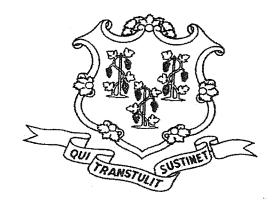
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

5					·			
Name of Facility (as								
Valerie Manor, Inc o			ie Manor					
Address (No. & Stre	et, City, State,	Zip Code)						
1360 Torringford Ro	ad Torrington	, CT 06790						
Type of Facility								
Chronic and C	Convalescent		Rest Home wi	th Nursing	<u> </u>			
☑ Nursing Hom	e only		Supervision or	_		Other		
(CCNH)	Ž		(RHNS)			Other		
Report for Year Begi	inning		Report for Yea	ar Ending				
10/1/2018			9/30/2019					
License Numbers: CCNH		CCNH	RHNS		Other	N	Medicare Provider	
		1070C			07-5332			

Medicaid Provider N	umbers:	1	NH	RF	INS	I	CF-IID	
		1070C						
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	Jumber	· .			
Assigned	Notarized	Received	Assign		Signed a	nd Notarized	Date Received	
			<u> </u>					
		<u> </u>			L			

General Information

- 1	N. C.				
- 1	Name of Facility (as licensed)	License No.	Report for Year Ended	B	
	* *	Diccinc ito.	livehous for a ear Fuded	Page	or I
- 1	Valerie Manor, Inc of Torrington, CT, d/b/a Valerie M	10700	10/00/00/0		
L	valene manor, me or rorrington, Cr, drova valene M	10/00	l9/30/2019 l	1 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 Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor [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
Mausa Imas		117/2000		4/1/2000
Printed Name (Administrator)			Printed Name (Owner)	
Marisa Jones			Lawrence Santilli	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:	CT	17/200	1.19	811 12020
Address of Notary Public				
	38 Linda	Or. Plain	nville CT 06062	

(Notary Scal)

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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
				<u> 1A</u>	37
Name of Facility		Period Cov	ered:	From	То
Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor				10/1/2018	9/30/2019
Address of Facility					
1360 Torringford Road Torrington, CT 06790					
Report Prepared By		Phone Nun	nber	Date	
Athena Health Care Associates, Inc		(860) 751-3	3900	2/11/2020	
Item		Total	CCNH	RHNS	Other
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. 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

			Pho	ne No. of Fac	cility	Report for Y	ear Ended	Page		of
			860	-489-1008		9/30/2019		2		37
Name of Facility (as shown on li	cense)			Address (No	0. & i	Street, City, St	ate, Zip)			
Valerie Manor, Inc of Torrington	n, CT, d/b/	·	or	1360 Torrin	gfore	d Road Torrin	gton, CT			
		CCNH		RHNS		Other		Medicare F	'rovic	ler No.
License Numbers:		1070C	<u></u>	***************************************	<u>L</u>			07-5332		
Type of Facility (Check appropri	iate box(es	s))								
Chronic and Convale				t Home with		- 1/1	Other			
Nursing Home only (CCNH)	Lud	Sup	ervision only	(RH	NS)	Other			
Type of Ownership (Check appro	opriate box	x)								
O Proprietorship O LLC	0	Partnership	0	Profit Corp.	0	Non-Profit Co	rp. O	Government	0	Trust
					Date	e Opened	Date Clo	sed	***************************************	***************************************
If this facility opened or closed d	luring repo	ort year provid	e:			_				
-										
Has there been any change in ow	nership									
or operation during this report ye	ar?		0	Yes	0	No	If "Yes,"	explain fully	√ .	
Administrator						T				
Name of Administrator						Nursing H	5	001010		
Marisa Jones						Administra	1	001910		
01 0 1 0			/£.11		- F41	License	No.:			
Other Operators/Owners who are Name	assistant	administrators	(Tui)	or part time)) OI U	License	No.I			
Name						License	110			
Not Applicable	··········									
Tvot Applicable										

General Information and Questionnaire Partners/Members

Name of Facility Valerie Manor, Inc of Torringt		License No. 1070C	Report for Y 9/30/2019	ear Ended	Page 3	of 37
Legal Name of Part		Business	Address	State(s) and/ Which R	or Town(Registered	
Name of Partners/Members	Business Ad	ldress		Γitle	% Ov	vned
				a, viviana anti-anti-anti-anti-anti-anti-anti-anti-		
				44.24.44.44.44.44.44.44.44.44.44.44.44.4		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year I	Ended	Page	of
Valerie Manor, Inc of Torrington, CT, d/b/a	1	9/30/2019		3A	37
If this facility is owned or operated as a corp-	oration, provide th	ne following inform	nation:		
Legal Name of Corporation	Busine	ss Address	State(s) in Whi	ch Incorp	orated
Valerie Manor, Inc	1360 Torringford CT 06790	l Rd, Torrington,	СТ		
Name of Directors, Officers	Busine	ss Address	Title	No. Sl Held by	
Lawrence G. Santilli	1360 Torringford CT 06790	Rd, Torrington,	President	6334	1.59
Michael E Mosier	1360 Torringford CT 06790	Rd, Torrington,	easurer/ Secreta		
				•	
Names of Stockholders Owning at Least 10% of Shares					
In addition to the above:					
Custodians for Lawrence E Santilli	1360 Torringford CT 06790	Rd, Torrington,		2305	.41
				the state of the s	
	j				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Valerie Manor, Inc of Torrington, CT, d/b/a Valeri	<u> </u>	9/30/2019	3B	37
If this facility is owned or operated as an individua	l proprietorship, pr	ovide the following informat	ion:	
Owi	ner(s) of Facility			
			<u> </u>	

				-

Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005 State of Connecticut

General Information and Questionnaire Related Parties*

Name of Facility Valerie Manor, Inc of To	Name of Facility Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Ma	License	No. 1070C	9 B	Report for Year Ended 9/30/2019		Page 4	of 37
Are any individuals rece marriage, ability to cont	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel	ated throu		Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Adc nation on Pa	lress and ge 11 of the report.
Are any individuals or concluding the rental of prorelated through family as association to any of the	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	or servic to this fa control, of this fa	es, cility, or busine: cility?	SS	• Yes O No	If "Yes," provide the following information:	e following	information:
		Also	Also Provides			Indicate Where		
		Goods	Goods/Services to	o c		Costs are Included		
Name of Related Individual or Company	Business Address	Non-Re	Non-Related Parties Yes No %**	arties %**	Description of Goods/Services Provided	in Annual Report Page # / Line #	Cost	Actual Cost to the Related Party
52 Ow Valeric Nursing Home, LLC 06095	52 Overlook Drive, Windsor, CT 06095	0	1	1	Lease of Facility & Equipment	PG 22, Line 9	1,080,000	1.080.000
Athena Health Care	135 South Rd, Farmington, CT 06032	0	0 >50%		See Attached			
Athena Captive	135 South Rd, Farmington, CT 06032	0	•		Workers Comp Captive	Pg 15 1A1	333,616	333,616
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	0	•	뀨	Facility Participates in common 401k plan			
Misc Facilities	Various	•	0	¹ I %86<	Interfacility Loans Payable	Pg 33 A2		
Procare LTC	1492 Highland Ave, Chesire, CT 06410	•	0 >5(>50% P	Pharmacy Services	Pg 20 5A2 & 5B	495,346	495,346
		0	•					
		0	•					
		0	•					

^{*} Use additional sheets if necessary.

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

Report for FYE 9/30/2019 Valerie Manor RELATED PARTIES QUESTIONNAIRE PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties Yes No %**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
Athena Health Care	135 South Rd	X <50% M	Management Fees	Pg 17	\$747,832	\$310,413
	Farmington, CT 06032		Promotion	Pg 16, M3	\$1,215	\$1,215
		α.	Postage	Pg 16, M7	\$167	\$167
		۵	Data/Payroll Processing	Pg 16, M13	\$3,724	\$3,724
	ž	O	Syber Security insurance	Pg 27, 14a	\$1,625	\$1,625
		۵	Painters	Pg 22, 6a	\$13,777	\$13,777
		Ш	Employee relations	Pg 16, L3	\$4,812	\$4,812
		I	Health Insurance	Pg 15, 1a5	\$1,396,351	\$1,396,351
		ш	Employee physicals	Pg 16, M13	\$420	\$420

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of	
Valerie Manor, Inc of Torrington, CT, d/b/a Va			9/30/2019	5 37	
If the facility is licensed as CDH and/or RCH of		DS or TB	services with special Medicai	d rates, costs	
must be allocated to CCNH and RHNS as follow	ws:				
Item			Method of Allocation		
Dietary	1	Number of	meals served to residents		
Laundry	1	Number of	pounds processed		
Housekeeping	1	Number of	square feet serviced		
	1	Number of	hours of routine care provided	by EACH	
Nursing	e	mployee c	lassification, i.e., Director (or	Charge Nurse),	
C	l I	Registered	Nurses, Licensed Practical Nu	rses, Aides and	
	l A	Attendants			
Direct Resident Care Consultants	1	Number of	hours of resident care provided	d by EACH	
	s	pecialist (See listing page 13)		
Maintenance and operation of plant	5	Square feet			
Property costs (depreciation)	5	Square feet			
Employee health and welfare	(Gross salar	ies		
Management services	F	Appropriate	e cost center involved		
All other General Administrative expenses	1	Total of Di	rect 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 If "No " explain fully why such allocation was					
costs allocated as required? O Yes O No not made.					
Not Applicable					
••					
2. Explain the allocation of related company ex	penses and a	ttach copy	of appropriate supporting data	l.	
Not Applicable					
- · · · · · · · · · · · · · · · · · · ·					
3. Did the Facility appropriately allocate and se	elf-disallow d	irect and i	ndirect costs to non-nursing ho	me cost centers?	
(e.g., Assisted Living, Home Health, Outpati					
(0,8,, 1,00,000 = 1,00,00			If "No," explain fully why suc	h allocation was	
	O Yes	O NO	not made.	ii anocation was	
			not made.		

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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.

silvala ilot de illejada ili tilese allivalits.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor	Valerie	Manor	1070C	9/30/2019			6 37
	Related * to	d * to					
	Owners,	ers,					
	Operators,	tors,				Annual	
	Officers	sers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Pitney Global Financial Services, PO Box 856460, Louisville, KY 40285	0	•	Postal Equipment	04/01/15	Automatic Renewal	1,207	1,207
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	0	0	Phone System	03/02/15	60 Months	15,336	15,336
Leaf, PO Box 644006, Cincinnati, OH 45264	0	•	Copier/Fax	03/07/17	48 Months	14,400	14,400
HP Financial Services, 200 Connell Drive, Suite 500 Berkeley Heights, NJ 07922	0	•	PCC Equipment	08/21/13	60 Months	7,050	583
	0	0					
	0	0					
	0	•					
	0	0					
	0	0					
	0	0					

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Is a Mileage Log Book Maintained for All Leased Vehicles?

31,526

Total ***

o No

O Yes

^{**} Attach copies of newly acquired leases.

^{***} Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Valerie Manor, Inc of Torrington,	d 1070C	9/30/2019		7	37
The records of this facility for the	period covered by this report	were maintained on the following basis:			
O Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
period the same as for the •	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		City Place II 185 Asylum St, Hartford, C	T 06103		
2 Marcum LLP		City Place II 185 Asylum St, Hartford, C	T 06103		
3 Marcum LLP					
4 Marcum LLP					
Services Provided by This Firm (de	escribe fully)				
1 Audit Year End Financials (Allow)			\$	22,500	
2 Medicare Cost Report (Allow)	····		\$	2,700	
3 2018 Tax Return (Allow)			\$	2,050	
4 Form 8752 (Disallow)	.,,		\$	2,575	
			Charge fo	r Services Pr	ovided
			\$	29,825	
<u>-</u>		es, Specify Expense Classification and Line No.			
O Yes O No	Pg 15, Line1d				
Legal Services Information			Im 1 1		
Name of Legal Firm or Independen	it Attorney		Telephon		
1 Murtha Cullina LLP			860-240-6		
2 Goldman, Gruder & Woods			203-899-8		
3 Senior Planning Services			855-775-2	2664	
4					
5 Address (No. & Street, City, State,	7in Coda)		L		
1 185 Asylum St Hartford, CT	•				
2 200 Connecticut Ave, Norwall					
3 100 Boulevard of the America					
4	5, Daice 11 00 00 7 0 1				
5					
Services Provided by This Firm (de	escribe fully)				
1 Audit Letter: Allow \$615; Annual Re	port:Allow \$190;General Matters:E	Disallow \$346	\$	942	
2 A/R Collection issues : Disallow			\$	5,953	
3 Medicaid Application: Disallow			\$	2,500	
4			\$		
5			\$		
			Charge fo	r Services Pr	ovided
			\$	9,395	
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
⊙ Yes O No	Pg 15, Line1e				

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Schedule of Resident Statistics

Name of Facility Valerie Manor Inc of Torrington CT 4/h/a Valerie Manor	Your		License No.	No.			Report for	Report for Year Ended	þ		Page	of
Vaicite infailui, iiic ut tuttiiigiuit, C.t, u/u/a vaicite iv	Vialioi			7/00			9/30/2019				8	3/
					p.144	eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1 Thru 9/30	Thru 9/30	0
	Total All	Total	Total RHNS									
	Levels	Level	Level	Total Other	Total	CCNH	RHNS	Other	Total	CCNH	RHINS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	151	151			151	151			151	151		
B. On last day of THIS report period	151	151	-		151	151			151	151		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	144	144			144	144			151	151		
B. As of midnight of THIS report period	148	148			151	151			148	148		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,021	9,021			6,691	6,691			2,330	2,330		
B. Medicaid (Conn.)	38,259	38,259			28,440	28,440			9,819	9,819		
C. Medicaid (other states)												
D. Private Pay	4,683	4,683			3,382	3,382			1,301	1,301		
E. State SSI for RCH												
F. Other (Specify) Managed Care	069	069			595	595			95	95		
G. Total Care Days During Period (3A thru F)	52,653	52,653			39,108	39,108			13,545	13,545		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved												
Beds												
A. Medicaid Bed Reserve Days	155	155			16	16			58	58		
B. Other Bed Reserve Days	89	89			43	43			25	25		
5. Total Resident Days (3G + 4A + 4B)	52,876	52,876			39,248	39,248			13,628	13,628		

Annual Report of Long-Term Care Facility

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	t for Year	Ended		Page	of
Valerie Mano	or, Inc o	f Torring	gton, CT, d/b/a \	1	070C	····				9/30/201	9		9	37
		-	in the certified l		pacity du	ıring 1	the rep	ort yea	ar?	0	Yes	0	No	
11 125	1		f Change		Ch	ange	in Bed	s		Ca	nacity Aft	er Change	T	******
Date of		RHNS	Other		Lost	ange		Gaine			pacity 7110	T		
Date of	CCNH	KIINS	Other		LOSI				u					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Other	Reason f	or Change
	(+)	(=)		(-)	(-)	(0)	(-)	(-)	(-)					
	•	_	in certified bed 90 days followir	•	-	g thể r	eport y	ear (a	s repor	ted in iter	n 4 above	e) provide the nu	imber of	
			Change in Ro	esiden	ıt Days					CC	NH	RHNS	Ot	her
1st chang 2nd char						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
3rd chan														
4th chan										<u> </u>				
		dents an	d Rates on Septe	mber	30 of Co	st Ye	ar			 	.,			
			Medicare		Medio					Se	lf-Pay		Other Sta	te Assisted
														!
	Item		CCNH	C	CNH	Rŀ	INS	CC	CNH	Rŀ	INS	Other	R.C.H.	ICF-MR
No. of R			18		108				10			12		
Per Dien														
a. One b			530.70		227.51			ļ	572.00			421.20		
b. Two l			530.70		227.51				550.00			421.20		
c. Three		e												
bed r	ms.							L						
			al Therapy Treat	ments	3					TO	TAL	CCNH	RHNS	Other
	Medica		t B lusive of Part B)								5,676	5,676		
D.			e Treatments								773	773		
			Treatments											
C.	Other										21,135	21,135		
D.	Total P	hysical	Therapy Treatn	nents							27,584	27,584		
			Therapy Treatm	ents										
	Medica										410	410		
В.			usive of Part B)								00	00		
			e Treatments Treatments								82	82		
	Other	orative	Treatments								1,161	1,161		
		peech T	herapy Treatmo	ents							1,653	1,653		
			tional Therapy		nents									
	Medica										5,876	5,876		
В.			usive of Part B)											
Naviation (1994)			e Treatments								543	543		
		orative	Treatments		· · · · · · · · · · · · · · · · · · ·		 				00.000	20.000		,
	Other Total C	2001204	onal Therapy T	waats-	ante						20,830	20,830 27,249		
D.	10tal C	ссиран	onai inerapy i	realm	ienis					L	27,249	1 27,249	L	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Keport of Ex	penanures	- Salari	·		·	
Name of Facility	License No.		Report for Year	r Ended	Page	of
Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor	1070C		9/30/2019		10	37
		0	Yes	^	No	
Are time records maintained by all individuals receiving cor	iipensation?	•			INO	
			Total Cost a	nd Hours	·	1
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III	150,000				1000	
of Schedule A1)	158,090	2,104				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone	249.247	10.242				
operator, clerks, receptionists, etc.) 5. Dietary Service	248,347	10,243				
a. Head Dietitian						
b. Food Service Supervisor	63,588	2,107				
c. Dietary Workers	448,375					
6. Housekeeping Service						
a. Head Housekeeper	62,320	2,255			a second discount of the second of the secon	
b. Other Housekeeping Workers	260,262					
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,807					
b. Other Maintenance Workers	47,328	2,265				
8. Laundry Service						
a. Supervisor	147 222	0.476				
b. Other Laundry Workers	147,233	9,476				
Barber and Beautician Services Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	197,612	3,913				
b. RN		,				
Direct Care	578,356	14,491				
2. Administrative**	540,347					
c. LPN					250	
1. Direct Care	1,278,116	47,056				
2. Administrative**	0.07:05=	100.07				
d. Aides and Attendants	2,074,825					
e. Physical Therapists	647,275 73,231					·
f. Speech Therapists g. Occupational Therapists	395,742					
g. Occupational Therapists h. Recreation Workers	232,784					
i. Physicians	252,784	10,733				
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists	160.75					
m. Social Workers/Case Management	168,767	5,925				
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures	7,684,405	333,339				
	1,007,703	1 22,239		L		<u> </u>

^{*} 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	CNH	RI	INS	Ot	her
Position	S	Hours	S	Hours	S	Hours
				10.000		1000
			200.00			
			100			
		10.00				
						dia.
			100			
				The state of the s		
Total	\$ -	-	s -	-	\$ -	•

.....

Schedule of Other Fees (Page 13)

	C	CNH	RI	HNS	0	ther
Service	\$	Hours	S	Hours	S	Hours
			Es est			
		-23-53-6	7344			
						Annual Company
					+	
		1		7.0	+	
						100000000000000000000000000000000000000
	- L		6		6	
Total	\$ -	-	 \$ -		<u> </u>	<u> </u>

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
	20.00					
	100					
	100				 	
Total	5	•	S -	-	S -	•

Schedule of Physician: Other Fees (Page 13)

	\$	Hours	\$	Hours	\$	Hours
Service	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
						545
Medical Staff Meetings	\$ 1,150	10				
		1000				
				100		
						3.000
Total	\$ 1,150	10	S -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
	100					
						100
			100	100	100	
		4				
	0.0					
				1		
Total	\$ -	-	\$ -	-	s -	<u> </u>

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

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

Assistant Administrators and Other Related Parties*

		7	Assistant	t Administra	Administrators and Other Related Parties*	r Kelate	d Parties	v.		
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor	CT, d/b/a	Valerie Man	or	1070C		9/30/2019) ==	37
		Salary Paid	-							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Other	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation Received
Section I - Operators/Owners										
Not Applicable										
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).										
Not Applicable										

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

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

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*

		T.	SSIStair	Administra	Assistant Administrators and Other Related Parties.	Kelalen	rarues.			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor	CT, d/b/a 1	/alerie Man	or	1070C		9/30/2019			12	37
		Salary Paid	77							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHINS	Other	Payments (describe fully)	Full Description of Services Rendered	Hours Worked		Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***)			
Marisa Jones	158,090			Health & Life Insurances, Payroll Taxes	Day to day operations of the nursing home facility	2,104 A2	A2			
10/1/2018 - 9/30/2019										
Section IV - Assistant Administrators										
	1000014) and my part	3.11 3m Campa at			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	License No.		Report for Y		Page	of
Valerie Manor, Inc of Torrington, CT, d/b/a Valerie	107	70C	9/30/2019		13	37
			Total Cost	and Hours	_	·
	000 111				0.1	
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	16,399	39				
3. Pharmacist	16,240	288		<u> </u>		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	96,000	559				
b. Utilization Review	18.0					
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	767	8				
d. Administrative Services facility				and the second second second		
Infection Control Committee (Quarterly meetings)						
2 Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)	1.150	10				
9. Speech Therapist	1,150	10				
a. Resident Care	3,600	44				·
b. Other	3,000	7.1				
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management consultants or services which	134,156	948				

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

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

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

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

Name of Facility	License No.		Report for	Year Ended	Page	ı	of
Valerie Manor, Inc of Torrington, CT, d/b/	'a Valerie Mai 1070C	T = 1	9/30/2019	I	14		37
			to Owners,	.		D 1.	. ,.
Name & Address of Individual	Full Explanation of Service		rs, Officers	Expla	nation of	Relat	ionship
D 4 1 3 115 C Ct Winted	Medical Director/Medical Staff	Yes	No				
Dr. Amor Lomibao, 115 Spencer St, Winsted, CT 06098	Medical Director/Medical Start	0	0				
Dr. Ethan Nguyen, 115 Spencer St, Winsted, CT 06098	Asst Medical Director/Medical Staff	0	•				
Vista Behavioral Health, LLC, 152 Simsbury Rd, Avon, CT 06001	Medical Staff	0	•				
Procare LTC, 1492 Highland Ave, Chesire, CT 06410	Pharmacist	•	0	Common Own	ers: Minori	ty Inter	rest
Healthdrive Group, One Prestige Drive Suite 107, Meriden, CT 06450	Dental, Audiology, & Optomology Services	0	0				
Southern CT Vascular Center, LLC, 495 Hawley Ln #2-A, Stratford, CT 06614	Physician	0	•				
Swallowing Diagnostics, LLC(SDX), PO Box 484, Avon, CT 06001	Speech Therapy	0	•				
		0	•				
		0	0				
		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

Valerie Manor, Inc of Torrington, CT, db/a Vale	Name of Facility	License No.	П	Report for Y	ear Ended	Page	of
Item		1070C		9/30/2019	İ	15	37
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* 3. Accounting and Auditing 2. 29,825 29,825 37,517 37,517 d. Accounting and Auditing 3. 29,825 5. 19,395 F. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone and Specify purpose and autach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 5. 7,500 7,500 5. 7,500 7,500 5. 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500							
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* 3. Accounting and Auditing 2. 29,825 29,825 37,517 37,517 d. Accounting and Auditing 3. 29,825 5. 19,395 F. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone and Specify purpose and autach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 5. 7,500 7,500 5. 7,500 7,500 5. 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500 7,500							
a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. The Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory) c. Bad Debts* 3. Accounting and Auditing 9. Legal (Services should be fully described on Page 7) 7. Insurance on Lives of Owners and Operators (Specify)* 9. Office Supplies 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. 1,834 1,834 1,834 1,834 1,834 1,834 1,834 1,834 1,834 1,834 1,834 1,834 2. Corporation Business Taxes (franchise tax) 3. K. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) 3. Resident Day User Fee 921,832 921,832	Item			Total	CCNH	RHNS	Other
1. Workmen's Compensation \$ 333,616 333,616 2. Disability Insurance \$ 70,376 70,376 4. Social Security (F.I.C.A.) \$ 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,295 557,	1. Administrative and General						
2. Disability Insurance \$ 3. Unemployment Insurance \$ 70,376 70,376 4. Social Security (F.I.C.A.) \$ 557,295 557,295 5. Health Insurance \$ 1,143,560 1,143,560 6. Life Insurance (employees only) (not-owners and not-operators) \$ (not-owners and not-operators) \$ (not-owners and not-operators) \$ (not-owners and not-operators) \$ (social Security (F.I.C.A.) \$ (social S	 a. Employee Health & Welfare Benefits 			100			
3. Unemployment Insurance \$ 70,376 70,376 4. Social Security (F.I.C.A.) \$ 557,295 557,295 557,295 5. Health Insurance \$ 1,143,560 1,143,560 6. Life Insurance (employees only) (not-owners and not-operators) \$ 1,143,560 1,143,560 1,143,560 6. Life Insurance (employees only) (not-owners and not-operators) \$ 36,874 36,874 (not-owners and not-operators) \$ 36,874 36,874 (not-owners and not-operators) \$ 9. Other (Specify) \$ 9. See Attached Schedule 5. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 37,517 37,517 6. Accounting and Auditing \$ 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,825 29,82	1. Workmen's Compensation		\$	333,616	333,616		
4. Social Security (F.I.C.A.) \$ 557,295 5. Health Insurance (employees only) (not-owners and not-operators) \$ (not-owners and Operators (Specify) \$ (not-owners and Operators (Discriminatory)* \$ (not-owners and Operators (Specify)* \$ (not-owners and Operators (Specify purpose and attach copy)* \$ (not-owners and Operators (Specify purpose and attach copy)* \$ (not-owners (Specify purpose and attach copy)* \$ (not-owners (Specify)* \$ (not-owners (Not-ow	2. Disability Insurance		\$				
5. Health Insurance \$ 1,143,560	3. Unemployment Insurance		\$	70,376	70,376		
6. Life Insurance (employees only)	4. Social Security (F.I.C.A.)		\$	557,295	557,295		
(not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 37,517 37,517 d. Accounting and Auditing \$ 29,825 29,825 e. Legal (Services should be fully described on Page 7) \$ 1 Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 79,865 79,865 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ 8 k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee	5. Health Insurance		\$	1,143,560	1,143,560		
7. Pensions (Non-Discriminatory)	6. Life Insurance (employees only)						
(not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$\frac{37,517}{37,517} \frac{37,517}{37,517}\$ d. Accounting and Auditing \$\frac{29,825}{29,825} \frac{29,825}{29,825}\$ e. Legal (Services should be fully described on Page 7) \$\frac{9,395}{39,395} \frac{39,395}{395}\$ f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$\frac{79,865}{79,865} \frac{79,865}{79,865}\$ h. Telephone and Cellular Phones 1. Telephone & Pagers \$\frac{20,942}{20,942} \frac{20,942}{20,942}\$ 2. Cellular Phones \$\frac{1,834}{31,834} \frac{1,834}{31,834} \frac{1,834}{31,834} \frac{1}{31,834} \frac	(not-owners and not-operators)		\$				
8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing s. 29,825 e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832	7. Pensions (Non-Discriminatory)		\$	36,874	36,874		
9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 37,517 37,517 d. Accounting and Auditing \$ 29,825 29,825 e. Legal (Services should be fully described on Page 7) \$ 9,395 9,395 f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 79,865 79,865 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ \$ See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832	(not-owners and not-operators)			Property of			
See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies f. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 1. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832	8. Uniform Allowance		\$				
See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 1. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832	9. Other (Specify)		\$				
Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832							
Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832	b. Personal Retirement Plans, Pensions, and		\$				
c. Bad Debts* \$ 37,517 37,517 d. Accounting and Auditing \$ 29,825 29,825 e. Legal (Services should be fully described on Page 7) \$ 9,395 9,395 f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 79,865 79,865 f. Telephone and Cellular Phones 1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ See Attached Schedule \$ 3. Resident Day User Fee \$ 921,832 921,832	Profit Sharing Plans for Owners and						
c. Bad Debts* \$ 37,517 37,517 d. Accounting and Auditing \$ 29,825 29,825 e. Legal (Services should be fully described on Page 7) \$ 9,395 9,395 f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 79,865 79,865 f. Telephone and Cellular Phones 1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ See Attached Schedule \$ 3. Resident Day User Fee \$ 921,832 921,832							
d. Accounting and Auditing \$ 29,825 29,825 e. Legal (Services should be fully described on Page 7) \$ 9,395 9,395 f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 79,865 79,865 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832							
e. Legal (Services should be fully described on Page 7) \$ 9,395 9,395 f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 79,865 79,865 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ 5 5 5 6 6 79,865	c. Bad Debts*		\$	37,517	37,517		
e. Legal (Services should be fully described on Page 7) \$ 9,395 9,395 f. Insurance on Lives of Owners and	d. Accounting and Auditing		\$	29,825	29,825		
f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 3. Cother (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832 \$ 921,832		on Page 7)	\$	9,395	9,395		
g. Office Supplies \$ 79,865 79,865 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832			\$				
g. Office Supplies \$ 79,865 79,865 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832	Operators (Specify)*		A STATE OF THE STA				
h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832			\$	79,865	79,865		
1. Telephone & Pagers \$ 20,942 20,942 2. Cellular Phones \$ 1,834 1,834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) See Attached Schedule \$ 921,832 921,832							
2. Cellular Phones \$ 1,834 1,834 1.834 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ See Attached Schedule \$ 921,832 921,832	1. Telephone & Pagers		\$	20,942	20,942		
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			\$	1,834	1,834		
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832	i. Appraisal (Specify purpose and		\$				
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 7,500 7,500 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832	**						
k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832	** /						
k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832	j. Corporation Business Taxes (franchise ta	ux)	\$				
1. Income* \$ 7,500 2. Other (Specify) \$ See Attached Schedule \$ 921,832 3. Resident Day User Fee \$ 921,832	<i>U</i> .						
2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832		<i>-</i> ,	\$	7,500	7,500	- Company - Comp	AND THE PERSON NAMED IN COLUMN TO PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NA
See Attached Schedule 3. Resident Day User Fee \$ 921,832 921,832							
3. Resident Day User Fee \$ 921,832 921,832	* * ** *						
		***************************************	\$	921,832	921,832	W-21/2	
Subtotal $\phi(-3,230,431) = -3,230,431$	Subtotal		\$	3,250,431	3,250,431		

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

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
			The state of the s
Total	\$ -		

Schedule of Other Taxes

CCNH	RHNS	Other
\$ -	\$ -	\$ -

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

Name of Facility License No.		Report for	Year Ended	Page	of
Valerie Manor, Inc of Torrington, CT, d/b/a Valerie M 1070C		9/30/2019		16	37
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forwar	rd:	3,250,431	3,250,431		
Travel and Entertainment					
Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,649	5,649		
3. Gifts to Staff and Residents	\$	28,683	28,683		
4. Employee Travel	\$	1,011	1,011		
5. Education Expenses Related to Seminars and Conventions	\$	9,240	9,240		
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					arg sin
Advertising Help Wanted (all such expenses)	\$	4,350	4,350		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$	13,580	13,580		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***					
7. Postage	\$	6,158	6,158		
* 8. Dues and Membership Fees to Professional	\$	8,030	8,030		
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	564	564		
10. Contributions***	\$				
See Attached Schedule				10 mm - 11 mm	
11. Services Provided by Contract (Specify and Complete	\$				
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	503,477	503,477		
13. Other (Specify)	\$	104,383	104,383		
See Attached Schedule					100
C-14 Total Administrative & General Expenditures	\$	3,935,556	3,935,556		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Other
			(St. 10)
Total Other Travel and Entertainment	s -	s -	s -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Promotional	\$ 13,580		
			165
Total Other Advertising	\$ 13,580	\$ -	s -

Schedule of Dues

Description	CCNH	RHNS	Other
CAHCF	\$ 8,030		
	100000000000000000000000000000000000000		
			1000000
	100000000000000000000000000000000000000		
			0.0
		150	
Total Dues	\$ 8,030	s -	s -

Schedule of Contributions

Description	CCNH	RHNS	Other
			100
Total Contributions	S -	\$ -	S -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
P. 1. Cl.	\$ 13.559		-
Bank Charges Payroll Processing Fees	\$ 13,559 \$ 22,347		
Employee Physicals/Background Checks	\$ 11,640		
Licenses	\$ 2,834		
	\$ -		
Data Processing Fees	\$ 53,163		
Purch Serv - Temp Bookkeeping	\$ 840		
Total Other Administrative and General	\$ 104,383	s -	s -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Valerie Manor, Inc of Torrington, CT, d/8	1070C	9/30/2019	17 37
Name & Address of Individual or	Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Athena Health Care Assoc., Inc, 135 South Rd Famington, CT 06032	703,769	Contract Attached to a prior year	See Below
Allocation of the above	3; Direct 126,678	Admin/Gen 66%; Indirect 16%; Direct 18%	Pg 16, Line 12/ Pg 18, I
Athena Health Care Assoc., Inc, 135 South Rd Famington, CT 06032	38,989	Admin/Gen-Other Exp	Pg 16, Line 12

^{*} In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Nan	ne of Facility		Licens	e No.	Rer	ort for Y	ear Ended	Page	of
ł	erie Manor, Inc of Torrington, CT, d/b/a Valer	ie N		1070C		/30/2019		18	37
					T			<u> </u>	
	Item			Total	(CCNH	RHNS	(Other
2.	Dietary								
	a. In-House Preparation & Service								
	1. Raw Food		9	361,660		361,660			
	2. Non-Food Supplies		9	40,585		40,585			
	3. Other (Specify)		_	2,078		2,078			
	Dishes = \$2,078								
	b. Purchased Services (by contract other		9	S					
	than through Management Services)								
	(Complete Schedule C-2 att. Page 21)								
	c. Other (Specify)		_ \$	112,603		112,603			
	Management Services								
2D.	Total Dietary Expenditures (2a + b + c + d)		9	516,926		516,926			
2E.	Dietary Questionnaire			Total		CCNH	RHNS	(Other
F.	Resident Meals: Total no. of meals served pe	r da	y:*	433	<u> </u>	433			
G.	Is cost of employee meals included in 2D?	•	Yes	0	No		•		
H.	Did you receive revenue from employees?	0	Yes	•	No	,	If yes, specify amt.		
I.	Where is the revenue received reported in the	Co	st Repor	rt? (Page/Line	Item)			
	Is cost of meals provided to persons other						10 .0	·····	
J.	than employees or residents (i.e., Board	•	Yes	0	No		If yes, specify		
	Members, Guests) included in 2D?						cost.		\$12,146
т.г	11 4 1 5 41 4 4 4 4 4 4 4 4 4 4 4 4 4 4		37		``T-		If yes, specify		0520
K.	Is any revenue collected from these people?	•	y es	U	No		amt.		\$538
L.	Where is the revenue received reported in the	Co	st Repor	t? (Page/Line	Item)		Pg 18,	Line2al
	Is cost of food (other than meals, e.g.,			· · · · · · · · · · · · · · · · · · ·			1		
M.	snacks at monthly staff meetings, board	0	Yes	•	No		If yes, specify		
	meetings) provided to employees included	_		•			cost.		
 	in 2D?						7.0 .0		
N.	Is any revenue collected from employees?	0	Yes	•	No		If yes, specify amt.		
О.	Where is the revenue received reported in the	Co	st Repor	t? (Page/Line	Item`)			
			- F	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					

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

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

Name of Facility	License		Report for		Page	of
Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Ma	1	1070C	9/30/2019	· 	19	37
Item		Total	CCNH	RHNS		Other
 3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 	Lbs.					
Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
3. Personal clothing of residents washed, ironed, and/or processed.***	Amt. \$ Lbs.					
4. Repair and/or purchase of linens.***	Amt. \$ Lbs.					W
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. \$	23,733				
c. Other (Specify) Supplies = \$12,497 3D. Total Laundry Expenditures (3a + b + c)	\$ \$	12,497 36,230		11478		
3E. Laundry Questionnaire		,	1		<u> </u>	
F. Is cost of employee laundry included in 3D? O	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 Cost	Report?		(Page/Line	Item)		
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.		
1 1	Yes	•	No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		

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

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

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

Nam	e of Facility	License No.	Rep	ort for Year E	nded	Page	of
Vale	rie Manor, Inc of Torrington, CT, d/b/a Va	1070C		9/30/2019		20	37
	Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	53,516	53,516		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	C. Other (Specify)		\$				
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	53,516	53,516		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	395,753	395,753		
	Procare LTC						
	b. Medicine Cabinet Drugs		\$	77,542	77,542		
	c. Medical and Therapeutic Supplies		\$	334,872	334,872		
	d. Ambulance/Limousine***		\$	27,953	27,953		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	39,190	39,190		
	f. X-rays and Related Radiological		\$	41,265	41,265		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	68,954	68,954		
	i. Recreation		\$	18,033	18,033		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	l. Other (Specify)****		\$	225,669	225,669		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5		\$	1,229,231	1,229,231		

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

^{**} Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

^{***} Facility should self-disallow the expense on Page 29 of the Cost Report.

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	Other
Management Fee Direct	\$ 126,678		
Cable TV Services	\$ 24,453		
Medical Equip Rentals-Medicaid	\$ 13,851		
Physical Therapy Supplies	\$ 12,900		
	\$ -		
Oxygen Equipment Rental	\$ 25,256		
Medical Equip Rentals-Other	\$ 22,531		an a
			0.00
			1287 T
Total Other Resident Care	\$ 225,669	\$ -	\$ -

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

Name of Facility Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor	gton, CT, d/b/a Valerie	Manor		License No. 1070C	Report for Year Ended 9/30/2019				Page 21	of 37
		Related ** to Owners,	o Owners,							
		Operators, Officers	Officers				Fotal Cost/	Total Cost/Page Ref.***	<u> </u>	T
Name of Individual or				Explanation of	Full Explanation of					
Company	Address	Yes	%	Relationship	Service Provided*	CCNH	RHINS	Other	Pg	Line
ADP	100 Corporate Drive, Windsor, CT 06095	0	•		Payroll Processing	27,400			16 1	16 M13
CWPM	25 Norton Place, Plainville, CT 06067	0	•		Rubbish Removal	26,954			22 6F	5F
S & T Landscaping	147 Circle Dr, Torrington, CT 06790	0	•		Snow Removal & Groundskeeping	31.101			22 6F	1 4
Winterberry Gardens	2070 West St, Southington, CT 06489	0	0		Groundskeeping	15,098			22 6F) H
Procare LTC	1492 Highland Ave, Chesire, CT 06410	•	0	Common Owners: Minority Interest	Pharmacy	397,397			20 5	20 5A2 &
		0	0							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		0	0						·	
		0	•							
		0	•							

^{*} List all contracted services over \$10,000. Use additional sheets if necessary. ** Refer to Page 4 for definition of related.

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

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

Name of Facility License N		Report for Y	ear Ended		Page	of
Valerie Manor, Inc of Torrington, CT, d/b/a V 10700	2	9/30/2019			22	37
Item		Total	CCNH	RHNS		Other
6. Maintenance & Operation of Plant		10001	CCIVII	KIII	 	Othor
a. Repairs & Maintenance	\$	154,732	154,732			
b. Heat	\$	61,681	61,681			
c. Light & Power	\$	77,940	77,940			***************************************
d. Water		66,070	66,070			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	31,526	31,526			
f. Other (itemize)	<u> </u>	97,643	97,643			
See Attached Schedule	Ψ	77,043	77,043			
6g. Total Maint. & Operating Expense (6a - 6f)	\$	489,592	489,592			
7. Depreciation (complete schedule page 23*)	Ψ	107,372	107,572			
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	 \$	7,546	7,546			
d. Movable Equipment	\$	101,994	101,994			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	109,540	109,540			
8. Amortization (Complete att. Schedule Page 24*)		10,,010	100,000			***************************************
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	113,074	113,074			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	113,074	113,074			
9. Rental payments on leased real property less						
real estate taxes included in item 10b	\$	1,080,000	1,080,000			
10. Property Taxes				:		***************************************
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	163,727	163,727			***************************************
c. Personal property taxes	\$	31,953	31,953			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,498,294	1,498,294			

^{*} 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

CCNH	RHNS	Other
\$ 16,96	54	
\$ 26,95	54	
\$ 25,40)9	
\$ 28,31	16	
		10
	196	
\$ 97.6A	3 6 -	\$ -
70.20.00.00.00.00.00.00.00.00.00.00.00.00	\$ 16,96 \$ 26,95 \$ 25,40 \$ 28,31	\$ 16,964 \$ 26,954 \$ 25,409 \$ 28,316

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V (
Name of Facility Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor	Valerie Man	or	License No. 1070C	ပ		Report for Year Ended 9/30/2019	hded		Page 23	of 37
			Historical			Accumulated				
			Cost	Less		Depreciation to	Method of			
, .			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
			Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements										
 Acquired prior to this report period 										
2. Disposals (attach schedule)										1
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period								***************************************		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period			653.560		093 260	585 909	13	Various	3V3 L	
2. Disposals (attach schedule)					2006	666,600	70	v ai 10us	0+C,1	
3. Acquired during this report period (attach schedule)	ch schedule)									
C-4. Subtotal										7 546
	Is a mileage logbook	Date of	Historical			Accumulated				
	maintained?	Acquisition	Cost	Less		Depreciation to	Method of		Tr. value	
	Yes	Month Year	Exclusive of Land	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
D. Movable Equipment					nomina da a	t car s Optimions		alle	101 11115 1 Cal	Lotals
Motor Vehicles (Specify name, model and year of each yehicle)										
a. a. a. cach veneral										
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period		9 2018	1,618,133			1,225,839	S/L	Various	98.638	
b. Disposals (attach schedule)										
c. Acquired during this report period										
(attach schedule)		9 2019	45,130				S/L	Varions	3.356	
D-3. Subtotal										101.994
E. Total Depreciation										109 540
			And the second s							V1.76./V1

Schedule of Land Improvements Acquired during this report period

Schedule of Land Improvemen	is Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Land Impro	wements	\$ -		\$ -
Deletions:				
				100000000000000000000000000000000000000
Total deletions for Land Impro	vements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Seneutile of Dunding Improven	ichts Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			7. (1.0)	100000
				1
				-
		•		\$ -
Total additions for Building Im	provements	\$ -		9 -
Deletions:				
			a de la designa	
		\$ -		\$ -
Total deletions for Building Im	provements	3 -		φ .

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

•	pment required dating the report person	Cont	Useful Life	Depreciation
Acquisition Date	Description of Item	Cost	Lite	Depreciation
Additions:				
		1000		
Total additions for Non-Movable Equipment		\$ -		\$ -
Deletions:				
			117716	
Total deletions for Non-Movable Equipment		\$ -	1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:					
	See Attached	\$ 45,130		S	3,356
Total additions fo	or Movable Equipment	\$ 45,130		\$	3,356
Deletions:					
			- 12	+	
T 1 J J J W	r Moyable Equipment			\$	

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

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10	See Attached	\$ 98,861		\$ 2,545
Total additions fo	or Leasehold Improvement	\$ 98,861		\$ 2,545
Deletions:				
				-
140				
Total deletions fo	r Leasehold Improvement	S -		\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Schedule of Movable Equipment Acquired during this report period

			Useful
Acquisition Date	Description of Item	Cost	Life Depreciation
Additions:			
Oct-18	Mattresses	\$ 1,397	5 \$ 140
Dec-18	Bed Parts	\$ 3,218	10 \$ 161
Jan-19	Commercial Toaster	\$ 1,485	10 \$ 74
Jan-19	Ice Machine	\$ 5,321	10 \$ 266
Feb-19	Gel Cushions	\$ 1,175	5 \$ 118
Feb-19	Gel Cushions	\$ 3,380	5 \$ 338
Feb-19	Vacuum	\$ 6,982	8 \$ 436
Mar-19	Portable Metal Shelving	\$ 1,320	20 \$ 34
Mar-19	Ultrasound Machine	\$ 3,616	5 \$ 362
Mar-19	Mattresses	\$ 1,397	5 \$ 140
Mar-19	Gel Cushions	\$ 780	5 \$ 78
Apr-19	Lifter Parts	\$ 1,670	10 \$ 84
Jun-19	Ice Machine Repairs	\$ 1,442	10 \$ 72
Jun-19	Laptop Laptop	\$ 556	3 \$ 93
Jul-19	Smoke Alarms	\$ 1,825	10 \$ 91
Jul-19 Jul-19	Steam Table Repais	\$ 1,318	15 \$ 44
		\$ 1,518	5 \$ 93
Aug-19	Mattresses		5 \$ 129
Aug-19	Alt Pressure Mattresses		5 \$ 129
Aug-19	Alt Pressure Mattresses	\$ 1,291	
Aug-19	Alt Pressure Mattresses	\$ 1,291	5 \$ 129
Aug-19	Alt Pressure Mattresses	\$ 1,291	5 \$ 129
Aug-19	Alt Pressure Mattresses	S 1,076	5 \$ 108
Aug-19	Alt Pressure Mattresses	\$ 1,076	5 \$ 108
			100
	Accompany of the contract of t		
	7 (2)		
70 . 1 . 1202	*** F	\$ 45,130	\$ 3,356
Total additions for Mov	Anic Eduthment	\$ 45,130	3 3,330
Deletions:			
Total deletions for Move	able Equipment	\$ -	\$ -

^{*}Ties to Page 23, Line D2c

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

Schedule of Leasehold Improvements Acquired during this report period

	improvements required during this report pe		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Oct-18	HVAC Repairs	\$ 911	15	\$ 29
Nov-18	Tilework	\$ 1,662	10	\$ 83
Feb-19	Re-wiring	\$ 729	20	S. 18
Feb-19	Sewage Repairs	\$ 2,909	25	\$ 58
Apr-19	Water Pump Repairs	\$ 3,937	15	\$ 131
Jun-19	Plumbing Repairs - Piping	\$ 1,351	25	\$ 27
Jun-19	Fire Sprinkler Upgrades	\$ 1,601	25	\$ 32
Jun-19	Water Fountain	\$ 928	10	\$ 46
Sep-19	Fire Pump	\$ 84,833	20	\$ 2,121
	Grand Commencer			
				†
Total additions for Leas	sehold Improvements	\$ 98.861		S 2,545
Deletions:				
Total deletions for Leas	skold Improvements	\$ -		\$ -
Fotal deletions for Leas	сном инфилустент	\$ -		\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Nam	Name of Facility		Ħ	License No.		Report for Year Ended	r Ended		Page	fo
Vale	Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor	lerie Ma		1070C)C	9/30/2019			24	37
						Accumulated				
		Date of)f			Amort. to				
		Acquisition	tion			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
	Item	Month \	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Ą.	Organization Expense									
	2.									
	3.									
A-4.	A-4. Subtotal									
B.	Mortgage Expense									
	1. Deferred Finance Fees	6	2015	5 Year	29,840	29,840	SL			
	2.									
<u> </u>	3.									
B-4.	. Subtotal									
<u>ن</u>	Leasehold Improvements and Other									
	1. Acquired prior to this report period	6	2018	2018 Various	3,934,831	2,589,658	ST	Varior	110,528	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)	6	2019	9 Various	98,861		ST	Vario	2,545	
C-4	C-4. Subtotal									113,073
D.	Total Amortization									113,073
	* Straight-line method must be used.									

* 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.

State of Connecticut Annual Report of Long-Term Care Facility

Amortization Schedule - Detail of Leasehold Improvements & Other

ralerie Manor 1070C 9/30/2019 2 riod 9 2018 Various 3,237,816 2,346,002 SL Variou 11 iod 9 2019 Various 98,861 SL Variou 11 r 9 1997 None 697,015 243,656 None 11 r 9 2018 Various 3,934,831 2,589,658 SL Var 11 9 2019 Various 98.861 SL Var Var	Name of Facility			License No.		Report for Year Ended	ır Ended		Page	Jo
riod 9 2018 Various 3,237,816 2,346,002 SL Variou 11 iod 9 2019 Various 98,861 SL Variou 9 1997 None 697,015 243,656 None 1 9 2018 Various 3,934,831 2,589,658 SL Var 11 9 2019 Various 98,861 SL Var	Valerie Manor, Inc of Torrington, CT, d/b/a Valerie	Manor		1070	C		9/30/2019		24A	37
iod 9 2019 Various 98,861 SL Varion 9 1997 None 697,015 243,656 None 1 9 2018 Various 3,934,831 2,589,658 SL Var 9 2019 Various 98.861 SL Var	C. Leasehold Improvements (Specify) 1. Acquired prior to this report period	9 2(Various	3,237,816	2,346,002		Vario	110,528	114 (2.3) 144 (2.3)
iod 9 2019 Various 98,861 SL Variou 9 1997 None 697,015 243,656 None 11 9 2018 Various 3,934,831 2,589,658 SL Var 11 9 2019 Various 98.861 SL Var	2. Disposals (attach schedule)									
9 1997 None 697,015 243,656 None 3,934,831 2,589,658 SL Var 111 9 2019 Various 98.861 SL Var	3. Acquired during this report period	9 2(\neg	Various	98,861		ST	Varior	2,545	
1 9 1997 None 697,015 243,656 None 697,015 243,656 None 11	C-4. Subtotal									113.073
9 1997 None 697,015 243,656 None										
1	1. Bed License Purchase	9 19		Vone	697,015	243,656	None			
1	2.									
1 9 2019 Various 3,934,831 2,589,658 SL Var 11 9 2019 Various 98.861 SL Var	C-4. Subtotal					Medical Manager				
1 9 2018 Various 3,934,831 2,589,658 SL Var 11 9 2019 Various 98.861 SL Var										
9 2019 Various 98.861 SI, Var	Total Acquired prior to this report period	9 2(Various	3,934,831	2,589,658	SL	Var	110,528	
9 2019 Various 98.861 SI, Var	Total Disposals									
	Total Acquired during this report period	9 2(Various	98,861		SL	Var	2,545	

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

	License No.	Report for Year Er	nded		Page	of
Valerie Manor, Inc of Torrington, CT,	1070C	9/30/2019			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	ne Facility		_		If "Yes," comple	te Part B.
or leased from a Related Party?*	⊙	Yes	0	No	If "No," complet	
*If any owner or operator of this fa	cility is related by family, r	narriage, ownership, abi	lity to control or		, · · · · · · · · · · · · · · · ·	
business association to any person						
a related party transaction.	************************************					
Description	· · · · · · · · · · · · · · · · · · ·	Total			3. 30 Marse 11	
Date Land Purchased						
2. Date Structure Completed		10/24/1984				
3. If NOT Original Owner, Date	of Purchase					
4. Date of Initial Licensure		10/24/84				
5. Total Licensed Bed Capacity		151				
6. Square Footage						
7. Acquisition Cost						
a. Land		380,000				
b. Building		4,750,526		Г <u>-</u>		
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing		IMARINAD A III	B : 1 0 00	21100		
a. Type of Financing (e.g., fi	xed, variable)	1M LIBOR + Credit	Paid Off	Paid Off		
b. Date Mortgage Obtained		04/05/16				
c. Interest Rate for the Cost		3.27%				
d. Term of Mortgage (number		25				*******************
e. Amount of Principal Borro f. Principal balance outstand		12,000,000				
		11,003,700				
Complete if Mortgage was F						
During Current Cost Ye						
g. Type of Financing (e.g., financing) h. Date of Refinancing	xed, variable)					
i. New Interest Rate						
j. Term of Mortgage (number	or of years)					
k. Amount of Principal Borro						
Principal Outstanding on N						
Part C - Arms-Length Lease		mprovements Only	I			
Name and Address of Lesson		perty Leased		Term of Lease	Annual Amount	of Lease
Traine and Titaless of Essenti		ocity Ecused	Date of Bease	Term of Lease	7 Milliau 7 Milouit	OI Eduse
					:	
						

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

i ,	License No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Report for Year	ar Ended		Page		of
Valerie Manor, Inc of Torrington, CT	1070C		9/30/2019			26		37
Yearn			Total	COMIL	RHNS		Other	
Item 12. Interest			Total	CCNH	KHN2		Jinei	
A. Building, Land Improvem	ent & Non-Movabl	e						
Equipment		J						
1. First Mortgage		\$	880	880				
Name of Lender		Rate			100 100 100 100 100 100			
Address of Lender		Jan						
2. Second Mortgage		\$						
Name of Lender		Rate				T.		
Address of Lender	Management of the Control of the Con	A						
3. Third Mortgage	*************************************	\$						Kanada Andreas
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender		<u> </u>						
B. CHEFA Loan Information	**************************************				and the second	4.5		
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term	MANAGEMENT AND					1 1		
5. CHEFA Interest Expen	se							
12 B7. Total Building Interest Expen		\$	880	880		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		Subtotals for	amuand to m	art naa	۵)	

(Carry Subtotals forward to next page)

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

Valerie Manor, Inc of Torrington, \(\) 1070C 9/30/2019 27 Item Total CCNH RHNS Other Subtotals Brought Forward: 880 880 12. C. Movable Equipment 1. Automotive Equipment A. Item Rate Amount Lender 2. Other (Specify) \$ 11,197 11,197 A. Item Rate Amount Rate Amount Rate Amount Subtotals Brought Forward: 880 880 12. C. Movable Equipment 1. Automotive Equipment 2. Other (Specify) \$ 11,197 11,197
Subtotals Brought Forward: 880 880 12. C. Movable Equipment
Subtotals Brought Forward: 880 880 12. C. Movable Equipment 1. Automotive Equipment A. Item Rate Amount Lender Address of Lender 2. Other (Specify) A. Item Rate Amount Rate Amount
12. C. Movable Equipment 1. Automotive Equipment A. Item Rate Amount Lender Address of Lender 2. Other (Specify) A. Item Rate Amount Rate Amount
1. Automotive Equipment \$ A. Item Rate Amount Lender Address of Lender 2. Other (Specify) \$ 11,197 11,197 A. Item Rate Amount
A. Item Rate Amount Lender Address of Lender 2. Other (Specify) A. Item Rate Amount
Lender Address of Lender 2. Other (Specify) A. Item Rate Amount
Address of Lender 2. Other (Specify) \$ 11,197
Address of Lender 2. Other (Specify) \$ 11,197
2. Other (Specify) \$ 11,197 11,197 A. Item Rate Amount
2. Other (Specify) \$ 11,197 11,197 A. Item Rate Amount
A. Item Rate Amount
A. Item Rate Amount
F PR : 1 5 000/1 052 052
Energy Efficient Project 5.00% 272,027
Lender
M-Core Credit Corporation
Address of Lender
21 Par Rd, Montebello, NY 10901
B. Item Rate Amount
Lender
Address of Lender
Address of Leffder
12. C. 3. Total Movable Equipment Interest
Expense (C1 + 2) \$ 11,197 11,197
12. D. Other Interest Expense (<i>Specify</i>) \$ 15,597 15,597
Vendor Interest = \$15,597
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 27,674 27,674
14. Insurance
a. Insurance on Property (buildings only) \$ 72,515 72,515
b. Insurance on Automobiles \$
c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ \$ \$
1. Umbrella (Blanket Coverage) \$ 2. Fire and Extended Coverage \$
3. Other (<i>Specify</i>)
3. Other (openity)
14d. Total Insurance Expenditures $(14a+b+c)$ \$ 72,515 72,515
15. Total All Expenditures (A-13 thru C-14) \$ 15,678,095 15,678,095

D. Adjustments to Statement of Expenditures

Name	of Fac	ility	Li	cense No.	Report for Ye	ar Ended	Page of
		or, Inc of Torrington, CT, d/b/a Valerie Manor		1070C	9/30/2019		28 37
	T			Total			
Item 1	Page L	ine		Amount of			
	No.			Decrease	CCNH	RHNS	Other
		laries and Wages		2001005	001111	1011	<u> </u>
1.	10 54	Outpatient Service Costs	\$				
2.		Salaries not related to Resident Care	 \$				
3.		Occupational Therapy	 \$		395,742		
4.		Other - See attached Schedule	 \$	27,804	27,804		
	13 _ Pr	ofessional Fees	Ψ	27,004	27,004		
5.	1	Resident Care Physicians **	\$	767	767		
6.		Occupational Therapy	-\$	707	707		
7.		Other - See attached Schedule	\$				
	15 R 1	6 - Administrative and General	Ψ				
8.	13 & 1	Discriminatory Benefits	\$				
9.		Bad Debts		37,517	37,517		
10.		Accounting		2,575	2,575		
10a.		Legal	-\$	8,799	8,799		
11.		Telephone	\$	0,799	0,799		
12.		Cellular Telephone	<u>\$</u>	934	934		
13.		Life insurance premiums on the life	Φ	934	934		
13.		*	e.				
14		of Owners, Partners, Operators	\$	20.602	20.602		
14.		Gifts, flowers and coffee shops	\$	28,683	28,683		
15.		Education expenditures to colleges or					
		universities for tuition and related costs	•		Settle 1		
16		for owners and employees	\$				
16.	l	Travel for purposes of attending					
		conferences or seminars outside the					100
1		continental U.S. Other out-of-state					
		travel in excess of one representative	\$				
17.		Automobile Expense (e.g. personal use)	\$				
18.		Unallowable Advertising *	\$	13,580	13,580		
19.		Income Tax / Corporate Business Tax	\$	7,500	7,500		
20.		Fund Raising / Contributions	\$				
21.		Unallowable Management Fees	\$	288,696	288,696		
22.		Barber and Beauty	\$				
23.		Other - See attached Schedule	\$	13,559	13,559		
	8 - Die	tary Expenditures					
24.		Meals to employees, guests and others					
		who are not residents	\$	12,146	12,146		STATE OF THE STATE
	9 - Lai	indry Expenditures			600		
25.		Laundry services to employees, guests					
		and others who are not residents	\$				
·····	0 - Ho	usekeeping Expenditures					
26.		Housekeeping services to employees, guests					
		and others who are not residents	\$				
		Subtotal (Items 1 - 26)	\$	838,302	838,302		

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Other
10	12m	Marketing Salaries & Benefits	\$ 27,804		
				ii.	
	400				
otal Othe	r Salaries	Adjustment	\$ 27,804	\$ -	S -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
			100		
	San Carlo				
otal Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	M13	Bank Charges	\$ 13,559		
			- 400		
Total Othe	r A&G Ad	justments	\$ 13,559	\$ -	\$ -

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

Valerie Manor, Inc of Torrington, CT, d/b/a Valerie Manor 1070C 9/30/2019 29 3/1	Name	of Fo	cility	D. Adjustments to Stateme		ense No.	Report for		Page	of
Total			•		الدار			cai Lilaca		37
Item No. No. No. Item Description Decrease CCNH RHNS Other	Vaici	10 1VIA	1101, 11	Torrington, C1, Word Valence Wanton		~~~~	1713012017			1 3/
No. No. No. Item Description Decrease CCNH RHNS	Itam	Dage	I ine							
Subtotals Brought Forward \$838,302 838,302				Itam Dasswintian	I		CCVILI	DUNIC	_)ther
Page 20 - Resident Care Supplies*** 27.	140.	110.	140.		•	······································	 	KIII		,111 <u>C1</u>
27. Prescription Drugs \$ 395,753 395,753 28. Ambulance/Limousine \$ 27,953 27,953 29. X-rays, etc \$ 41,265 41,265 30. Laboratory \$ 68,954 68,954 31. Medical Supplies \$ 33,759 33,759 32. Oxygen (non emergency) \$ 39,190 39,190 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 47,003 47,003 Page 22 - Maintenance and Property \$ 47,003 47,003 47,003 Page 22 - Maintenance and Property \$ 13,399 13,399 13,399 36. Depreciation on Unallowable \$ 13,399 13,399 37. Unallowable Property and Real Estate Taxes \$ 3 38. Rental of Building Space or Rooms \$ 3 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 39 39 39 42. Other - Indirect	Daga	20 E	Pacida		Þ	838,302	838,302			
28. Ambulance/Limousine \$ 27,953 27,953 29. X-rays, etc \$ 41,265 41,265 30. Laboratory \$ 68,954 68,954 31. Medical Supplies \$ 33,759 33,759 32. Oxygen (non emergency) \$ 39,190 39,190 33. Occupational Therapy \$ 47,003 47,003 34. Other - See Attached Schedule \$ 47,003 47,003 Page 22 - Maintenance and Property \$ 35. Excess Movable Equipment Depreciation \$ 13,399 13,399 36. Depreciation on Unallowable \$ 13,399 13,399 36. Depreciation on Unallowable \$ 13,399 13,399 37. Unallowable Property and Real \$ 20,800 \$ 20,800 43. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ 99,800 40. Mortgage Insurance \$ 20,853 20,853 20,853 41. Property Insurance \$ 20,853 20,853 20,853 43. Interest Income on Accou		20 - K	estae		-	205 752	205.752			
29.										
30. Laboratory \$ 68,954 68,954 31. Medical Supplies \$ 33,759 33,759 32. Oxygen (non emergency) \$ 39,190 39,190 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 47,003 47,003 Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 13,399 13,399 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Other - Indirect \$ 20,853 20,853 43. Interest Income on Account Rec. \$ 39 39 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 78,735 78,735 46. Management Fees Indirect \$ 69,987 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	L									
31. Medical Supplies \$ 33,759 33,759 32. Oxygen (non emergency) \$ 39,190 39,190 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 47,003 47,003 Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 13,399 13,399 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Other - Indirect \$ 20,853 20,853 43. Interest Income on Account Rec. \$ 39 39 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 78,735 78,735 46. Management Fees Indirect \$ 69,987 69,987 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
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33. Occupational Therapy \$							 			
34. Other - See Attached Schedule						39,190	39,190			
Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,399 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299 \$ 13,299						1- 00-	4=			
See Attached Schedule \$ 13,399 13,399					\$	47,003	47,003			
See Attached Schedule		22 - N				and the second				
Depreciation on Unallowable Motor Vehicles \$	35.			* * *						
Motor Vehicles					\$	13,399	13,399			
37. Unallowable Property and Real Estate Taxes \$	36.			•	100					
Estate Taxes					\$	250000000000000000000000000000000000000				
38. Rental of Building Space or Rooms 39. Other - See Attached Schedule \$\ \textbf{Page 27 - Insurance} \\ 40. Mortgage Insurance \$\ \text{41.} Property Insurance \$\ \text{41.} Property Insurance \$\ \text{20,853} 20,853 20,853 42. Other - Indirect \$\ \text{20,853} 20,853 20,853 43. Interest Income on Account Rec. \$\ \text{39} \ \text{39} \ \text{39} \ \text{44.} Other - Miscellaneous Administrative \$\ \text{45.} Management Fees Direct \$\ \text{78,735} 78,735 \ \text{46.} Management Fees Indirect \$\ \text{69,987} \ \text{69,987} \ \text{69,987} \ \text{47.} Other - Direct \$\ \text{Not For Profit Providers Only} \$\ \text{48.} Building/Non Movable Eq. Depreciation Unallowable Building Interest -} \$\ \end{array}	37.									
39.										
Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous 20,853 20,853 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
40. Mortgage Insurance \$ 41. Property Insurance \$ Other - Miscellaneous 20,853 20,853 42. Other - Indirect \$ 20,853 20,853 43. Interest Income on Account Rec. \$ 39 39 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 78,735 78,735 46. Management Fees Indirect \$ 69,987 69,987 47. Other - Direct \$ Not For Profit Providers Only \$ 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					\$					
41. Property Insurance \$ Other - Miscellaneous 20,853 20,853 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ Not For Profit Providers Only \$ 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -		27 - II								
Other - Miscellaneous \$ 20,853 20,853 42. Other - Indirect \$ 20,853 20,853 43. Interest Income on Account Rec. \$ 39 39 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 78,735 78,735 46. Management Fees Indirect \$ 69,987 69,987 47. Other - Direct \$ Not For Profit Providers Only \$ 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
42. Other - Indirect \$ 20,853 20,853 43. Interest Income on Account Rec. \$ 39 39 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 78,735 78,735 46. Management Fees Indirect \$ 69,987 69,987 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					\$					
43. Interest Income on Account Rec. \$ 39 39 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 78,735 78,735 46. Management Fees Indirect \$ 69,987 69,987 47. Other - Direct \$ Not For Profit Providers Only \$ 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -		- Mis				u)				
44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 78,735 78,735 46. Management Fees Indirect \$ 69,987 69,987 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -						20,853	20,853			
45. Management Fees Direct \$ 78,735 78,735 46. Management Fees Indirect \$ 69,987 69,987 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	43.			Interest Income on Account Rec.	\$	39	39			
46. Management Fees Indirect \$ 69,987 69,987 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	44.			Other - Miscellaneous Administrative	\$					
47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	45.			Management Fees Direct		78,735	78,735			
Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	46.			Management Fees Indirect	\$	69,987	69,987			
48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	47.			Other - Direct	\$					
48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	Not F	or Pro	ofit Pi	oviders Only						
Unallowable Building Interest -		T				2.2				
See Attached Schedule \$			- 1		\$					
49. Total Amount of Decrease (Items 1 - 48) \$ 1,675,192 1,675,192	49.	Total .		~		1,675,192	1,675,192			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5J	Medical Equipment Rental	\$ 22,531		
20	5B	Ebox	\$ 24,472		
0	0		0 \$ -		100
0	0		0 \$ -		
0	0		0 \$ -		8 8 8
0	0		0 8 -		
0	0		0 5 -		
Total Othe	er Ancillar	Costs	\$ 47,003	\$ -	s -

Schedule of Excess Movable Equipment Depreciation

ı				
	Equip Carryforward Adjustments	13,399	100	
				S -
n				

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
				0.00	
Total Othe	r Property	Property Adjustments		\$ -	S -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
100					
29	42	Radio and Television Revenue	\$ 20,853		

		age 29
Total Other Adjustments	\$ 20,853 \$ - \$ -	

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
			1		
			1000		
Total Othe	r Adjustme	ents	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
				5	
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

.....

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
				50.000	
			and the same	10	
					4.00
40.00					
				150	
					100
Total Unal	lowable Bu	ilding Interest	s -	S -	s -

.....

Totals		\$ 138,057	\$ 631 \$ 1310 \$ 57,345 \$ 64,611 \$ 64,611 \$ 64,611 \$ 6,935 \$ 6,935 \$ 50,965 \$ 6,935 \$ 50,965 \$
	2017 TV's cost report	\$ 39,981 5.00	\$ 3,998 \$ 27,987 \$ 19,991 \$ 3,999 \$ 3,999
	2016 TV's cost report	\$ 3,208 \$ 5	8 3.21 8 6.42 8 6.42 96.1 96.1 96.1 96.1 96.1 96.1 96.1
Φ	2015 TVs cost report	\$ 4,104 \$ 5	\$ 410 \$ 2,052 \$ 821 \$ 2,052 \$ 410 \$ 410 \$ 6 7,052 \$ 6 7,052 \$
Moveable Equipment Carryforward Schedule Amount Amount Amount Amount	2009 Heritage Profit c	\$ 286 9 15.00 9	8
yforward Amount	2009 Heritage Profit	\$ (58) 5.00	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
nent Carı Amount	2008 Heritage Profit	\$ 13,406 15.00	\$ 447 \$ 12,959 \$ 12,065 \$ 12,065 \$ 10,27 \$
l e Equipr Amount	2008 Heritage Profit	\$ 288 10.00	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
r Moveab Amount	2008 Heritage Profit	\$ 308	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Valerie Manor mount Amount	2007 Heritage Profit	\$ 45,225) 15.00	\$ 4,508 \$ 4,508 \$ 4,508 \$ 4,508 \$ 4,508 \$ 3,015 \$ 3
₹	2007 Heritage Profit	\$ 14,549 5.00	\$ 1455 \$ 2 10 \$ 2 20 \$ 2 20 \$ 2 20 \$ 364 \$ 2 20 \$ 364 \$ 364
Amount	2006 s Additions	\$ 187 15.00	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Amount	2006 Additions	\$ 92 10.00	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
		Cost Term	Deprec Book Value
Cost Year			2006 2006 2007 2008 2009 2010 2011 2011 2013 2014 2014 2014 2014 2014 2014 2014 2017 2018 2016 2017 2018 2019 2019 2019 2019 2019 2019 2019 2019

F. Statement of Revenue

Item	Name of Facility License No. Valerie Manor, Inc of Torrington, CT, d/t 1070C	LICH	Report for Y 9/30/2019	ear Ended		Page 30	of 37
1. A. Medicaid Residents (CT only)							
1. a. Medicaid Residents (CT only) S 21,183,979 Deb. Medicaid Room and Board Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$			Total	CCNH	RHNS	Oth	er
b. Medicaid Room and Board Contractual Allowance ** 2. a. Medicaid (All other states) 5. b. Other States Room and Board Contractual Allowance ** 3. a. Medicare Residents (all inclusive) 5. b. Medicare Room and Board Contractual Allowance ** 4. a. Private-Pay Residents and Other 5. 4.3,1618 d. 4,331,618 d. 5,1618 b. Private-Pay Room and Board Contractual Allowance ** 5. (558,485) 6. Private-Pay Room and Board Contractual Allowance ** 6. (558,485) 7. (558,485) 7. (558,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,485) 8. (758,48	I. Resident Room, Board & Routine Care Revenue						
2. a. Medicaid (All other states) b. Other States Room and Board Contractual Allowance ** 5	1. a. Medicaid Residents (CT only)	\$	21,183,979	21,183,979			
b. Other States Room and Board Contractual Allowance ** 3. a. Medicare Residents (all inclusive)		\$	(12,607,168)	(12,607,168)	<u> </u>		
3. a. Medicare Residents (all inclusive) b. Medicare Room and Board Contractual Allowance ** c. Private-Pay Residents and Other c. Private-Pay Room and Board Contractual Allowance ** c. Private-Pay Room and Board Contractual Allowance ** c. Private-Pay Room and Board Contractual Allowance ** c. Prescription Drugs - Medicare c. Prescription Drugs - Medicare Contractual Allowance ** c. Prescription Drugs - Medicare Contractual Allowance ** c. Prescription Drugs - Non-Medicare d. Prescription Drugs - Non-Medicare Contractual Allowance ** c. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Mon-Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare Contractual Allowance ** c. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare c. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare c. Speech Therapy - Non-Medicare c. Speech Therapy - Non-Me		\$					
b. Medicare Room and Board Contractual Allowance ** 4. a. Private-Pay Residents and Other b. Private-Pay Rosidents and Other b. Private-Pay Room and Board Contractual Allowance ** 5. (558.485) 11. Other Resident Revenue 1. a. Prescription Drugs - Medicare b. Prescription Drugs - Medicare Contractual Allowance ** 5. (295.319) c. Prescription Drugs - Medicare Contractual Allowance ** 5. (295.319) c. Prescription Drugs - Non-Medicare d. Prescription Drugs - Non-Medicare c. Prescription Drugs - Non-Medicare d. Medical Supplies - Medicare b. Medical Supplies - Medicare c. Medical Supplies - Medicare d. Medical Supplies - Medicare d. Medical Supplies - Non-Medicare d. Physical Therapy - Medicare Contractual Allowance ** d. (19.427) d. Medical Supplies - Non-Medicare d. Physical Therapy - Medicare Contractual Allowance ** d. (19.427) d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare Contractual Allowance ** d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Speech Therapy -	b. Other States Room and Board Contractual Allowance **						
4. a. Private-Pay Residents and Other b. Private-Pay Room and Board Contractual Allowance ** 5	3. a. Medicare Residents (all inclusive)	\$	3,367,650	3,367,650			
D. Private-Pay Room and Board Contractual Allowance ** S (558.485)	b. Medicare Room and Board Contractual Allowance **	\$	318,912	318,912			
1. a. Prescription Drugs - Medicare S 295,319 295,319 b. Prescription Drugs - Medicare Contractual Allowance ** S (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319) (295,319)	4. a. Private-Pay Residents and Other	\$	4,531,618	4,531,618			
1. a. Prescription Drugs - Medicare S 295,319 295,319 D. Prescription Drugs - Medicare Contractual Allowance ** S (295,319) (295,319) (295,319) C. Prescription Drugs - Non-Medicare S 195,395 195,395 d. Prescription Drugs - Non-Medicare Contractual Allowance ** S 195,395 (195,395) (195,395) C. a. Medical Supplies - Medicare Contractual Allowance ** S 18,659 B. 659 D. Medical Supplies - Medicare Contractual Allowance ** S (16,979) (16,979) C. Medical Supplies - Non-Medicare Contractual Allowance ** S (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427) (19,427)	b. Private-Pay Room and Board Contractual Allowance **	\$	(558,485)	(558,485)			
b. Prescription Drugs - Medicare Contractual Allowance ** \$ (295,319) (295,319) c. Prescription Drugs - Non-Medicare \$ 195,395 (195,395) d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (195,395) (195,395) d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (16,979) (16,979) c. Medical Supplies - Medicare Contractual Allowance ** \$ (16,979) (16,979) c. Medical Supplies - Non-Medicare \$ 19,427 (19,427) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (19,427) (19,427) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (19,427) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (966,349) (966,349) d. Physical Therapy - Medicare Contractual Allowance ** \$ (966,349) (966,349) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (304,215) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (304,215) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (120,700) (120,700) d. Speech Therapy - Medicare Contractual Allowance ** \$ (120,700) (120,700) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (973,441) (973,441) d. Cocupational Therapy - Non-Medicare Contractual Allowance ** \$ (973,441) (973,441) d. Cocupational Therapy - Non-Medicare Contractual Allowance ** \$ (973,441) (973,441) d. Cocupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Cocupational Therapy - Non-Medicare Speech	II. Other Resident Revenue						
c. Prescription Drugs - Non-Medicare \$ 195,395 195,395 d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (195,395) (195,395) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$ 18,659 18,659 b. Medical Supplies - Medicare Contractual Allowance ** \$ (16,979) (16,979) c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (19,427) (19,427) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$ (96,549) (19,427) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$ (966,349) (966,349) c. Physical Therapy - Medicare Contractual Allowance ** \$ (340,215) (340,215) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (340,215) (340,215) 4. a. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (60,425) (60,425) 6. a. Occupational Therapy - Non-Medicare \$ (301,747) (304,747) <td>1. a. Prescription Drugs - Medicare</td> <td>\$</td> <td>295,319</td> <td>295,319</td> <td></td> <td></td> <td></td>	1. a. Prescription Drugs - Medicare	\$	295,319	295,319			
d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (195,395) (195,395)	b. Prescription Drugs - Medicare Contractual Allowance **	\$	(295,319)	(295,319)			
2. a. Medical Supplies - Medicare b. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare Contractual Allowance ** c. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Medicare Contractual Allowance ** d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare d. Physical Therapy - Medicare Contractual Allowance ** d. Physical Therapy - Medicare d. Speech Therapy - Medicare d. Speech Therapy - Medicare d. Speech Therapy - Medicare Contractual Allowance ** d. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare d. Speech Therapy - Medicare Contractual Allowance ** d. G0425 d. Speech Therapy - Medicare Contractual Allowance ** d. G0425 d. Speech Therapy - Medicare Contractual Allowance ** d. G0425 d. Speech Therapy - Medicare Contractual Allowance ** d. G0425 d. Speech Therapy - Medicare d. Occupational Therapy - Non-Medicare d. Occupatio	c. Prescription Drugs - Non-Medicare	\$	195,395	195,395			
b. Medical Supplies - Medicare Contractual Allowance ** \$ (16,979) (16,979) c. Medical Supplies - Non-Medicare \$ 19,427 19,427 d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (19,427) (19,427) (19,427) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (19,427) (19,427) (19,427) d. Medicare \$ 1,112,602 b. Physical Therapy - Medicare Contractual Allowance ** \$ (966,349) (966,349) (966,349) d. Medicare \$ 340,215 (340,215) d. Medicare Contractual Allowance ** \$ (340,215) (340,215) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (120,700) (120,700) d. Speech Therapy - Medicare Contractual Allowance ** \$ (10,470) (120,700) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (793,441) (973,441) d. Speech Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) d. C. Occupational Therapy - Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare S (304,747) (304,747) d. Oc	d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(195,395)	(195,395)			
c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (19,427) (19,427) 3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** \$ (966,349) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (966,349) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (340,215) (340,215) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) f. a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare c. Occupational Therapy - Medicare d. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare f. Other (Specify) - Medicare f. Other (Specify) - Medicare f. Other (Specify) - Non-Medicare f. Other (Specify) - Non-Medicare f. Other Revenue f. Other Reven	2. a. Medical Supplies - Medicare	\$	18,659	18,659			
d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (19,427) (19,427) 3. a. Physical Therapy - Medicare \$ 1,112,602 1,112,602 b. Physical Therapy - Medicare Contractual Allowance ** \$ (966,349) (966,349) c. Physical Therapy - Non-Medicare \$ 340,215 (340,215) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (340,215) (340,215) 4. a. Speech Therapy - Medicare \$ 141,035 141,035 b. Speech Therapy - Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) 60,425 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) 60,425 5. a. Occupational Therapy - Medicare \$ 1,141,598 1,141,598 b. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Non-Medicare \$ 304,747 304,747 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) 6. a. Other (Specify) - Non-Medicare \$ 18,647 18,647 b. Other (Specify) - Medicare \$ 18,647 18,647 b. Other (Specify) - Medicare <	b. Medical Supplies - Medicare Contractual Allowance **	\$	(16,979)	(16,979)			
3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare s. 340,215 d. Physical Therapy - Non-Medicare Contractual Allowance ** s. (340,215) d. Physical Therapy - Medicare d. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** s. (120,700) c. Speech Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare d. Speech Therapy -	c. Medical Supplies - Non-Medicare	\$	19,427	19,427			
b. Physical Therapy - Medicare Contractual Allowance ** \$ (966,349) (966,349) c. Physical Therapy - Non-Medicare \$ 340,215 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (340,215) (340,215) d. Physical Therapy - Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) d. Speech Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Other (Specify) - Non-Medicare \$ 18,647 18,647 b. Other (Specify) - Non-Medicare \$ 18,647 18,647 b. Other (Specify) - Non-Medicare \$ 16,591,578 16,591,578 16,591,578 16,591,578 16,591,578 16,591,578 17 (197) 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000	d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(19,427)	(19,427)			
c. Physical Therapy - Non-Medicare \$ 340,215 340,215 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (340,215) (340,215) 4. a. Speech Therapy - Medicare \$ 141,035 141,035 b. Speech Therapy - Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Non-Medicare \$ 60,425 60,425 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Non-Medicare \$ 304,747 304,747 d. Occupational Therapy - Non-Medicare \$ (304,747) (304,747) 6. a. Other (Specify) - Medicare \$ 18,647 18,647 b. Other (Specify) - Non-Medicare \$ 16,591,578 II. Total Resident Revenue (Section I. thru Section II.) \$ 16,591,578 V. Other Revenue* \$ 2 1. Meals sold to guests, employees & others \$ 3 2. Rental of rooms to non-residents \$ 3 3. Telephone \$ 39 4. Rental of Television and Cable Services \$ 39 5. Interest Income	3. a. Physical Therapy - Medicare	\$	1,112,602	1,112,602			
d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (340,215) (340,215) 4. a. Speech Therapy - Medicare \$ 141,035 b. Speech Therapy - Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Non-Medicare \$ 60,425 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) 5. a. Occupational Therapy - Medicare \$ 1,141,598 b. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) 6. a. Other (Specify) - Medicare Contractual Allowance ** \$ (304,747) 6. a. Other (Specify) - Medicare \$ 18,647 b. Other (Specify) - Non-Medicare \$ 18,647 b. Other (Specify) - Non-Medicare \$ \$ (304,747) 7. Other Revenue* 1. Meals sold to guests, employees & others \$ \$ (304,747) 7. Total Resident Revenue (Specify) - S 39 39 39 39 39 39 39 39 39 39 39 39 39	b. Physical Therapy - Medicare Contractual Allowance **	\$	(966,349)	(966,349)			
4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Medicare D. Cocupational Therapy - Non-Medicare D. Other (Specify) - Medicare D. Other (Specify) - Non-Medicare D. Cocupational Therapy - Non-Medicare D. Other (Specify) - Non-Medicare D. Other (Specify) - Non-Medicare D. Other (Specify) - Non-Medicare D. Cocupational Therapy - Non-Medicare D. Other (Specify) - Non-Medicare D. Deficition D.	c. Physical Therapy - Non-Medicare	\$	340,215	340,215			
4. a. Speech Therapy - Medicare b. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Non-Medicare d. Speech Therapy - Medicare Contractual Allowance ** 5	d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(340,215)	(340,215)			
b. Speech Therapy - Medicare Contractual Allowance ** \$ (120,700) (120,700) c. Speech Therapy - Non-Medicare \$ 60,425 (60,425) (60,425) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) (60,425) 5. a. Occupational Therapy - Medicare \$ 1,141,598 1,141,598 b. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Non-Medicare \$ 304,747 304,747 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare \$ 18,647 18,647 b. Other (Specify) - Non-Medicare \$ 16,591,578 V. Other Revenue (Section I. thru Section II.) \$ 16,591,578 V. Other Revenue* 1. Meals sold to guests, employees & others \$ \$ 1,441,598 b. Other (Specify) & \$ 39 39 39 39 39 39 39 39 39 39 39 39 39	4. a. Speech Therapy - Medicare	\$		141,035			~~~~~
d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) 5. a. Occupational Therapy - Medicare \$ 1,141,598 1,141,598 b. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Non-Medicare \$ 304,747 304,747 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) 6. a. Other (Specify) - Medicare \$ 18,647 18,647 b. Other (Specify) - Non-Medicare \$ 16,591,578 16,591,578 V. Other Revenue* 1. Meals sold to guests, employees & others \$ 16,591,578 2. Rental of rooms to non-residents \$ 2 3. Telephone \$ 3 4. Rental of Television and Cable Services \$ 39 5. Interest Income (Specify) \$ 39 6. Private Duty Nurses' Fees \$ 39 7. Barber, Coffee, Beauty and Gift shops \$ 34,340 8. Other (Specify) \$ 34,340 7. Total Other Revenue (1 thru 8) \$ 34,379			(120,700)	(120,700)			
d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (60,425) (60,425) 5. a. Occupational Therapy - Medicare \$ 1,141,598 1,141,598 b. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Non-Medicare \$ 304,747 304,747 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) 6. a. Other (Specify) - Medicare \$ 18,647 18,647 b. Other (Specify) - Non-Medicare \$ 16,591,578 16,591,578 V. Other Revenue* 1. Meals sold to guests, employees & others \$ 16,591,578 2. Rental of rooms to non-residents \$ 2 3. Telephone \$ 3 4. Rental of Television and Cable Services \$ 39 5. Interest Income (Specify) \$ 39 6. Private Duty Nurses' Fees \$ 39 7. Barber, Coffee, Beauty and Gift shops \$ 34,340 8. Other (Specify) \$ 34,340 7. Total Other Revenue (1 thru 8) \$ 34,379	c. Speech Therapy - Non-Medicare	\$	60,425	60,425			
5. a. Occupational Therapy - Medicare \$ 1,141,598 1,141,598 b. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Non-Medicare \$ 304,747 304,747 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) 6. a. Other (Specify) - Medicare \$ 18,647 18,647 b. Other (Specify) - Non-Medicare \$ 16,591,578 16,591,578 V. Other Revenue* 1. Meals sold to guests, employees & others \$ 16,591,578 16,591,578 2. Rental of rooms to non-residents \$ 3 3. Telephone \$ 3 4. Rental of Television and Cable Services \$ 39 39 5. Interest Income (Specify) \$ 39 39 6. Private Duty Nurses' Fees \$ 3 34,340 7. Barber, Coffee, Beauty and Gift shops \$ 34,340 34,340 8. Other (Specify) \$ 34,340 34,340 7. Total Other Revenue (1 thru 8) \$ 34,379 34,379				(60,425)			
b. Occupational Therapy - Medicare Contractual Allowance ** \$ (973,441) (973,441) c. Occupational Therapy - Non-Medicare \$ 304,747 304,747 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (304,747) (304,747) d. Other (Specify) - Medicare \$ 18,647 18,647 b. Other (Specify) - Non-Medicare \$ 16,591,578 16,591,578 l. Other (Specify) - Non-Medicare \$ 16,591,578 l. Other Revenue * \$ 1. Meals sold to guests, employees & others \$ 2. Rental of rooms to non-residents \$ 3. Telephone \$ 3. Selection II. Selection II		\$				······································	~~~~~~
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7. Total Other Revenue (1 thru 8) \$ 34,379 34,379			3/1 2/10	34 340			***************************************
W. T. J. J. J. D. W. J. D.							
VI. Total All Revenue (III +V) \$\ \ 16,625,957 \ \ 16,625,957 \ \			54,379	34,379			
	/I. Total All Revenue (III +V)	\$	16,625,957	16,625,957			

^{*} 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

Description	CCNH	RHNS	Other
Retroactives	\$ 18,647		
er Resident Revenue - Medicare	\$ 18,647	\$ -	\$ -
	Description Retroactives er Resident Revenue - Medicare	Retroactives \$ 18,647	

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
				2020
				117
Total Othe	er Resident Revenue	\$ -	S -	S -

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	Other
pg 31, L A Interest on A/R	N/A	\$ 39	1.0	
		2500 500		
Total Interest Income		\$ 39	S -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
NA	Bad Debt Recoveries	\$ 34,340		10.00
			100	
			100	
1551				100000000000000000000000000000000000000
Total Othe	er Revenue	\$ 34,340	\$ -	S -

G. Balance Sheet

Nam	ie o	f Facility	License No.	Report for Year Ended	Page	e of
Vale	rie	Manor, Inc of Torrington, Cl	r, d 1070C	9/30/2019	31	37
			Account			Amount
Ass€	ets					
A.		urrent Assets				
		Cash (on hand and in banks			\$	377,667
		Resident Accounts Receiva	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		\$	1,201,679
	***************************************	Other Accounts Receivable	(Excluding Owners of	or Related Parties)	\$	2,115
	4	Inventories			\$	24,678
	5.	Prepaid Expenses			\$	430,914
		a. Prepaid Insurance		398,879		
		b. Prepaid Health Insurance	<u> </u>	28,027		
		c. Prepaid Interest		2,730		
		d. See Schedule		1,278		
	6.	Interest Receivable			\$	
	7.	Medicare Final Settlement I	Receivable		\$	
	8.	Other Current Assets (itemi:	ze)		\$	76,154
		A/R Related Facilities		76,154		
		Medicaid Wage Enhancement			_	
		See Schedule			_	
A-9.	To	tal Current Assets (Lines A.	thru 8)		\$	2,113,207
B.	Fix	ked Assets				
	1.	Land			\$	
	2.	Land Improvements	*Historical Cost		\$	
			Accum. Depreciati	on Net		
	3.	Buildings	*Historical Cost		\$	
			Accum. Depreciati	on Net		
	4.	Leasehold Improvements	*Historical Cost	4,033,692	\$	1,330,961
			Accum. Depreciati	on 2,702,731 Net		
	5.	Non-Movable Equipment	*Historical Cost	653,560	\$	39,431
			Accum. Depreciati	on 614,129 Net		
	6.	Movable Equipment	*Historical Cost	1,631,139	\$	303,305
			Accum. Depreciati			
	7.	Motor Vehicles	*Historical Cost		\$	***************************************
			Accum. Depreciati	on Net		
**********	8.	Minor Equipment-Not Depre			\$	***************************************
************************	9.	Other Fixed Assets (itemize)		\$	32,124
		Equipment Carryforward	AJE	32,124		•
		See Schedule		· · · · · · · · · · · · · · · · · · ·		
3-10.		Total Fixed Assets (Lines B	1 thru 9)		\$	1,705,821

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

31		COCK :	
	5d	CSC Leasing	\$ 1,3
otal Prep	aid Expen	SICT	\$ 1.2

ichedule o	f Other C	rrent Assets (itemized) Page 31 Line A8	
age Ref	Line Ref	Description	
		1 - 2 - M 1 - 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	
otai Otne	r Corrent	Assets (Itemize)	72 -

chedule o	f Other Fin	ted Assets (Itemize) Page 31 Line B9	
age Ref	Line Ref	Description	AND RELIGIOUS REPUBLICATION
otal Othe	r Other Fi	ted Assets (Itemize)	<u> </u>
chedule of	Other As	sets Page 32 Line D7	
age Ref	Line Ref	Description	
32	7	Deffered Finance Fees	\$ 31.6
0.00000			
2000			
otal Other	Assets		\$ 31,6

chedule of	Notes Pay	able (Itemize) Page 33 Line A2	***************************************
		able (Itemize) Page 33 Line A2 Description	
age Ref	Line Ref		
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age Ref	Line Ref		\$ 2.480000 \$
nge Ref	Line Ref Payable Other Cui	Description	S - 100 - 2
nge Ref	Line Ref Payable Other Cui	Description Frent Liabilities (Itemize) Page 33 Line A12	S - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -
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otal Notes	Payable Other Cur Line Ref Current I	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Jabilities (Itemize)	
otal Notes	Payable Other Cur Line Ref Current I	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Jabilities (Itemize) g-Term Liabilities (Itemize) Page 34 Line B4	
otal Notes	Payable Other Cur Line Ref Current I	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Jabilities (Itemize) g-Term Liabilities (Itemize) Page 34 Line B4	

\$ 148,919

	2016 Medicaid audit-HP lease	\$ 10,862 5.00						\$ 2,172 \$ 3,260 \$ 2,172 \$ 1,088 \$ 1,088
	2017 TV's cost report	\$ 39,981				i	\$ 7,996 \$ 7,996 \$ 19,991 \$ 7,996 \$ 11,995 \$ 3,999	
əlr	2016 TV's cost report	\$ 3,208 \$				\$ 321 \$ 2,887 \$ 645	\$ 642 \$ 1,603 \$ 861 \$ 861 \$ 861 \$ 319 \$ 319	•
Valerie Manor Moveable Equipment Carryforward Schedule nount Amount Amount Amount Amount	2015 TVs cost report	\$ 4,104 \$ 5				\$ 3,694 \$ 8,21 \$ 2,873 \$ 821 \$ 2,873	\$ 217 \$ 821 \$ 821 \$ 821 \$ 410 \$ 410	
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nt Amount	2007 Heritage ns Profit	37 \$ 14,549 30 5.00	175 175 163 \$ 1,455 163 \$ 13,094 13 \$ 2,910 150 \$ 10,184 12 \$ 2,910	8 8 8 8	113 \$ 1,454 13 \$ 1,454 100 \$ -	38 2 20 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	13 3 3 1 2 2 2 1 3 3 3 3 3 3 3 3 3 3 3 3	
nt Amount	3 2006 ns Additions	92 \$ 187 30 15.00	883 8 8 9 9 8 4 7 7 4 8 8 9 9 8 9 9 9 8 9 9 9 9 9 9 9 9 9 9			A		
Amount	2006 Additions	\$ 92	w w w w w w	မာ မာ မာ မာ	တ တ တ တ တ	၈ မ မ		a a a
F		Cost Term	Deprec Book Value Deprec Book Value Deprec Book Value	Book Value Deprec Book Value Deprec	Book Value Deprec Book Value Deprec Book Value	Deprectory Value Book Value Book Value Deprectory Book Value Book Value Book Value Book Value Book Value	Deprec Book Value Deprec Book Value Deprec Book Value Deprec Book Value	Deprec Book Value Book Value Deprec Book Value
Sost Year			2006 2006 2007 2007 2008 2008 2009	2009 2010 2010 2011	2011 2012 2013 2013	2014 2015 2015 2016 2016 2017	2018 2019 2019 2020 2020 2021 2021	2022 2022 2023 2023 2024 2024

\$ 631 \$ 57,345 \$ 64,611 \$ 64,611 \$ 64,611 \$ 64,611 \$ 64,611 \$ 64,611 \$ 64,611 \$ 57,904 \$ 57,904 \$ 57,904 \$ 50,965 \$ 3,971 \$ 3,971 \$ 3,971 \$ 5,128 \$ 3,971 \$ 5,128 \$ 3,971 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 5,128 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,139 \$ 7,130 \$ 7,130 \$ 7,130 \$

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page		of
Valerie Manor, Inc of Torrington,	CT, d 1070C	9/30/2019		32		37
	Account	Account			nount	
		Total Brought Forward:	\$		3,81	9,028
C. Leasehold or like property re	corded for Equity Purpos		T			
1. Land			\$,
2. Land Improvements	*Historical Cost		T			
	Accum. Depreciation	on Net	\$			
3. Buildings	*Historical Cost					
	Accum. Depreciation	on Net	\$			
4. Non-Movable Equipment	*Historical Cost					
	Accum. Depreciation	on Net	\$			
5. Movable Equipment	*Historical Cost					
	Accum. Depreciation	on Net	\$			
6. Motor Vehicles	*Historical Cost					
	Accum. Depreciation	on Net	\$			
7. Minor Equipment-Not De	-2		\$			
C-8 Total Leasehold or Like Pro	verties (C1 thru 7)		\$			
D. Investment and Other Assets						
1. Deferred Deposits			\$			
2. Escrow Deposits			\$			
3. Organization Expense	*Historical Cost					
	Accum. Depreciation	on Net	\$			
4. Goodwill (Purchased Onl			\$		45	3,360
5. Investments Related to Re	esident Care (itemize)		\$			NAME AND POST OF THE PERSON OF
				-		
6. Loans to Owners or Relat			\$			
Name and Address	Amount	Loan Date				
7. Other Assets (itemize)			\$		66	9,508
Project Development	**************************************	558,456				
Deposit-IRS \$78146, I	Deposit-Utilities \$3686	79,442				
See Schedule	1 77	31,610	<u> </u>		4	2010
D-8. Total Investments and Other)	\$			2,868
D-9. Total All Assets (Lines A9 +	RIO + C8 + D8)		\$		4,94	1,896

^{*} 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 Fac	ility		License No.	Report for Year I	Ended	Page	of
Valerie Man	or, In	c of Torrington, CT, d/b/a V	1070C	9/30/2019		33	37
			Account			An	ount
Liabilities							
Α.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$	S	2,742,796
	2.	Notes Payable (itemize)			\$)	(2,379,320)
		Notes Payable		(2,379,320)		
		Line of Credit					
			wantania				
		See Schedule					
	3.	Loans Payable for Equipme		(itemize)	\$		
		Name of Lender	Purpose	Amount	Date Due		
						100	
		A compad Daywell (E. J	-60 1/ 8/	11 11 1		100	055.060
	4.	Accrued Payroll (Exclusive			\$		255,360
	5.	Accrued Payroll (Owners and		nly)	\$		
	6.	Accrued Payroll Taxes Paya			\$		9,352
	7.	Medicare Final Settlement I			\$	******	
	8.	Medicare Current Financing			\$		
	9.	Mortgage Payable (Current			\$		
		Interest Payable (Exclusive of	of Owner and/or Rel	ated Parties)	\$		
		Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (ite	emize)		\$		472,211
		Acc'd Health Insurance	2,87				
		Provider Taxes Due	237,48	***************************************			
		Acc'd Operating Expenses	231,78	·····			
1 10	m-	Acc'd Expense - CT State Sales Tax		2 See Schedule			
A-13.	101	al Current Liabilities (Lines	SAI thru 12)				1,100,399

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

VALERIE MANOR ACCRUED EXPENSES - OPERATING September 30, 2019

	ACCT.#	2170
Health Insurance		(\$48,641.11)
Accounting		(\$22,500.00)
PR WE 9/28/2019, PD 10/4/2019		(\$151,211.49)
Lab expense	,	(\$5,896.78)
X-ray		(\$1,084.30)
gas/propane		(\$1,488.09)
electricity		(\$3,387.14)
postage		\$116.00
insurance		\$9,959.73
WC Audit		(\$7,652.00)
Balance per General Ledger	=	(\$231,785.18)

G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended			Page	of		
Valerie Manor, Inc of Torrington, CT, d/b/	1070C	1070C 9/30/2019			37		
	Account						
	nt Forward:		1,100,399				
Liabilities (cont'd)							
B. Long-Term Liabilities	(14. 1 N						
1. Loans Payable-Equipment Name of Lender		T	\$		205,991		
Ivalue of Lender	Purpose	Amount	Date Due				
M-Core Energy Efficient Lighting		205,991					
2. Mortgages Payable			\$				
3. Loans from Owners or Rela	ated Parties (itemize)		\$		966,133		
Name and Address of Lender	Amount	Loan Da	ate				
Due to Landlord - LOC repayment	922,220						
McKesson	43,913						
4. Other Long-Term Liabilitie	s (itemize)	<u> </u>	\$		1,102,572		
Due to/from Landlord	•	1,102,572			, ,		
See Schedule							
B-5. Total Long-Term Liabilities (L C. Total All Liabilities (Lines A-1	ines B1 thru 4)	· · · · · · · · · · · · · · · · · · ·	\$		2,274,696		
C. Total All Liabilities (Lines A-1	ン ⊤ ロ− ン)				3,375,095		

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

Nar	ne of Facility License No.	Rep	ort for Y	ear Ended	P	age	of
Val	erie Manor, Inc of Torrington, CT, 1070C	9/30	0/2019			35	37
	Account					Amount	
A.	Reserves						
	1. Reserve for value of leased land	······································			\$		
	2. Reserve for depreciation value of leased bui	ldings and	d appurte	nances			
	to be amortized		······································		\$		
	3. Reserve for depreciation value of leased per	sonal proj	perty (<i>Eq</i>	uity)	\$		
	4. Reserve for leasehold real properties on whi	ch fair rei	ntal value	is based	\$		
	5. Reserve for funds set aside as donor restricted	ed			\$		***************************************
	6. Total Reserves				\$		
B.	Net Worth						
	1. Owner's Capital				\$		
	2. Capital Stock				\$		20,000
	3. Paid-in Surplus				\$		
	4. Treasury Stock		AB-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		\$		
	5. Cumulated Earnings				\$	1	45,579
	6. Gain or Loss for Period 10/1/2	2018	thru	9/30/2019	\$	9	47,862
	7. Total Net Worth				\$	1,1	13,441
C.	Total Reserves and Net Worth				\$	1,1	13,441
D.	Total Liabilities, Reserves, and Net Worth				\$	4,4	88,536

H. Changes in Total Net Worth

H. Balance at End of Period 09/30)/19	\$	1,113,441
3. Total Deductions		\$	
Purpose	Amour	nt	
2. Other Withdrawings (Specify)		\$	
Name and Address (No., City, State, Zip)	Title	Amount	
1. Drawings of Owners/Operators/Partners (Specify	·	\$	
G. Deductions	**************************************		(,/)
F-3. Total Additions		\$	(539,841)
Wage Enhancement Reversal Health Insurance	60,159		
2. Other (itemize)			
Additional Capital Contributed (<i>itemize</i>) (600,000)			
F. Additions		D	1,653,282
D. Net Income or Deficit E. Balance		\$ \$	947,862
C. Total Expenditures (From Statement of Expenditures Page 27)		\$	15,678,095
B. Total Revenue (From Statement of Revenue Page 30)		\$	16,625,957
A. Balance at End of Prior Period as shown on Report of 09/30/2018		\$	705,420
Account			Amount
Valerie Manor, Inc of Torrington, CT, d/ 1070C	9/30/2019		36 37
Name of Facility License No.	Report for Year I	Ended	Page of

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of		
Valerie Manor, Inc of Torrington, CT,	1070C	9/30/2019	37 37		
Check appropriate category					
☐ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Other			
Preparer/Reviewer Certification					
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 Of-C	Date Signed 2/17/2-0	020		
Printed Name of Preparer					
Athena Health Care Associates, Inc					
Addres Address		Phone Number			
135 South Rd Farmington, CT 06032		(860) 751-3900			
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number			
Michael Baldassarre		(860) 751-3900			
Contact Email Address					
mbaldassarre@athenahealthcare.com					
inoundussui i curationamentali en e. e.					