			\$ 109,556

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

Page Ref	Line Ref	Description

i age itei	Line Kei	Description		
		Refundable Deposits	\$	2,660
Total Other Current Assets (Itemize)				2,660

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

Page Ref Line Ref Description

		Construction in Progress	\$	80,000
		Book Vs Cost	\$	3,256,179
Total Other Other Fixed Assets (Itemize)				3,336,179

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description

r uge reer	Line Rei	Description		
Total Othe	Total Other Assets			

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Page Kei	Line Kei	Description		
Total Notes Payable				-

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

Page Ref Line Ref Description

I age Kei	Line Kei	Description	
		Accured Expense Other	\$ 106,546
		Bonds Payable Non Taxable-ST	\$ 81,000
		Accured Provider Tax	\$ 177,325
		Resident Refunds & Exchanges	\$ 9,913
		Resident Trust	\$ 28,039
Total Other Current Liabilities (Itemize)			\$ 402,823

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

Page Ref Line Ref Description

		Interest Rate Swap Obligation	\$	(34,050)
Total Other Current Liabilities (Itemize)				(34,050)

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year	Ended		Page	of	
Saint Joseph Living Center LLC		20397	9/30/2018			33	37	
			Account				Am	ount
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		339,314
	2.	Notes Payable (itemize)				\$		
						4		
						+		
		See Schedule				╢		
	3.	Loans Payable for Equip	ment (Current portion	n) (itemize)		\$		
	٥.	Name of Lender	Purpose	Amount	Date Due	÷		
		Name of Lender	Turpose	Amount	Date Duc	1		
	4.	Accrued Payroll (Exclusion	-			\$		901,556
	5.	Accrued Payroll (Owners		only)		\$		
	6.	Accrued Payroll Taxes P	ayable			\$		14,233
	7.	Medicare Final Settlemen	•			\$		
	8.	Medicare Current Financ	ing Payable			\$		
	9.	Mortgage Payable (Curre	ent Portion)			\$		
		. Interest Payable (Exclusi	ve of Owner and/or R	Pelated Parties)		\$		7,412
		. Accrued Income Taxes*				\$		
	12.	. Other Current Liabilities	(itemize)			\$		402,823
						4		
	T	4ml Carrage A I ! ml !!!!! /I !	A 1 Alares 12\	See Schedule	402,823	C		1.667.222
A-13.	. 10	tal Current Liabilities (Li	mes A1 unru 12)			\$		1,665,339

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

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	r Ended	Page	of
Saint Joseph Living Center LLC	20397	9/30/2018		34	37
		An	nount		
	ht Forward:		1,665,339		
Liabilities (cont'd)					
B. Long-Term Liabilities	. ('. ')		d.		
1. Loans Payable-Equipme Name of Lender		A 4	\$ D. t. D		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable	•		\$		2,597,000
3. Loans from Owners or I	Related Parties (itemiz	ge)	\$		
Name and Address of Lender	Amount	Loan I	Date		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
4. Other Long-Term Liabi	lities (itemize)	I	\$		(34,050)
See Schedule (34,050)					
B-5. Total Long-Term Liabilitie			\$		2,562,950
C. Total All Liabilities (Lines A-13 + B-5)					4,228,289

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	
Sair	t Joseph Living Center LLC	20397	9/30/2018		35	37
A.	Reserves	Account				Amount
Α.						
	1. Reserve for value of leased l	and			\$	
	2. Reserve for depreciation val	ue of leased build	ings and appurte	enances		
	to be amortized				\$	
	3. Reserve for depreciation val	ue of leased perso	nal property (Eq	quity)	\$	
	4. Reserve for leasehold real pr	roperties on which	n fair rental valu	e is based	\$	
	5. Reserve for funds set aside a	s 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				\$	2,453,581
	6. Gain or Loss for Period	10/1/20)17 thru	9/30/2018	\$	(75,881)
	7. Total Net Worth				\$	2,377,700
C.	Total Reserves and Net Worth				\$	2,377,700
D.	Total Liabilities, Reserves, and	Net Worth			\$	6,605,988

CSP-36 Rev. 6/95

H. Changes in Total Net Worth

	e of Facility	License No. Report for Year Ended		Ended	Page	of
Sain	t Joseph Living Center LLC	20397	9/30/2018		36	37
		Account			Aı	nount
A.	Balance at End of Prior Period as s				\$	2,453,581
B.	Total Revenue (From Statement of				\$	12,083,888
C.	Total Expenditures (From Stateme	nt of Expenditures	Page 27)		\$	12,159,769
D.	Net Income or Deficit				\$	(75,881)
E.	Balance				\$	2,377,700
F.	Additions 1. Additional Capital Contributed 2. Other (itemize)	(itemize)				
F-3. G.	Total Additions Deductions 1. Drawings of Owners/Operators	s/Partners (<i>Specify</i>)		<u>\$</u>	
	Name and Address (No., City,		Title	Amount	•	
	Other Withdrawings (Specify)				\$	
	Purpose		Amo		*	
H.	3. Total Deductions Balance at End of Period	09/30			\$ \$	2,377,700
11.	Latance at Lina of I citou	09/30	7/10		ψ	4,511,100

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of							
Saint Joseph Living Center LLC	20397	9/30/2018 37 37							
Check appropriate category									
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)							
]	Preparer/Reviewer Certificat	tion							
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.									
Signature of Preparer	Title	Date Signed							
Printed Name of Preparer	I	I							
CJLC LLC									
Addres 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									