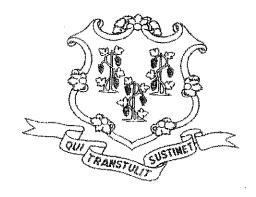
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as	licensed)						
Bidwell Care Center,	LLC						
Address (No. & Stree	et, City, State, Z	Lip Code)					
333 Bidwell Street M	Ianchester, CT	06040					
Type of Facility							
☐ Chronic and C Nursing Home	Convalescent e only (CCNH)	_	Rest Home wit Supervision on (RHNS)	_		(Specify)	
Report for Year Begi 10/1/2018	nning		Report for Yea 9/30/2019	r Ending			
License Numbers:		CCNH 2290	RHNS		(Specify)	N	Medicare Provider 07-5314
Medicaid Provider N	umbers:	CC 20123	CNH	RF	INS	I	CF-IID
For Department Us	e Only						
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign		Signed a	nd Notarized	Date Received

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Bidwell Care Center,LLC	2290	9/30/2019	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 Bidwell Care Center, LLC [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Patrcik Neagle			Printed Name (Owner) Chris Wright	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				

(Notary Seal)

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State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Bidwell Care Center,LLC				10/1/2018	9/30/2019
Address of Facility 333 Bidwell Street Manchester, CT 06040					
Report Prepared By		Phone Nun		Date	
iCare Management, LLC		860-570-21	140	2/15/2020	
Item		Total	CCNH	RHNS	(Specify)
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

	•								
		ŧ		ility	Report for Ye	ar Ended	Page	of	
		860	-533-3086	***************************************	9/30/2019	<u></u>	2	37	_
Name of Facility (as shown on license)			•		treet, City, Sta		_		
Bidwell Care Center,LLC			1	Stree	et Manchester,	CT 0604			4
License Numbers:	CCNH 2290		RHNS		(Specify)		Medicare P 07-5314	rovider No.	•
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent Nursing Home only (CCNH)			t Home with I ervision only		- 11	(Specify)			
Type of Ownership (Check appropriate box)					·				
	tnership	0	Profit Corp.	0	Non-Profit Cor	р. О	Government	O Trust	
If this facility opened or closed during report ye	ar provide:			Date	Opened	Date Clo	sed		
Has there been any change in ownership									_
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain fully	/.	
Administrator									
Name of Administrator					Nursing H	ome			
Patrcik Neagle					Administrat	or's	2096		
					License 1	No.:			
Other Operators/Owners who are assistant adm	inistrators	(full	or part time)	of thi	s facility.				
Name					License 1	No.:			
									_

General Information and Questionnaire Partners/Members

Name of Facility Bidwell Care Center,LLC		License No.	Report for Y 9/30/2019	Year Ended	Page 3	of 37
Legal Name of Part Bidwell Care Center,LLC	nership/LLC	Business A 333 Bidwell Stre Manchester, CT	Address	State(s) and/or Town Which Registered CT		s) in
Name of Partners/Members	Business Ac	ldress		Title	% Ov	vned
Executive Advisors, LLC	341 Bidwell St. Manch	ester, CT 06040	Member		47	.5
Apex Advisors LLC	341 Bidwell St. Manch	ester, CT 06040	Member		47	.5
Christopher Wright	341 Bidwell St. Manch	ester, CT 06040	Member		5	

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page of
Bidwell Care Center,LLC	2290	9/30/2019		3A 37
If this facility is owned or operated as a corpo				
Legal Name of Corporation	Busines	s Address	State(s) in Which	ch Incorporated
Name of Directors, Officers	Business Address		Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares				

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General Information and Questionnaire Individual Proprietorship

of	Page	Report for Year Ended	License No.	Name of Facility
37	3B	9/30/2019	2290	Bidwell Care Center,LLC
	ition:	, provide the following informa	ual proprietorship	f this facility is owned or operated as an individu
			wner(s) of Facility	Ow
			A. A	
	***************************************	Advisor Adviso		

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				

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Annual Report of Long-Term Care Facility
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2290 Related Parties'

(3,899) (3.195)Actual Cost to the (1,403)16,518 (39,311)(18,744)(193,306) (18,309)(13,924)(144,010)17,053 (534,663)(342,336)Related Party 37 37 1,403 39,311 3,899 193,306 27,058 (16,518)(17,053)18,309 13,924 3.195 18,744 144,010 534,663 342,336 Reported Page Share Common 401k, Pension and Insurance plans, courier, legal and various other services M.E Costs are Included in Annual Report 5.8.10 M12 Page # / Line # Indicate Where 22,22,27 10,9,1 2 8 8 9 16, 15 iCare Helt-Legal, Postage, Emp Recruitment & Marketing Description of Goods/Services Management Services, Administrative Provided Shared EEs not part of mgmt agmt Management Services, Indirect Management Services, Direct Report for Year Ended 9/3/2019 Building Lease & Rent Shared Employees OT/PT/ST Non-Related Parties ** Goods/Services to Also Provides ŝ License No., Yes 151 Hillside Ave. Hartford, CT 06106 Manchester, CT 06040 140 Park Ave. Bloomfield, 341 Bidwell St. Manchester, CT 06040 96 Prospect Hill Rd. East N/A 341 Bidwell St. Manchester. 33 Roy St. Meriden, CT 06450 1838 Silas Deane Hwy, Rocky Hill, CT 06067 341 Bidwell St. 341 Bidwell St. Manchester Manchester, CT 06040 25 Lorraine St. Hartford, 20 Scott Swamp Rd. Farmington, CT 06032 Manchester, CT 06040 60 West Street, Rocky Hill, CT 06067 171 Main St. East Windsor, CT 06088 5 Greenwood Street, Healthcare Holdings, Hartford, CT 06106 Windsor, CT 06088 Business Address 333 Bidwell St. 349 Bidwell St. 06105 CT 06002 CT 06040 CT 06040 Bidwell Care Center, LLC Bidwell Care Center, Chelsea Place Care Chestnut Point Care Secure Care Center Center, LLC (Silver Elevate Counseling Touchpoints Therapy Name of Related Kettle Brook Care Farmington Care iCare Management, Wintonbury Care Management, LLC mgmt co, realty cos Individual or Name of Facility rinity Hill Care All Care Centers, Company Westside Care **Touchpoints at** Homecare LLC Meriden Care Services LLC Center, LLC Care Health Universal Springs) Realty

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	
Bidwell Care Center,LLC	2290		9/30/2019	5 37	
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TBI	services with special Medicaio	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 EACH	
Nursing		employee c	lassification, i.e., Director (or	Charge Nurse),	
		Registered	Nurses, Licensed Practical Nu	rses, Aides and	
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EACH	
		specialist (See listing page 13)		
Maintenance and operation of plant	nce and operation of plant Square feet				
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salaı	ries		
Management services	Appropriate cost center involved				
All other General Administrative expenses	Total of Direct and Allocated Costs				
The preparer of this report must answer the following questions applicable to the cost information provided.					
1. In the preparation of this Report, were all				h allocation was	
costs allocated as required? O Yes O No not made.					
2. Explain the allocation of related company ex	penses and a	ttach copy	of appropriate supporting data	•	
	· · · · · · · · · · · · · · · · · · ·				
3. Did the Facility appropriately allocate and se	lf-disallow o	lirect and in	direct costs to non-nursing hor	ne cost centers?	
(e.g., Assisted Living, Home Health, Outpati			-		
		•	•	ah allogation was	
	• Yes	O No	If "No," explain fully why such most made.	il anocation was	
			not made.		

State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

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.

shound not be included in these announts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Bidwell Care Center, LLC			2290	9/30/2019			6 37
	Relate	Related * to					
	Owners,	iers,					
	Operators,	ators,				Annual	
	Offf	Officers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno,	0	•	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	02/18/10	I yr with automatic	14,102	14,102
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	0	•	Time Clocks and Payroll Punch Equip	06/01/10	<i>3</i> 3	6,299	9,299
GE Capital C/O Wells Fargo, P.O.Box 41564, Philadelphai, PA 19101	0	0	Copier	03/05/14		19,561	10,561
Neopost USA Inc, 25880 Network Place, Chicago, IL 60673	0	0	Postage Rental	04/16/13		496	496
	0	•					
	0	•					
	0	•					
	0	0					
	0	•					
	0	0					:

Is a Mileage Log Book Maintained for All Leased Vehicles?

34,458

Total ***

% O

O Yes

* 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	1 1	'age of		
Bidwell Care Center,LLC	2290	9/30/2019		7 37		
The records of this facility for the p	period covered by this report	were maintained on the following basis:				
	M-1:C-1 (''					
	Modified Cash					
Is the accounting basis for this		*****				
1	Yes	If "No," explain.				
previous period?	No					
Independent Accounting Firm		Address (No. & Street, City, State, Zip Code	\			
1 O'Connor, Davies LLP 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109						
2 3						
3 4						
Services Provided by This Firm (de	escribe fully)	L.				
						
Taxes, financial statements, accounting	g support		\$	8,906		
2			\$			
3			\$			
4			\$			
			Charge for Se	rvices Provided		
			\$	8,906		
Are These Charges Reflected in the Expend		s, Specify Expense Classification and Line No.				
Yes O No	15D					
Legal Services Information						
Name of Legal Firm or Independen	•		Telephone Nu			
i Care Health Management, LL	C		860-570-2140			
2 Starble and Harris			860-678-777			
3 Durant Nichols / Robinson &			860-275-8200)		
		, Murtha Cullina, Jackson Lewis))				
5 Starble and Harris, iCare Heal		VIII.	J860-678-7775	5 & 860-570-2140		
Address (No. & Street, City, State,						
1 341 Bidwell Street, Mancheste	er C I					
2 32 Main Street, Avon, CT	r					
3 280 Trumbull St, Hartford, C7	ı					
5 32 Main Street, Avon, CT & 3	341 Ridwell Street Marches	ter CT				
Services Provided by This Firm (de		001 € 1				
Lease and contract issues, general legi-			\$	13,715		
2 Lease and contract issues, general leg-			\$			
3 Employment law, arbitrations, contra	ct negotiations		\$			
4 Employment Arbitrations, healthcare	law		\$	1,027		
5 Conservatorships & Collections			\$	2,589		
			Charge for Se	rvices Provided		
- Landanian			\$	17,330		
Are These Charges Reflected in the Expend	diture Portion of This Report? If Ye	es, Specify Expense Classification and Line No.	<u> </u>	/=		
1	15E	• •				
⊙ Yes O No						

State of Connecticut
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Schedule of Resident Statistics

Name of Facility Bidwell Care Center, LLC			License No. 229	No. 2290			Report for 9/30/2019	Report for Year Ended 9/30/2019	þ		Page 8	of 37
						Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1	Period 7/1 Thru 9/30	0
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHINS	(Specify)
1. Certified Bed Capacity			***************************************	van den de	Annual and seasons are seasons are seasons							
A. On last day of PREVIOUS report period	131	131			131	133			131	131		
B. On last day of THIS report period	131	131			131	131			131	131		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	126	126			126	126			123	123		
B. As of midnight of THIS report period	123	123			123	123			123	123		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,109	4,109			3,216	3,216			893	893		
B. Medicaid (Conn.)	38,166	38,166			27,840	27,840			10,326	10,326		
C. Medicaid (other states)												
D. Private Pay	431	431			427	427			4	4		
E. State SSI for RCH												
F. Other (Specify) Insurance	1,608	1,608			1,328	1,328			280	280		
G. Total Care Days During Period (3A thru F)	44,314	44,314			32,811	32,811			11,503	11,503		
4. Total Number of Days Not Included in Figures in 3G									•••			
for Which Revenue Was Received for Reserved Beds												
- 1												
B. Other Bed Keserve Days												
5. Total Resident Days (3G + 4A + 4B)	44,314	44,314			32,811	32,811			11,503	11,503		

Annual Report of Long-Term Care Facility

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Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	ise No.				Report	for Year	Ended		Page	of
Bidwell Care	Center,	LLC		2	2290					9/30/201	9		9	37
4. Were the	ere any c	hanges	in the certified b	ed ca	pacity du	ring t	he repo	rt yea	r?	0	Yes	•	No	
If "YES"	, provid	e the fol	lowing informat	ion:										
		Place of	f Change		Ch	ange	in Bed	S		Caj	pacity Afte	r Change		
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	1					
		1	` * /											
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	r Change
5. If there v	vas anv	change i	in certified bed o	anaci	tv during	the r	eport ve	ear (as	report	ed in iten	14 above)	provide the nun	nber of	
		-	90 days followin	-	-		- <u>,</u> , , , , ,					P		
RESIDI	2111 221	15 101	20 days tonown	is life	onango.					T T				
			Change in Re	acidar	ot Davie					CC	NH	RHNS	(Spe	cify)
1st chan	œ.		Change in K	Sidel	n Days						71411	1011140	СОРС	01137
2nd char								-						
3rd chan														
4th chan	ge								•					
6. Number	of Resid	lents and	d Rates on Septe	mber	30 of Co	st Ye	ar							
			Medicare		Medi	caid				Se	elf-Pay		Other Stat	e Assisted
	Item		CCNH	C	CNH	R)	HNS	CC	CNH	RI	INS	(Specify)	R.C.H.	ICF-MR
No. of R			9	37.00 mags	111				3					
Per Dien									ANTENNES.					
a, One b			435,00		262,00			<u> </u>	370,00	 				
						 		 						
c. Three						İ								
Ded)	ms.					<u> </u>								
7. Total Nu	ımber of	Physica	al Therapy Treat	ments	,					то	TAL	CCNH	RHNS	(Specify)
	Medica										2,967	2,967		(-p)/
В.	Medica	id (Exc	lusive of Part B)											
			e Treatments								379	379		
		torative	Treatments								1,196	1,196		
	Other										8,966	8,966		
			Therapy Treati							000000000000000000000000000000000000000	13,508	13,508		
•	mber of Medica	-	Therapy Treatm	ients						1.60	402	403		
			lusive of Part B)								403	403	Control of the Contro	
D.			e Treatments								74	74		
			Treatments					**********		 	,			
C.	Other									<u>† </u>	733	733		
		peech T	Therapy Treatm	ents							1,210	1,210		
			ational Therapy	Treatr	nents									
Α.	Medica	ire - Par	t B								1,902	1,902		
B.			lusive of Part B)	+										
			e Treatments								428	428		
		torative	Treatments								1,091	1,091		
	Other	Jeanna!	ional Therapy T	Funda	stanto					 	7,938	7,938		
D.	iviai (rccupat	wnui xnerapy i	reati	nenis						11,359	11,359		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	r Ended	Page	of l 37
Bidwell Care Center,LLC	2290		9/30/2019		10	37
Are time records maintained by all individuals receiving co	mpensation?	0	Yes	0	No	
	*		Total Cost a	nd Hours	1	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*					1 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	148,374	2,214		60.000 000 000 000		
· •						
of Schedule A1) 4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	197,579	8,500				
5. Dietary Service	205 30 55 35 3		392 (822 957 359 445)	00536	(S) (S) (S) (S)	
a. Head Dietitian	83,813	2,086				
b. Food Service Supervisor	68,633	2,033	1		-	
c. Dietary Workers 6. Housekeeping Service	442,857	24,128				
a. Head Housekeeper			Parago, Sabusarbi, Assessor (Caray			2 (Appendio de Santo)
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	65,523	2,020		<u> </u>		<u> </u>
b. Other Maintenance Workers 8. Laundry Service	46,505	3,001				
a. Supervisor				St. 1.000 September Appendix		1990
b. Other Laundry Workers	9			 		
Barber and Beautician Services					<u> </u>	
10. Protective Services						
11. Accounting Services						
a. Head Accountant b. Other Accountants				 		
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	218,779	4,414				
b. RN	22222222222222222222222					
1. Direct Care	454,823	10,206		and and the state of the state	0.0000000000000000000000000000000000000	
2. Administrative**	274,727	6,428				
c. LPN				V 55 - 5 4 (S) - 5		
Direct Care Administrative**	1,179,512	37,630	<u>'</u>	<u> </u>	 	<u> </u>
d. Aides and Attendants	1,888,351	100,637	,	1	<u> </u>	
e. Physical Therapists	.,,,,,,,,,	133333		1		
f. Speech Therapists						İ
g. Occupational Therapists						
h. Recreation Workers i. Physicians	206,066	9,156				
Medical Director						
2. Utilization Review				 	· · · · · · · · · · · · · · · · · · ·	
3. Resident Care***						
4. Other (Specify)		essensi spens			Control of the Contro	
j. Dentists				****		1
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	203,270	6,265	1	<u> </u>		
n. Marketing o. Other (Specify)						
See Attached Schedule	61,033	3,751				
A-13. Total Salary Expenditures	5,539,850			1	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	j	RHNS		(Spe	cify)
Position	\$	Hours	\$	Hours		\$	Hours
UNIT SECRETARIES SALARIES	\$ 37,307	2,241			\$	-	
MEDICAL RECORDS SALARIES	\$ -	-			\$	-	-
CENTRAL SUPPLY SALARIES	\$ 23,726	1,509			\$	*	-
RESPIRATORY THERAPY SALARIES	\$ -	-			\$	-	-
				:			
			***************************************			***************************************	
					T		
Total	\$ 61,033	3,751	\$ -	-	\$	_	-

Schedule of Other Fees (Page 13)

		CC	NH	RH	NS	(Spe	cify)
Service		\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$	23,456	1,177			\$ -	_
ADMISSIONS C/S LABOR	\$	43,770	917			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$	3,052	88			\$ -	_
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$	106,776	3,252			\$	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$	18,459	401			\$ -	
PHYSICAL THERAPY C/S MEDICIAD	\$	25,669	425			\$ -	-
SPEECH THERAPY C/S Medicaid	\$	2,273	39			\$ -	-
OCCUPATIONAL THERAPY C/S MEDICIAD	\$	24,125	405			\$ -	_
	T						
	I	, , , , , , , , , , , , , , , , , , , ,					
							·
		~~~~					
Total	\$	247,580	6,704	\$ -	-	\$ -	_

_____

State of Connecticut

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

:		7	Assistan	t Administra	Assistant Administrators and Other Related Parties*	r Kelate	d Parties	*	,	
Name of Facility				License No.		Report for	Report for Year Ended		Page	to
Bidwell Care Center,LLC				2290		9/30/2019			11	37
		Salary Paid	pi						······································	
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
		:								
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
	:									

^{*} 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.

State of Connecticut

# Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

# Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		7	Assistani	t Administra	Assistant Administrators and Other Related Parties*	Kelated	Farties*			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Bidwell Care Center, LLC				2290		9/30/2019			12	37
		Salary Paid	-							
				Fringe Benefits and/or Other			Line Where		Total	
Nome	CONH	BHNS	(Snecify)	Payments	Full Description of	Total Hours Worked	Claimed on	Name and Address of All Other Funloyment**	Hours	Compensation Received
Section III - Administrators***		Citro	(fyrande)	(funt potracan)		Power	or ogni	anoutordura romo		2002
				oc outes						
				same as employees less						
Patroik Neagle	97,946			union funds	Administrator	1,432 A2	A2			
				same as						
1,1,1	007			employees less	***************************************	t	ć			
Tracy Newport	50,428			union funds	Administrator	/82 AZ	A.2			
				same as employees less						
				union funds	Administrator		A2		******	
Section IV - Assistant									*	
Administrators										
Alternative and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second a second and a second a second and a second and a second and a second a second a second	1	] , ] ,		,						

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

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

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

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

CSP-13 Rev. 9/2002

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

Name of Facility Bidwell Care Center,LLC	License No.	90	Report for Y 9/30/2019	ear Ended	Page 13	of 37
				and Hours	1	1
			10141 0031	THE TIOUS	ľ	
*.	CONT				(0.10)	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee					2.416.518	
for service basis in lieu of salary						
(For all such services complete Schedule B1)  1. Dietitian						
1. Dietitian 2. Dentist			<u> </u>			
3. Pharmacist	27.200	246				
	27,388	346				
					Shanda ayyan ah yan annan ayyan	
5. Physical Therapy	150.000					
a. Resident Care	153,929	1,487		-	-	
b. Other	110.005	(0.10=)				ļ
6. Social Worker	119,923	(2,107)	<b> </b>			
7. Recreation Worker	19,333	35+Cable	de de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		Today (Colorador Adams)	35+Cable
8. Physicians						
a. Medical Director (entire facility)	62,400	571				
b. Utilization Review						Section 5
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility		5 KH G. (5 G)				26 5.52
<ol> <li>Infection Control Committee (Quarterly meetings)</li> </ol>						
2. Pharmaceutical Committee				<u> </u>		
(Quarterly meetings)						
3. Staff Development Committee			***************************************			
(Once annually)						
e. Other (Specify)	45-10 Street 15 16 16	16 1018 11				
Physician Care Contract Services	30,439	151				
9. Speech Therapist	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s					
a. Resident Care	33,074	353				
b. Other						
10. Occupational Therapist						
a. Resident Care	140,719	1,980				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	89,367	1,220		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
2. Administrative***	60,771	1,144				
b. LPN		25.22.55				
1. Direct Care	10,980	244		na gama inda anthiniste a bhailliúig bhaile in glifeiliúi		. popular se maneral deposit (de
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)			Decision 10, 15, 45			No. Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, St
See Attached Schedule	247,580	6,704	the Australia Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control			
B-13 Total Fees Paid in Lieu of Salaries	995,905	12,092			<u> </u>	

^{*} 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 38.

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

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Bidwell Care Center,LLC	2290		9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service		to Owners, ors, Officers No	Expla	nation of R	elationship
Tocuhpoints Therapy	Therapy	· ·	0	Common Own	ership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	0	0	Common Own	ership	
Pharm Scripts	Pharmacy Contract	0	0			
Guardian Consulting Srv	Pharmacy Consulting	0	0			
Healthdrive Physician Services	Audiology, Dental and Podiatry	0	•			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	0	0			
Dr Bodanski	Medical Director	0	0			
Dr. Bogacki Robert	Medical Director	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	•			
		0	0			
		0	•			
		0	0			
		0	•			
		0	•			
		0	•			
		0	•			

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

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

Name of Facility Bidwell Care Center, LLC	icense No. 2290		Report for Ye 9/30/2019	ar Ended	Page 15	of 37
		İ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Item			Total	CCNH	RHNS	(Specify)
Administrative and General		100				
a. Employee Health & Welfare Benefits		1000000			2022093	
1. Workmen's Compensation		\$	138,725	138,725	Makama Rivi Katal Media (di Pelina (1986)	
2. Disability Insurance		\$	,	•		
3. Unemployment Insurance		\$				
4. Social Security (F.I.C.A.)		\$	459,740	459,740		
5. Health Insurance		\$	933,125	933,125		
6. Life Insurance (employees only)					merce of About 15	
(not-owners and not-operators)		\$		and the first of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
7. Pensions (Non-Discriminatory)		\$	304,109	304,109		
(not-owners and not-operators)		ı				
8. Uniform Allowance		\$				
9. Other (Specify)		\$	37,716	37,716		
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
						100024
c. Bad Debts*		\$	173,365	173,365		
d. Accounting and Auditing		\$	8,906	8,906		
e. Legal (Services should be fully described o	n Page 7)	\$	17,330	17,330		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	19,263	19,263		
h. Telephone and Cellular Phones						e Corresponden
<ol> <li>Telephone &amp; Pagers</li> </ol>		\$	21,594	21,594		
2. Cellular Phones		\$	398	398		
i. Appraisal (Specify purpose and		\$				
attach copy )*						
					andré sa drac	
j. Corporation Business Taxes (franchise tax)		\$	373	373		
k. Other Taxes (Not related to property - See .	Page 22)					The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co
1. Income*		\$				
2. Other (Specify)		\$				
See Attached Schedule						
3. Resident Day User Fee		\$	931,480	931,480		
Subtotal		\$	3,046,126	3,046,126		

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

Attachment Page 15

### **Schedule of Other Employee Benefits**

Description		C	CNH	RHNS	(Spec	ify)
UNION TRAINING	9	3	37,716		\$	-
		· · · · · · · · · · · · · · · · · · ·				
				<u> </u>		
Total	\$	)	37,716	\$ -	\$	

### **Schedule of Other Taxes**

Description	C	CNH	RHNS	(Spec	cify)
INTERNET EXPENSES	\$			\$	<del>-</del>
Total			_		
1 Otai	\$		\$ -	\$	-

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

Name of		License No.	Report for '	Year Ended	Page	of
Bidwell (	Care Center,LLC	2290	9/30/2019		16	37
	•		l			
	Item	**	Total	CCNH	RHNS	(Specify)
1 T		Brought Forward:	3,046,126	3,046,126		
_	evel and Entertainment					
1.	Resident Travel and Entertainment					
2.	Holiday Parties for Staff	9		688		
3,	Gifts to Staff and Residents			1,346		
4.	Employee Travel	<u> </u>		2,831		
5.	Education Expenses Related to Seminars and			2,691		
6.	Automobile Expense (not purchase or depred			819		
7.	Other (Specify)	\$	315	315		
	See Attached Schedule					
m. Oth	ner Administrative and General Expenses					
1.	Advertising Help Wanted (all such expenses	<del></del>	10,345	10,345		
2.	Advertising Telephone Directory (all such exp	oenses)*** \$				
3.	Advertising Other (Specify)***	\$	23,755	23,755		
	See Attached Schedule					
4.	Fund-Raising***	\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
5.	Medical Records	\$				
6.	Barber and Beauty Supplies (if this service is					
	directly and not by contract or fee for service)	***				
7.	Postage	\$	3,801	3,801		
* 8.	Dues and Membership Fees to Professional	\$		8,914		
	Associations (Specify)	•				
	See Attached Schedule					
8a.	Dues to Chamber of Commerce & Other Non-Al	lowable Org.*** \$				
9,	Subscriptions	\$				
10.	Contributions***	\$		270		
	See Attached Schedule	ψ	1.0	210		
11.	Services Provided by Contract (Specify and C	omplete \$	124,542	124,542		
	Schedule C-2, Page 21 for each firm or indiv		127,342	147,574		
12.	Administrative Management Services**	\$	342,336	342,336		
	Other (Specify)	<u>\$</u>	***************************************	24,680		
	See Attached Schedule	Φ	44,000	4 <del>1,</del> 000		Aller Cress And Commission
C-14 Tota	al Administrative & General Expenditures	\$	3,593,459	3,593,459		
	not include Subscriptions, which should go in it	· · · · · · · · · · · · · · · · · · ·	1 3,373,439	2,273,439		***************************************

^{*} 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	R	HNS	(Sį	ecify)
MEALS	\$	315			S	
	ļ				<u> </u>	
			ļ		<u> </u>	
	-		ļ		-	
	<del> </del>		ļ		<b></b> -	
	r		<del> </del>			
Total Other Travel and Entertainment	\$	315	s	+	s	-

### Schedule of Other Advertising

Description		CCNH	RHNS	3	(Sp	ecify)
COMMUNICATIONS SPECIAL EVENTS	s	23,755			S	-
Total Other Advertising	S	23,755	S	-	s	

### Schedule of Ducs

Description	(	CNH	RHNS	(Sp	ecify)
ALTCFM					
CAHCF Dues	S	8,754		\$	-
OTHER DUES	S	160		\$	-
		••••			
				<del></del>	
Total Dues	s	8,914	S -		

### Schedule of Contributions

Description		CCNH	HNS	(Sp	recify)
CONTRIBUTIONS	S	270		S	•
Total Contributions	S	270	\$ _	ls	-

### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
SOCIAL SERVICE SUPPLIES	\$ 141		S -
SOC SVC MINOR EQUIPMENT	S -		S -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 755		S -
EMPLOYEE RELATIONS	\$ 566		S -
EMPLOYEE RELATIONS-OTHER	\$ 234		s -
PERMITS & LICENSES	\$ 2,459		S -
VOLUNTEER EXPENSE	s -		s -
BANK FEES	\$ 7,556		s -
CMS REVISIT USER FEES	s -		s -
PENALTIES	\$ 1,530		s -
LATE FEES	S 222		s -
INTERNET EXPENSES	S 11,218		S -
Rounding	\$ (I)		
Total Other Administrative and General	\$ 24,680	\$ -	- s -

### **Schedule C-1 - Management Services***

Name of Facility	License No.	Report for Year Ended	Page of
Bidwell Care Center,LLC	2290	9/30/2019	17   37
Name & Address of Individual or Company Supplying Service iCare Management, LLC/iCare Health Management, LLC	Cost of Management Service 342,336	Full Description of Mgmt. Service Provided  Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Indicate Where Costs are Included in Annual Report Page #/Line # Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	193,306	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	27,058	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j
AND TO SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECUR			

^{*} 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)

e of Facility	License	No.	m C 37	Th. 1. *	
			Report for Yo		Page of
rell Care Center,LLC		2290	9/30/2019		18   37
Item		Total	CCNH	RHNS	(Specify)
Dietary					
a. In-House Preparation & Service				Distriction of the second	
1. Raw Food			294,253		
2. Non-Food Supplies	\$	34,859	34,859		
3. Other (Specify)	\$	17,877	17,877		
DIETARY SUPPLEMENTS					
b. Purchased Services (by contract other	\$	(54,076)	(54,076)		
than through Management Services)					
			45356	3.5.5.2.5.5	
c. Other (Specify)	\$	9,259	9,259		
DIETARY MINOR EQUIPMENT					
Total Dietary Expenditures (2a + b + c + d)	\$	302,171	302,171		
Dietary Questionnaire	_	Total	CCNH	RHNS	(Specify)
	y:*	364	364		
Is cost of employee meals included in 2D? O	Yes	•	No		
Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
Where is the revenue received reported in the Cos	t Report	? (Page/Line I	tem)		
	Yes	•	No	If yes, specify cost.	
	Yes	•	No	If yes, specify amt.	
Where is the revenue received reported in the Cos	t Report	? (Page/Line I	tem)		
Is cost of food (other than meals, e.g., snacks			tadiana mandala atau dan dan dan dan dan dan dan dan dan dan	If yes, specify cost.	
Is any revenue collected from employees?	Yes	•	No	If yes, specify amt.	
Where is the revenue received reported in the Cos	t Report	? (Page/Line I	tem)		
	a. In-House Preparation & Service  1. Raw Food  2. Non-Food Supplies  3. Other (Specify) DIETARY SUPPLEMENTS  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) DIETARY MINOR EQUIPMENT  Total Dietary Expenditures (2a + b + c + d)  Dietary Questionnaire Resident Meals: Total no. of meals served per day Is cost of employee meals included in 2D?  Did you receive revenue from employees?  Where is the revenue received reported in the Cost is cost of meals provided to persons other than employees or residents (i.e., Board Omembers, Guests) included in 2D?  Is any revenue collected from these people?  Where is the revenue received reported in the Cost is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?  Is any revenue collected from employees?	a. In-House Preparation & Service  1. Raw Food \$  2. Non-Food Supplies \$  3. Other (Specify) \$  DIETARY SUPPLEMENTS  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)  c. Other (Specify) \$  DIETARY MINOR EQUIPMENT  Total Dietary Expenditures (2a + b + c + d) \$  Dietary Questionnaire  Resident Meals: Total no. of meals served per day:*  Is cost of employee meals included in 2D? O Yes  Where is the revenue received reported in the Cost Report Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes Members, Guests) included in 2D?  Is any revenue collected from these people? O Yes  Where is the revenue received reported in the Cost Report Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes provided to employees included in 2D?  Is any revenue collected from employees? O Yes	Dietary a. In-House Preparation & Service  1. Raw Food \$ 294,253 2. Non-Food Supplies \$ 34,859 3. Other (Specify) \$ 17,877 DIETARY SUPPLEMENTS  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) \$ 9,259 DIETARY MINOR EQUIPMENT  Total Dietary Expenditures (2a + b + c + d) \$ 302,171  Dietary Questionnaire Total Resident Meals: Total no. of meals served per day:* 364 Is cost of employee meals included in 2D? O Yes O  Did you receive revenue from employees? O Yes O  Where is the revenue received reported in the Cost Report? (Page/Line I Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes O  Members, Guests) included in 2D?  Is any revenue collected from these people? O Yes O  Where is the revenue received reported in the Cost Report? (Page/Line I Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O  provided to employees included in 2D?  Is any revenue collected from employees? O Yes O  Sometime of the Cost Report? (Page/Line I Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O  Sometime of the Cost Report? (Page/Line I Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O  Figure 1. Revenue collected from employees? O Yes O  Sometime of the Cost Report? (Page/Line I Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O  Sometime of the Cost Report? (Page/Line I Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O	Dietary a. In-House Preparation & Service 1. Raw Food \$ 294,253 294,253 2. Non-Food Supplies \$ 34,859 34,859 3. Other (Specify) \$ 17,877 17,877 DIETARY SUPPLEMENTS  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) \$ 9,259 9,259 DIETARY MINOR EQUIPMENT  Total Dietary Expenditures (2a + b + c + d) \$ 302,171 302,171  Dietary Questionnaire Total CCNH Resident Meals: Total no. of meals served per day:* 364 364 Is cost of employee meals included in 2D? O Yes O No  Did you receive revenue from employees? O Yes O No  Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes O No  Members, Guests) included in 2D?  Is any revenue collected from these people? O Yes O No  Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O No  provided to employees included in 2D?	Dietary a. In-House Preparation & Service 1. Raw Food \$ 294,253 294,253 2. Non-Food Supplies \$ 34,859 34,859 3. Other (Specify) \$ 17,877 17,877 DIETARY SUPPLEMENTS  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) \$ 9,259 9,259 DIETARY MINOR EQUIPMENT  Total Dietary Expenditures (2a + b + c + d) \$ 302,171 302,171  Dietary Questionnaire Total CCNH RHNS Resident Meals: Total no. of meals served per day:* 364 364 Is cost of employee meals included in 2D? O Yes O No  Did you receive revenue from employees? O Yes O No  If yes, specify amt.  Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  Is any revenue collected from these people? O Yes O No  If yes, specify cost.  Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O No  If yes, specify cost.  If yes, specify cost.

^{*} 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)

	ne of Facility well Care Center,LLC	License	No. 2290	Report for Y 9/30/2019	ear Ended	Page 19	of 37
Diu	ven Care Center, LLC	·····	2290	7/30/2017		17	J1
	Item		Total	CCNH	RHNS	(S _I	ecify)
3.	Laundry  a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.	62	62			
	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.					
<u> </u>		Amt. \$	<del></del>				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	351,048	351,048			
	c. Other (Specify)  LAUNDRY MINOR EQUIPMENT	\$	12 (2 (5 (2) 2)				
3D. 3E.	Total Laundry Expenditures (3a + b + c)	\$	351,130	351,130			
<u>эе.</u> F.	Laundry Questionnaire  Is cost of employee laundry included in 3D? C	) Yes	•	No	If yes, specify cost.		
G.	Did you receive revenue from employees?	) Yes	•	No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cos	t Report?		(Page/Line			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	) Yes	•	No	If yes, specify cost.		
J.	Did you receive revenue from these people?	) Yes	0	No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cos	t Report?		(Page/Line	Item)		

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

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

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

	ne of Facility	License No.	Repo	ort for Year En	ıded	Page	of
Bid	well Care Center,LLC	2290	<u> </u>	9/30/2019		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					<u> </u>
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	28,293	28,293		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	367,157	367,157		<u> </u>
	Page 21)						
	C. Other (Specify)	***************************************	\$	296	296		
	HOUSEKEEPING MINOR EQUIL	PMENT					
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	395,745	395,745		
5.	Resident Care (Supplies)**			60 C C C C C			
	a. Prescription Drugs***						
	1. Own Pharmacy		\$	17. zm. 1 25. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sztele (hine 24. sztele) 17. sz	e de mentione de la constitut de martie en actual de sant de sant		STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P
	2. Purchased from		\$	187,673	187,673		
	PHARMACY						
	b. Medicine Cabinet Drugs		\$	6,284	6,284		
	c. Medical and Therapeutic Supplies		\$	97,771	97,771		
	d. Ambulance/Limousine***		\$	10,376	10,376		
	e. Oxygen					8 (20 (8) API (5) (8)	
	1. For Emergency Use		\$	10,078	10,078		
	2. Other***		\$				
	f. X-rays and Related Radiological		\$	9,264	9,264		
	Procedures***						
	g. Dental (Not dentists who should be incl	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	22,781	22,781		
	i. Recreation		\$		***************************************		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	l. Other (Specify)****		\$	319,699	319,699	······	İ
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	663,926	663,926	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	100000000000000000000000000000000000000

^{*} 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	(Sp	ecify)
NURSING ADMIN SUPPLIES	\$ 835		\$	-
NURSING MINOR EQUIP	\$ 8,353		\$	-
MEDICAL RECORDS SUPPLIES	\$ 61		\$	-
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$	•
MANAGEMENT ALLOCATIONS - DIRECT	\$ 193,306		\$	-
NON-COVERED PPS DR. VISITS	\$ 359		\$	-
RESIDENT CARE SUPPLIES	\$ 460		\$	-
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 9,491		\$	-
PERSONAL CARE SUPPLIES	\$ 240		\$	-
INCONTINENCY SUPPLIES	\$ 1,143		\$	_
VACCINE RESIDENTS	\$ 464		\$	-
PATIENT SPECIAL NEEDS	\$ (61)		\$	-
PHYSICAL THERAPY SUPPLIES	\$ -		\$	_
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$	-
PHYSICAL THERAPY MINOR EQUIPMENT	\$ _		\$	_
OCCUPATIONAL THERAPY SUPPLIES	\$ 4		\$	_
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$	-
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$	_
SPEECH THERAPY SUPPLIES	\$ -		\$	_
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$	-
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$	·
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 36,721		\$	-
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 12,644		\$	-
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$	_
HI LOW BED RENTAL & MATTRESSES	\$ -		\$	_
IV THERAPY SUPPLIES	\$ 18,448		\$	
IV THERAPY CONTRACT SERVICE	\$ -		\$	_
MEDICAL WASTE CONTRACT SERVICE	\$ 1,927		\$	_
ACTIVITIES SUPPLIES	\$ 4,199		\$	_
ACTIVITIES MINOR EQUIPMENT	\$ -		\$	
MANAGEMENT ALLOCATION - INDIRECT	\$ 27,058		\$	
ADMISSIONS SUPPLIES	\$ 		\$	_
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$	
STRIKE COSTS NON REIMBURSABLE	\$ 4,050		\$	**
Total Other Resident Care	\$ 319,699	\$ -	\$	_

Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001 State of Connecticut

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

Name of Facility Bidwell Care Center,LLC				License No. 2290	Report for Year Ended 9/30/2019	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			Page 21	of 37
		Related ** to Owners, Operators, Officers	to Owners, Officers				Total Cost/	Total Cost/Page Ref.***	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	(Specify)	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	0	•	VENDOR	Housekeeping Services	367,157			20	46
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	0	0	VENDOR	Laundry Services	351,048			19	36
Eagle Elevator		0	•	VENDOR	Elevator Contract	6,126			22	6F
Bioserve, Inc.		0	•	VENDOR	Medical Waste	1,927			22	6F
Brightview Landscaping/Primary Landscaping		0	•	VENDOR	Snow Removal/Landscaping	29,780			22	6F
CWPM		0	•	VENDOR	Trash removal	20,721			22	6F
American Health Tech		0	•	VENDOR	Software Maintenance Contract	20,032		***************************************	91	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	0	0	VENDOR	Payroll Services	42,112			91	M11
National Datacare Corp		0	•	VENDOR	Resident Trust Software	3,457			16	M11
Prime Care Technologuy services		0	0	VENDOR	Computer Consulting Services	40,793			16	M
Priotiry Express	and an all which which minimizes are transfer and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	0	•	VENDOR	Courier Services	2,756			16	M11
Point Right Inc	L LA LA LA LA LA LA LA LA LA LA LA LA LA	0	•	VENDOR	Nursing Software	4,680			16	MI
THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE		0	•	VENDOR					22	6F
		0	•	VENDOR						

^{*} 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 Ye	ear Ended		Page	of
Bidwell Care Center,LLC	2290	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Spe	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	29,677	29,677			
b. Heat	\$	10,711	10,711			
c. Light & Power	\$	100,738	100,738			
d. Water	\$	49,152	49,152			
e. Equipment Lease (Provide detail on p	age 6) \$	34,458	34,458			
f. Other (itemize)	\$	92,005	92,005			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	· 6f) \$	316,740	316,740			
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$	29,421	29,421			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	29,992	29,992			
*7e. Total Depreciation Costs $(7a + b + c + d)$	) \$	59,413	59,413			
8. Amortization (Complete att. Schedule Pag	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	45,501	45,501			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + c	1) \$	45,501	45,501			
9. Rental payments on leased real property le	ess					
real estate taxes included in item 10b	\$	453,805	453,805			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	106,707	106,707			
c. Personal property taxes	\$	12,690	12,690			
11. Total Property Expenses (7e + 8e + 9 +	10) \$	678,115	678,115			

^{*} 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	CC	NH	RHNS	(Sp	ecify)
PLANT SUPPLIES	\$	7,273		\$	_
PLANT CONTRACT SERVICE LABOR	\$	-		\$	_
ELEVATOR CONTRACT SERVICE	\$	6,126		\$	-
FIRE/SPRINKLER CONTRACT SERVICE	\$	5,714		\$	_
LANDSCAPING CONTRACT SERVICE	\$	8,132		\$	
SNOW REMOVAL CONTRACT SERVICE	\$	21,648		\$	-
TRASH REMOVAL CONTRACT SERVICE	\$	20,721		\$	
HVAC CONTRACT SERVICE	\$	-		\$	-
SECURITY CONTRACT SERVICE	\$	-		\$	-
PLANT CONTRACT SERVICE OTHER	\$	9,455		\$	
PLANT MINOR EQUIPMENT	\$	12,938		\$	_
RENT AUTO	\$	-		\$	_
RENT EQUIPMENT	\$	-		\$	<u> </u>
RENT OTHER	\$			\$	-
Total Other Repairs and Maintenance	\$	92,005	\$ -	\$	_

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Depreciation Schedule

***************************************				Depiceianon Seneman							
Name of Facility			<u> </u>	License No.			Report for Year Ended	papu		Page	Jo
Bidwell Care Center,LLC				2290	0		9/30/2019			23	37
			-	Historical			Accumulated				
				Cost	Less		Depreciation to	Method of			
			щ.	Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation	
Property Item				Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements				•							
<ol> <li>Acquired prior to this report period</li> </ol>											
2. Disposals (attach schedule)											
<ol> <li>Acquired during this report period (attach schedule)</li> </ol>	ch schedule)										
A-4. Subtotal							nis de da sibrata da da da				
B. Building and Building Improvements											
<ol> <li>Acquired prior to this report period</li> </ol>				287,612		287,612	98,160			29,421	
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	ch schedule)										
B-4. Subtotal										\$11 (15) (Aff) (15) (15) (15)	29,421
C. Non-Movable Equipment											
<ol> <li>Acquired prior to this report period</li> </ol>											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	ch schedule)										
C-4. Subtotal											
	Is a mileage										**************************************
	logbook			Historical			Accumulated				
1	maintained?	Acquisition	Т	Cost	Less		Depreciation to	Method of			
				Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	·
	Yes No	Month	Year	Land	Value	Depreciated	Y car's Operations	Depreciation	Life	tor This Year	Totals
D. Movable Equipment					100 100 100 100 100 100 100 100 100 100						
<ol> <li>Motor Vehicles (Specify name, model</li> </ol>				HTC							
and year of each vehicle)							1				
a. Vali Nepali, misine Automouve Cela	<del> </del>			400,7		600,1	500',				
5 6											and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
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7 Movable Eminment				1000							
				1 050 636		1.050.636	939 146			17070	
b. Disposals (attach schedule)			<u> </u>			20012					
Acquired direct this renort pariod											
(attach schedule)				38 315	Activities of the last transfer of the		AND ARTHUR AND AND AND AND AND AND AND AND AND AND			7.771	
D-3. Subtotal					100	2000 2000 2000 2000 2000 2000 2000 200			Total of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	Î	29,992
F Total Danraciation											50 413
Т			200 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 10								L. J. T. ( ) C.

### Schedule of Land Improvements Acquired during this report period

		Useful	
Description of Item	Cost	Life	Depreciation
	1		
	1		
nents	S -		s -
		***************************************	
ents	\$ -		- s -
	nents	nents S -	Description of Item Cost Life

^{*}Ties to Page 23, Line A3

### Schedule of Building Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	·			
otal additions for Building Im	provements	s -		\$ -
eletions:				
			<u> </u>	
				-
Total deletions for Building Imp		s -		-
oral detenous for pulluing ting	TOYCHICHIS	5 -	i	- 8

^{*}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-Moval	ole Equipment	s -		\$ -
Deletions:				
Total deletions for Non-Movab	ie Equipment	s -		s -

^{*}Ties to Page 23, Line C3

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

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

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

Acquisition Date	Description of Item	Cost		Usefui Life	ъ	
Additions:	Description of Relif	Cosi	·	Pile	Dep	reciation
10/27/2018	Beds & Mattress: Medline	\$ 6	,407	60	s	1,175
12/14/2018	Sofa & Overbed Tables: Medline	· · · · · · · · · · · · · · · · · · ·	,224	144	s	451
2/20/2019	Mattress: Medline		,158	60	\$	602
3/15/2019	Chairs: Medline		,337	120	\$	217
3/21/2019	Cabinets & Tables: Medline		,767	180	s	159
6/14/2019	Ice Machine: Proline & HPC Foodservice		,297	120	\$	82
8/14/2019	Carts: Medline	S 4	,261	120	S	36
9/4/2019	Beds: Medline	\$ 2	,865	60	-	
						-
Total additions for	· Movable Equipment	\$ 38	3,315		\$	2,721
Deletions:						
,,						
Total deletions for	Movable Equipment	\$	-		S	-

### Schedule of Leasehold Improvements Acquired during this report period

			Useful		
Description of Item		Cost	Life	Dep	reciation
Surveillance Security: S&S Wired Systems	\$	4,786	120	\$	1,180
Insatll Grease Trap: Saucier Mechanical	S	14,165	120	S	941
AC/Heat Pump: Climatech Mechanical Serv.	\$	10,260	120	\$	205
Door Security: S&S Wired	s	2,739	120	\$	105
Install Ceramic Tile: Sahar, Shalom	S	2,800	240	\$	865
Install Security Cameras: S&S Wired	S	7,418	60	\$	744
Elevator Repair: Eagle Elevator	\$	29,778	240	\$	48
Dry Fire Sprinklers: Central Systems	s	3,570	300	\$	11
Metal Doors: Mark's Appliance Serv.	s	2,527	240	\$	2,943
LED lighting: JK Energy Solutions	s	58,868	120	\$	2,326
Boiler: JK Energy Solutions	\$	93,056	240		
Leasehold Improvement	\$	229,967		\$	9,369
Leasehold Improvement	S	-		S	
	Surveillance Security: S&S Wired Systems Insatll Grease Trap: Saucier Mechanical AC/Heat Pump: Climatech Mechanical Serv. Door Security: S&S Wired Install Ceramic Tile: Sahar, Shalom Install Security Cameras: S&S Wired Elevator Repair: Eagle Elevator Dry Fire Sprinklers: Central Systems Metal Doors: Mark's Appliance Serv. LED lighting: JK Energy Solutions Boiler: JK Energy Solutions	Surveillance Security: S&S Wired Systems  Insatll Grease Trap: Saucier Mechanical  AC/Heat Pump: Climatech Mechanical Serv.  Door Security: S&S Wired  Install Ceramic Tile: Sahar, Shalom  Install Security Cameras: S&S Wired  Elevator Repair: Eagle Elevator  Dry Fire Sprinklers: Central Systems  Metal Doors: Mark's Appliance Serv.  LED lighting: JK Energy Solutions  Soiler: JK Energy Solutions  S  Leasehold Improvement  S	Surveillance Security: S&S Wired Systems  S 4,786  Insatll Grease Trap: Saucier Mechanical  AC/Heat Pump: Climatech Mechanical Serv.  Door Security: S&S Wired  S 2,739  Install Ceramic Tile: Sahar, Shalom  S 2,800  Install Security Cameras: S&S Wired  S 7,418  Elevator Repair: Eagle Elevator  S 29,778  Dry Fire Sprinklers: Central Systems  S 3,570  Metal Doors: Mark's Appliance Serv.  LED lighting: JK Energy Solutions  S 58,868  Boiler: JK Energy Solutions  S 229,967	Description of Item         Cost         Life           Surveillance Security: S&S Wired Systems         \$ 4,786         120           Insatll Grease Trap: Saucier Mechanical         \$ 14,165         120           AC/Heat Pump: Climatech Mechanical Serv.         \$ 10,260         120           Door Security: S&S Wired         \$ 2,739         120           Install Ceramic Tile: Sahar, Shalom         \$ 2,800         240           Install Security Cameras: S&S Wired         \$ 7,418         60           Elevator Repair: Eagle Elevator         \$ 29,778         240           Dry Fire Sprinklers: Central Systems         \$ 3,570         300           Metal Doors: Mark's Appliance Serv.         \$ 2,527         240           LED lighting: JK Energy Solutions         \$ 58,868         120           Boiler: JK Energy Solutions         \$ 93,056         240           Leasehold Improvement         \$ 229,967	Surveillance Security: S&S Wired Systems   \$ 4,786   120   \$ 1   120   \$ 1   130   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   \$ 1   14,165   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   12

^{*}Ties to Page 24, Line C3

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

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

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## Amortization Schedule*

Name of Foodliter		Times Nic		77 77 77	т - П - I		f	
Distant One Control		Licelise INO.		Report for Year Ended	Ended		rage	IO
Blaweii Care Center, LLC		7290		9/30/2019			24	37
				Accumulated				
water and the second	Date of			Amort. to			************	
	Acquisition			Beginning of	Basis for		•	
		Length of	Cost to Be	Year's	Computing	Rate Arr	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	% for	for This Year	Totals
A. Organization Expense								
1.						<del>, , .</del>		
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1. Acquired prior to this report period			857,854	548,276			36,132	
2. Disposals (attach schedule)								
3. Acquired during this report period								
(attach schedule)			229,967	W ANDREW CONTROL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O		and the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of th	9,369	
C-4. Subtotal								45,501
D. Total Amortization								45.501

* Straight-line method must be used.

** Specify which of the following bases were used:
A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

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

	,	License No.	Report for Year End	đed .		Page	of
Bidwe	ell Care Center,LLC	2290	9/30/2019			25	37
11 F	Property Questionnaire						
	Part A						
	s the property either owned by the	e Facility				If "Yes," complet	e Part B
	or leased from a Related Party?*	(	O Yes	•	NIO	If "No," complete	
	*If any owner or operator of this faci	lity is related by family m	narriage ownership ability	to control or		, complete	
	business association to any person or						
	related party transaction.						
	Description		Total				
	. Date Land Purchased		12/01/03				
	2. Date Structure Completed		12/01/03				
	3. If <b>NOT</b> Original Owner, Date	of Purchase	12/01/03				
	Date of Initial Licensure	· · · · · · · · · · · · · · · · · · ·			and the second		
	5. Total Licensed Bed Capacity		131				
	Square Footage		47,916				
,	7. Acquisition Cost					energia de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela	
	a. Land b. Building		-				
1	——————————————————————————————————————	utlas	1 at Martina	2nd Martana	2 nd Manton	14h h1	~~~
	Part B - Owner and Related Pa	FLIES	1st Mortgage	2nd Mortgage	ora intortgage	4th Mortg	age
1	<ol> <li>Financing         <ol> <li>Type of Financing (e.g., financing)</li> </ol> </li> </ol>	ved veriable)					
	b. Date Mortgage Obtained	nou, variable)					·····
	c. Interest Rate for the Cost	Year					
	d. Term of Mortgage (number						
	e. Amount of Principal Borro						
	f. Principal balance outstand						
	Complete if Mortgage was I						
	During Current Cost Ye						
	g. Type of Financing (e.g., fi		manufactured in direct Procedure Colleges (1979) (1979) (1979)	Commence of the market of the market program of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	en en Santa Carta de la Santa de Carta de Carta de Carta de Carta de Carta de Carta de Carta de Carta de Carta	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	
	h. Date of Refinancing	. ,					
	i. New Interest Rate						
	j. Term of Mortgage (numb						
	k. Amount of Principal Borr						
	Principal Outstanding on						
	Part C - Arms-Length Leas						
	Name and Address of Lesso		roperty Leased			Annual Amoun	t of Lease
Sum	mit Manchester, LLC	<b>I</b>	well Street,	08/09/17	15 year with 2	\$472,500 yr 1	
		Manches	ter, CT				
					year extension	1	
			••				
					<u> </u>		

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 L	icense No.		Report for Ye	ar Ended		Page of
Bidwell Care Center,LLC	2290		9/30/2019		***************************************	26   37
Item			Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement Equipment 1. First Mortgage	nt & Non-Movable	\$				
Name of Lender		Rate				
Address of Lender		1				
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender		•				
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expens	e					
12 B7. Total Building Interest Expen		9				
<del>-</del>				v Subtotals	forward to	eart naga)

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Ye		Page	of	
Bidwell Care Center,LLC	2290		9/30/2019	our ionava		27	37
Sidneil Care Conto, DEC	1 2250		1	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Ite	em		Total	CCNH	RHNS	(Spe	cify)
	Subtotals Bro	ught Forward					• • • • • • • • • • • • • • • • • • • •
12. C. Movable Equipment		wg					
1. Automotive Equipme	nt	\$					
A. Item	Rate	Amount					
11. 20011	11440	1 1110 1111					
Lender		J.					
			40.000.000.000				
Address of Lender							
			50 E S S S S S S S S S S			\$100 S 15	
2. Other (Specify)		9			eligija ortifiziet (1917-1914), po jednosti ortija ortija ortija ortija ortija. Ortija ortija		
A. Item	Rate	Amount			. 24 33 3		
						6,000,000,00	
Lender	•		1				
			12 (51.0) (1.0)	Supplied the			
Address of Lender							warray de r
B. Item	Rate	Amount	48664			9983	
Lender							
						1988	
Address of Lender							
12. C. 3. Total Movable Equip	ment Interest						
Expense $(C1 + 2)$		9					
12. D. Other Interest Expense (	Specify)	9	40,616	40,616	an yaya an anga da yan kana a na mada ya yang a bayan a sa		
INTEREST							
			The Section Children				
13. Total All Interest Expense (	12B7 + 12C3 + 12D	9) \$	40,616	40,616			
14. Insurance							
a. Insurance on Property (b			14,102	14,102		<b>_</b>	
b. Insurance on Automobile			2,451	2,451			
c. Insurance other than Pro							
1. Umbrella ( <i>Blanket C</i>			68,271	68,271			
Fire and Extended Co	overage		3				
3. Other (Specify)			5,183	5,183			1455-11-61-11-1
Other insurance, crin	ne						
14d. Total Insurance Expenditu			90,007	90,007	<b></b>	1	
15. Total All Expenditures (A-1	13 thru C- <u>14)</u>		12,967,664	12,967,664			

### D. Adjustments to Statement of Expenditures

	e of Fa	cility re Center,LLC	Lie	cense No. 2290	Report for Yea 9/30/2019	ar Ended	Page of 28   37
	Page No.	i f		Total Amount of	CCMII	BITNIC	(Specific)
		No. Item Description  Salaries and Wages		Decrease	CCNH	RHNS	(Specify)
<del></del>	10 - 2	Outpatient Service Costs	\$				
1. 2.		Salaries not related to Resident Care	<u> </u>				
3.		Occupational Therapy	\$				
4,		Other - See attached Schedule	<u>\$</u>	<u> </u>			
	12 . 1	Professional Fees	Ψ				
5.	13-1	Resident Care Physicians **	\$				
6.		Occupational Therapy	\$	<u> </u>			
<del>7.</del>		Other - See attached Schedule	<u>\$</u>				
	s 15 Å	2 16 - Administrative and General	<u> </u>				
8,		Discriminatory Benefits	\$				
9.		Bad Debts	\$		173,365		
10.	<u> </u>	Accounting	\$		1,2,202		
10a.		Legal	<u>\$</u>	<del></del>			
11.		Telephone	<del>-</del> \$				
12.		Cellular Telephone	\$				
13.		Life insurance premiums on the life					
10.		of Owners, Partners, Operators	\$				
14.		Gifts, flowers and coffee shops	<del>-</del> \$				
15.	1	Education expenditures to colleges or					
10.		universities for tuition and related costs				8188631	
		for owners and employees	\$				
16.		Travel for purposes of attending				51 St. St. St.	
		conferences or seminars outside the					
		continental U.S. Other out-of-state					
		travel in excess of one representative	\$	intermedia y the design of the second		2 102000 (50000) (50000) (50000)	and the second section of the second second section is a second section of the second section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section section
17.		Automobile Expense (e.g. personal use)	\$				
18.		Unallowable Advertising *	9		23,755		
19.		Income Tax / Corporate Business Tax	9	3			
20.		Fund Raising / Contributions	\$	3			
21.		Unallowable Management Fees	\$	3			
22.		Barber and Beauty	9	6			
23.		Other - See attached Schedule	9	89,719	89,719		
Page	18	Dietary Expenditures					
24.		Meals to employees, guests and others					
		who are not residents	9	8			
Page	. 19	Laundry Expenditures		CSE MAN EST STORES			
25.	T	Laundry services to employees, guests					
		and others who are not residents	9	S			
Page	20 -	Housekeeping Expenditures					
26.		Housekeeping services to employees, guests	;				
		and others who are not residents		\$			
		Subtotal (Items 1 - 2	6) 5	\$ 286,840	286,840		

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

#### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					Ann 140
	÷				
			·		
Total Other Fees Adjustments		istments	\$ -	\$ -	\$ -

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Sp	ecify)
16a		PENALTIES	\$ 1,530		\$	-
16a		LATE FEES	\$ 222		\$	**
16a		PRIOR PERIOD EXPENSES				
		rounding	\$ (1)			
		Provider User Fee for Medicare days	\$ 87,968		\$	**
Total Othe	er A&G Ad	 justments	\$ 89,719	\$ -	\$	*

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

			D. Adjustments to Statement						
Name	e of Fa	cility		Lic	ense No.	Report for Y	ear Ended	Page	of
Bidw	ell Ca	re Cer	nter,LLC		2290	9/30/2019		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S _I	pecify)
			Subtotals Brought Forward	\$	286,840	286,840		·	
Page	20 - I	Reside	ent Care Supplies***						
27.			Prescription Drugs	\$				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
28.			Ambulance/Limousine	\$	10,376	10,376			
29.			X-rays, etc	\$	9,264	9,264			
30.			Laboratory	\$	22,781	22,781			
31.			Medical Supplies	\$	***************************************				
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	1,448	1,448			
Page	22 - N	Mainte	enance and Property			22 (6) (6) (6)			- 600 150 EVID
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable					SS ANTERES	
			Motor Vehicles	\$	, Alexandra (Alexandra) (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandra (Alexandr	Machine Control of the Charles of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th		LANCES CALLED SOM	Service of the management of
37.			Unallowable Property and Real			72350			
			Estate Taxes	\$	S come Average value value of the control of the				
38.		1	Rental of Building Space or Rooms	\$					***************************************
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince		8 8 8 8 8 8 8	****			
40.			Mortgage Insurance	\$					and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous						
42.			Other - Indirect	\$	23	23			
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					www
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	-				
Not	For Pr	ofit P	roviders Only			5 3 5 5 9		263	
48.		T	Building/Non Movable Eq. Depreciation		\$ 2 St 50 St 50 St			342.2	
			Unallowable Building Interest -			\$10 grassus			: GP (SNS) 44
			See Attached Schedule	\$	pa com en la la rémission de la diatri (la filigia è e de	o, senze desentazionen erroritation del	Comment September Company	<b>\$</b> 2005 P279 93500	en et trempte e beken tremp galgeren.
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	330,731	330,731			
							<u> </u>	<u> </u>	

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

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J		358.53		
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	363		
. 13	B9A	ST- Resident Care (for outpatent therapy - see schedule)	363		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	363		
***************************************					
	L				_
Total Othe	r Ancillary	y Costs	\$ 1,448	\$ -	

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			·		
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

#### Schedule of Other - Indirect Adjustments

Page Ref		Description	CCNH	RHNS	(Specify)
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 1		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ 14		
22		Heat (for outpatient Therapy see schedule)	\$ 0		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 4		
22	6D	water (for outpatient therapy see schedule)	\$ 2		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 1		

						 age
				ļ		
Total Othe	er Adjustm	ents	\$ 23	\$	-	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Line	lowabia Di	uilding Interest	•	e e	1 0
Total Una	llowable Bi	allding Interest	\$ -	\$ -	\$

#### F. Statement of Revenue

3.1 CM 151.	F. Statement of R			. D. I. I.		ln.	,,
Name of Facility Bidwell Care Center,I	License No. LLC 2290		Report for Y 9/30/2019	ear Ended		Page 30	of 1 37
Didweir Care Center,	12270		7/30/2017	<u> </u>		] 30	1 37
	Item		Total	CCNH	RHNS	(Sp	ecify)
I. Resident Room, B	oard & Routine Care Revenue						
1. a. Medicaid Re	esidents (CT only)	\$	9,847,777	9,847,777	Participal eache Add to comme (Million) in	2011/04/04/2010/2010/04/20	AMAH AREA METERS
	oom and Board Contractual Allowance **	\$	, ,				
2. a. Medicaid (A	ll other states)	\$					
b. Other States	Room and Board Contractual Allowance **	\$					
	esidents (all inclusive)	\$	1,943,119	1,943,119			
b. Medicare Re	oom and Board Contractual Allowance **	\$					
	Residents and Other	\$	713,153	713,153			
	Room and Board Contractual Allowance **	\$					
II. Other Resident F					The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
1. a. Prescription	Drugs - Medicare	\$	131,568	131,568	555115511351135113		
	Drugs - Medicare Contractual Allowance **	\$	<del></del>	(131,568)		<b></b>	
	Drugs - Non-Medicare	\$		47,494			
	Drugs - Non-Medicare Contractual Allowance **	\$		(47,494)			
2. a. Medical Sur		\$		6,730			
	oplies - Medicare Contractual Allowance **	\$		(6,730)		1	
	pplies - Non-Medicare	\$		2,991			
	oplies - Non-Medicare Contractual Allowance **	\$		1			
3. a. Physical The		\$		335,732			
	erapy - Medicare Contractual Allowance **	\$	· ·	1			
	erapy - Non-Medicare	\$	1	85,762			
<del></del>	erapy - Non-Medicare Contractual Allowance **	\$	f e	†		<b>-</b>	
4. a. Speech The		\$	<del>                                     </del>	72,488			
	rapy - Medicare Contractual Allowance **	\$		1			
	rapy - Non-Medicare	\$	<del></del>	11,767			
	rapy - Non-Medicare Contractual Allowance **	\$		<u> </u>			
	al Therapy - Medicare	\$	<del> </del>	326,648			
	al Therapy - Medicare Contractual Allowance **	\$		(280,008)			
•	al Therapy - Non-Medicare	\$	<del> </del>	71,984			
·	al Therapy - Non-Medicare Contractual Allowance **	\$	1	i e			
6. a. Other (Spec		\$		28,707			
	ify) - Non-Medicare	\$		171,291			
· -	Revenue (Section I. thru Section II.)	\$	1	12,826,135		<u> </u>	
IV. Other Revenue*							
1. Meals sold to a	guests, employees & others	\$					
2. Rental of room		\$					
3. Telephone	TO HOLL PORTONIA	\$	ŧ				
<del></del>	vision and Cable Services	\$	<del></del>			<b>†</b>	
5. Interest Income		\$	1	128		1	
6. Private Duty N	• • • • • • • • • • • • • • • • • • • •	\$		120			<u> </u>
-	, Beauty and Gift shops	<del>-</del> \$		<u> </u>			······································
8. Other (Specify		\$	i	8,069	<b> </b>		
V. Total Other Reve	· · · · · · · · · · · · · · · · · · ·	\$	1	8,197		1	
			1			1	
VI. Total All Revenu	!e (III +v)	\$	12,834,332	12,834,332		1	

^{*} 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

Ref	Description		CNH	RHNS	(Specify
	Lab Medicare	\$	85,527		
	Lab Medicare CA	\$	(85,527)		
	Oxygen Medicare	S	224		
	Oxygen Medicare CA	5	(224)		
	Equipment rental	s	10,264		***************************************
	Equipment rental CA	s	(10.264)		
	Pen Therapy	\$	-		
	Реп Пытъру СА	s	-		
	Thorapy Bods Medicare	S	-		
	Therapy Beds Medicare CA	S	-		
	Radiology Medicare	s	9,190		
	Radiology Medicare CA	s	(9,190)		
	IV Therapy	S	31,005		
	IV Therapy CA	S	(31,005)		
	Medical Transportation	S			
	Medical Transportation CA	s			
	Glucose testing	s	-		
	Glucose testing CA	s			l
	Outpatient therapy Medicare	S	28,707		
l Oth	r Resident Revenue - Medicare	S	28,707	\$ .	s

Schedule of Other Non-Medicare Resident Revenue

Related Exp

ge Ref	Description	CC	NH	RHNS	(Specify
	Lub	13	,014.41		
	Lab CA	(13	,014.41)		
	Охуден	\$	1,220		\$
	Oxygen CA	\$	(1,220)	!	S
	Equipment rental	S	16.164		
	Equipment rental CA	\$	16,164)		
	Pen Therapy	S			
	Pen Therapy CA	S	-		1
	Therapy Beds	S	-		
	Therepy Beds CA	S	-		1
	Radiology	S	406		
	Radiology CA	S	(406)		T
	Medical Transportation	S			1
	Medical Transportation CA	s	-		1
	Glucose Testing	S	-		T
	Olucose Testing CA	S			T
	IV therapy	s	27,693		s
	IV dierapy CA		27,693)	· · · · · · · · · · · · · · · · · · ·	s
	Flu shot revenue	S			1
	Outpatient therapy	S	1,644		
	prior períod revenue	s	38,912		
	Optum B		00.850		1
	Optum B CA		(45,025)		
	C/A VBP		25,090)		
	rounding	\$			
BL Off	er Resident Revenue	S	71,291	S -	s

#### Interest Income

Account

Page Ref	Account	Balance		CCNH	RHNS	(Specify)
	INTEREST INCOME		S	128		
<u> </u>						
Total Inte	est Income		S	128	S -	s .

Schedule of Other Revenue

Page Ref	Description	CCI	NH	RHNS	(Specify)
	MEALS	s	- T		1
	TELEVISION INCOME	S	-		
	CONCESSIONS / VENDING INCOME	5	- 1		i
	RESIDENT LATE FEE REVENUE	S	- 1		<b></b>
	RESIDENT ATTORNEY FEE REVENUE	S	. 1		1
	TELEPHONE INCOME	s	- 1		
	OTHER INCOME	S	274		1
	OPTUM DIVIDENDS REVENUE	s	2,600		<u> </u>
	OPTUM OUTLIERS	s	-		<u> </u>
	OTHER INCOME: DEFERRED REVENUE	S	5,195		
					ļ
Total Oth	er Revenue	s	8,069	s -	ls -

### G. Balance Sheet

	f Facility	License No.	Report for Year	Ended	Page	of
Bidwell	Care Center,LLC	2290	9/30/2019	<u> </u>	31	37
Assets		Account			Am	ount
	irrent Assets					
A. Cu 1	Cash (on hand and in banks	,		•		0.705
2.			On Dod Dobte)	\$		9,625
3.				\$ \$		1,804,256
<u>3.</u> 4	Other Accounts Receivable ( Inventories	Excluding Owners o	r Related Parties)			
				\$		000 666
3.	Prepaid Expenses		0.40.001	\$		890,667
	a. Prepaid Insurance		848,001			
	b. Prepaid Property Taxes		40,899			
	c. Prepaid Expenses Other		1,768			
	d. See Schedule					. 2000 (SAS) (SA
	Interest Receivable			\$		
	Medicare Final Settlement R			\$		
8.	Other Current Assets (itemiz	e)	(2 ( 0.70)	\$		(353,557
	Other Owners reserves		(36,070)			
			(317,400)			
	See Schedule					
	otal Current Assets (Lines A1	thru 8)		\$		2,350,991
	xed Assets					
1.	Land			\$		
2.	Land Improvements	*Historical Cost		\$		
		Accum. Depreciat	ion	Net		
3.	Buildings	*Historical Cost	287,612	\$		160,032
		Accum. Depreciat	ion 127,580	Net		
4.	Leasehold Improvements	*Historical Cost	1,087,821	\$		494,044
		Accum. Depreciat	ion 593,777	Net		
5.	Non-Movable Equipment	*Historical Cost		\$		
		Accum. Depreciat	ion	Net		
6.	Movable Equipment	*Historical Cost	1,088,951	\$		119,813
		Accum. Depreciat				,
7.	Motor Vehicles	*Historical Cost	7,009	\$		
		Accum. Depreciat				
8.	Minor Equipment-Not Depre		1,002	\$		
9.	Other Fixed Assets (itemize)	)		\$		
	Construction in Progress			ľ		
	See Schedule					
B-10.	Total Fixed Assets (Lines B	1 thru 9)		\$		773,888

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

Schedule o	f Prepaid E	apenses Page 31 Line A5	
Page Ref	Line Ref	Description	,
Total Pren	aid Expense	eg	S -
130001111		**************************************	3
***********			
Schedule a	f Other Cur	rent Assets (Itemized) Page 31 Linc A8	
Page Ref	Line Ref	Description	
<b></b>			
	ï		
<b></b>			
Total Othe	r Current A	ssets (Itemize)	s -
-			
Schedule o	FOther Fix	ed Assets (Hemíze) Page 31 Line B9	
Page Dar	fine Der	Description	
r age Rei	Line Res	Destription	
Total Othe	r Other Fix	ed Assets (fremize)	s -
•			
Schedule o	f Other Ass	ets Page 32 Line D7	
Page Ref	Line Ref	Description	
<u> </u>			
			ļ
	L		
Total Othe	r Assets		5 -
		\	***************************************
		11	
Schedule u	s Nates Pay	able (Itemize) Page 33 Line A2	
Page Ref	Lîne Ref	Description	
ļ			
$\vdash$			
$\vdash$			
Total Note	5 Payable		s -
1 10,001,000			
***************			
Schedule o	f Other Cur	rent Liabibiles (Remize) Pago 33 Line A12	
Page Ref	Line Ref	Description	
<b></b>			
<u> </u>			
Total Ort	r Carrent *	(abilities /Irowitza)	-
Total Ottle	. Custellf L	labilities (Itemize)	\$ -
			***************************************
Schedule o	t Other Lon	g-Term Liablifties (itemize) Page 34 Line B4	
Page Ref	Line Ref	Description	
<b> </b>			

## G. Balance Sheet (cont'd)

I		Facility	License No.	Report for Year Ended		Page		of
Bidv	/ell	Care Center,LLC	2290	9/30/2019		32		37
			Account			Amo	unt	
				Total Brought Forward:	\$		3,124	1,880
C.		asehold or like property record						
		Land			\$			
	2.	Land Improvements	*Historical Cost	-				
			Accum. Depreciation	Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum, Depreciation	Net	\$			
1	6.	Motor Vehicles	*Historical Cost					
<u></u>			Accum. Depreciation	Net	\$			
	7.	Minor Equipment-Not Depre	eciable		\$			
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$		280	0,807
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	Net	\$			
		Goodwill (Purchased Only)			\$			
	5.	Investments Related to Resid	lent Care (itemize)		\$		59	9,658
		Patient Trust Funds		57,103				
		Long Term Deposit - prin	necare	2,555				
	6.	Loans to Owners or Related	Parties (itemize)		\$			
		Name and Address	Amount	Loan Date				
						aud Albu	(S) 150 (S)	
						552253	44. AZ AZ	
					4863			
	7.	Other Assets (itemize)			\$			
		See Schedule			1000			
		tal Investments and Other A	` /		\$		34	0,465
D-9.	To	otal All Assets (Lines A9 + B)	(0 + C8 + D8)		\$		3,46	5,345

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

## G. Balance Sheet (cont'd)

Name of Facility Bidwell Care Center, LLC		License No.	Report for Year	Ended	Page	of	
Bidwell Care	e Cent		2290	9/30/2019		33	37
* * * ***	Account						nount
Liabilities	0						
A.	_	rrent Liabilities			¢	,	((5.220
	1. 2.	Trade Accounts Payable Notes Payable (itemize)			<u>\$</u>		665,338
	4.	Working Capital Line of C	radit	900,27	1.5		900,278
		Working Capital Line of C	regit	300,2 T	0		
		See Schedule					
	3.	Loans Payable for Equipme	ent (Current portion	n) (itemize)	S		
		Name of Lender	Purpose	Amount	Date Due		
			1 m p 0 0 0	1 2210 W24	1 1		
					Ŝ		
						1000	
	4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)					)	446,232
	5.	Accrued Payroll (Owners a	ınd/or Stockholders	s only)	9	) )	
	6.	Accrued Payroll Taxes Pay	able		4	3	
	7.	Medicare Final Settlement	Payable		9	3	
8. Medicare Current Financing Payable						3	
9. Mortgage Payable (Current Portion)						3	
10. Interest Payable (Exclusive of Owner and/or Related Parties)						8	
11. Accrued Income Taxes*						}	
	12. Other Current Liabilities (itemize)				5		2,699,275
		Related Party Payables	-	0,386		8.00	
		Accrued Expenses		9,096			
		Accrued Resident User Fees		2,791			
		Accrued Workers Comp Expense		7,002 See Schedule			
A-13	. To	tal Current Liabilities (Lin		, , , , , , , , , , , , , , , , , , , ,	9	}	4,711,123

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

## G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Bidwell Care Center,LLC	2290	9/30/2019		34	37
	Account				ount
	ht Forward:		4,711,123		
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment			\$		***************************************
Name of Lender	Purpose	Amount	Date Due		
		1			
			183		
				4206.0	
2. Mortgages Payable	_1	**********	\$		
3. Loans from Owners or Re	lated Parties (itemiz	e)	\$		
Name and Address of Lender	Amount	Loan D			
4. Other Long-Term Liabiliti	es (itemize)		\$		57,103
Patient Trust Funds 57,103					57,105
See Schedule					
B-5. Total Long-Term Liabilities	\$		57,103		
C. Total All Liabilities (Lines A	\$		4,768,226		

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Bid	well Care Center,LLC	2290	9/30/2019		35	37
A.	Reserves	Account			A	mount
2 3.	Reserve for value of leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leased leas	¢.				
					\$	
	<ol><li>Reserve for depreciation value to be amortized</li></ol>	dr.				
	to be amortized			\$ 1 CO SECURIOR STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE ST	\$	
	3. Reserve for depreciation valu	e of leased person	nal property (Equ	ity)	\$	
	4. Reserve for leasehold real pr	operties on which	fair rental value i	s based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
<u> </u>	1. Owner's Capital		4,		\$	25,000
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings	ulled-over			\$	(1,194,549)
	6. Gain or Loss for Period	10/1/20	018 thru	9/30/2019	\$	(133,332)
	7. Total Net Worth				\$	(1,302,881)
C.	Total Reserves and Net Worth			·	\$	(1,302,881)
D.	Total Liabilities, Reserves, and	Net Worth			\$	3,465,345

# H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	t for Year Ended			of
Bidwell Care Center,LLC	2290			Page 36		37
	Account			A	mount	
A. Balance at End of Prior Period a		\$				
B. Total Revenue (From Statement				\$	12,834,3	32
C. Total Expenditures (From State	ment of Expenditures .	Page 27)		\$	12,967,6	
D. Net Income or Deficit				\$	(133,3	32)
E. Balance				\$	(133,3	32)
F. Additions						
Additional Capital Contribu	ted (itemize)					
2. Other (itemize)	2. Other (itemize)					
, ,						
F-3. Total Additions				\$		
	Deductions					
Drawings of Owners/Operat	( I U )			\$		
Name and Address (No., C	ity, State, Zip)	Title	Amount			
				\$		
	2. Other Withdrawings (Specify)					
Purpose		Amount				
2 Total Doductions	2 Total Doductions					
3. Total Deductions  H. Balance at End of Period 09/30/19				\$	(100.5	
H. Balance at End of Period	09/30	/19		\$	(133,32	32)

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

Name of Facility		License No.		Report for Year Ended	Page	of		
Bidwell Care Center,LLC			2290		9/30/2019	37	37	
Check appropriate category								
Ø	Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	□ (Specify)				
	Preparer/Reviewer Certification							
Signat	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								
iCare l	Management, LLC							
Addres Address					Phone Number			
341 Bidwell Street, Manchester, CT 06040					860-570-2140			
Contacted Person Regarding Additional Information Needed Regarding This Report					Phone Number			
Contac	ct Email Address							