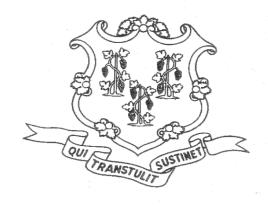
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as 1	licensed)							
Vernon Manor Health	,							
Address (No. & Stree	et, City, State, Z	ip Code)						
180 Regan Rd., Vern	on, CT 06066							
Type of Facility								
Chronic and C Nursing Home		Rest Home wit Supervision on (RHNS)	_	√	Other			
Report for Year Begin 10/1/2017	nning		Report for Year Ending 9/30/2018					
License Numbers:	Numbers: CCNH RHNS Other 991-C			Medicare Provider 07-5334				
Medicaid Provider No	yeek ang	C	CNH	DII	INS		ICI	F-IID
iviedicald Provider in	umbers:	CC	J N IT	КП	шу		ICI	r-IID
For Department Use	e Only							
Sequence Number Assigned	Signed and Notarized	Date Received	Stoned and Notarized Date Re			Date Received		
	l l		ı		ı			

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Vernon Manor Health Care	991-C	9/30/2018	1	37

Administrator's/Owner's Certification

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

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

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

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

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

(Notary Seal)

Table of Contents

General Information and Questionnaire - Type of Facility - Organization Structure 2	Gen	eral Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Partners/Members 3A General Information and Questionnaire - Corporate Owners 3A General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Interval 17 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Report of Firms Providing Services by Contract 21 C	Gen	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Corporate Owners General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4General Information and Questionnaire - Related Parties 5General Information and Questionnaire - Basis for Allocation of Costs 5General Information and Questionnaire - Leases 6General Information and Questionnaire - Leases 6General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 11 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Bala	Gen	eral Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 20 C. Expenditures Other than Salar	Gen	eral Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Related Parties General Information and Questionnaire - Basis for Allocation of Costs General Information and Questionnaire - Leases General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 22 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 24 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance S	Gen	eral Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Basis for Allocation of Costs General Information and Questionnaire - Leases General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 13 Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 D. Adjustments to Statement of Expenditures 27 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees for Service Basis Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 Depreciation Schedule 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Expenditures Other than Salaries (Cont'd) - Interest 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Interest 26 D. Adjustments to Statement of Expenditures 27 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Accounting Basis Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fces Report of Expenditures - Professional Fces Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fce for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 23 Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 24 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet G. Balance Sheet Cont'd) 31 G. Balance Sheet Cont'd) 32 G. Balance Sheet Con'd) 33 G. Balance Sheet Con'd) 40 Changes in Total Net Worth 36 Changes in Total Net Worth	Gen	eral Information and Questionnaire - Basis for Allocation of Costs	5
Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 11 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 63 G. Balance Sheet (Cont'd) 73 G. Balance Sheet (Cont'd) 74 G. Balance Sheet (Cont'd) 75 H. Changes in Total Net Worth 36 H. Changes in Total Net Worth 36	Gen	eral Information and Questionnaire - Leases	6
Schedule of Resident Statistics (Cont'd) A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Interest 24 C. Expenditures Other than Salaries (Cont'd) - Interest 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Accounting Basis	7
A. Report of Expenditures - Salarics & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant 11 Administrators and Other Relatives 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 13 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnai	Sche	edule of Resident Statistics	8
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Sche	edule of Resident Statistics (Cont'd)	9
Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) - Reserves and Net Worth 36 H. Changes in Total Net Worth	A.	Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth		Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 19 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 20 Report of Expenditures Other than Salaries (Cont'd) - Maintenance and Property 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) - Reserves and Net Worth 35 H. Changes in Total Net Worth		Administrators and Other Relatives	11
B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D.		Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D.		Administrators and Other Relatives (Cont'd)	12
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd)	B.		13
for Service Basis C. Expenditures Other than Salaries - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd)			
 C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth 36 			14
 C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth 36 	C.	Expenditures Other than Salaries - Administrative and General	15
Schedule C-1 - Management Services C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Laundry C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) Agenatic Sheet (Cont'd) 35 H. Changes in Total Net Worth	C.		16
C.Expenditures Other than Salaries (Cont'd) - Dietary18C.Expenditures Other than Salaries (Cont'd) - Laundry19C.Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care20Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract21C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36			17
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures Cont'd) F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) - Reserves and Net Worth 35 H. Changes in Total Net Worth	C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Depreciation Schedule	23
C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Amortization Schedule	24
C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest	26
D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures	28
G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures (Cont'd)	29
G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	F.	Statement of Revenue	30
G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet	31
G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	32
G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	33
H. Changes in Total Net Worth 36	G.	Balance Sheet (Cont'd)	34
<u> </u>	G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
I. Preparer's/Reviewer's Certification 37	H.	Changes in Total Net Worth	36
	I.	Preparer's/Reviewer's Certification	37

State of Connecticut

Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of 37		
Name of Facility	Period Covered:		From	То
Vernon Manor Health Care			10/1/2017	9/30/2018
Address of Facility				
180 Regan Rd., Vernon, CT 06066				
Report Prepared By	Phone Num		Date	
CJLC LLC	860-610-90	009		
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

				-	Report for Ye	ar Ended	_		of
		860	-871-0385		9/30/2018		2		37
Name of Facility (as shown on license)			`		Street, City, Sta				
Vernon Manor Health Care	COM	1		₹d., \	Vernon, CT 06	066) (1')		
License Numbers: 99	CCNH 91-C		RHNS		Other		Medicare P 07-5334	rovic	ler No.
Type of Facility (Check appropriate box(es))	91-C						07-3334		
		Dag	t IIama vyith	NI	ina				
Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only			Other			
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC • Pa	artnership	0	Profit Corp.		Non-Profit Con		Government	0	Trust
If this facility opened or closed during report	year provide	e:		Date	e Opened	Date Clo	sed		
TT .1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Has there been any change in ownership or operation during this report year?		\circ	Yes	0	No	If "Vec "	ovaloia fully		
or operation during this report year?			1 68		NO	11 168,	explain fully	/.	
Administrator									
Name of Administrator					Nursing Ho		1061		
Kristi Dougherty					Administrat		1964		
Other Operators/Owners who are assistant ad	ministrators	(ful	1 or part time	of th	License I	NO.:			
Name	mmsuators	(Iui	r or part time	or tr	License N	No.:			

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Vernon Manor Health Care		License No. 991-C	Report for Y 9/30/2018	ear Ended	Page 3	of 37
Legal Name of Par Vernon Manor Health Care	tnership/LLC	Business 180 Regan Rd.,	Address	State(s) and/o Which R		(s) in
		06066				
Name of Partners/Members	Business A	ddress	5	Γitle	% Ov	vned
Paul Liistro	385 West Center St., N 06040	Manchester, CT	Managing M	lember	5()
Brian Liistro	385 West Center St., N 06040	Manchester, CT	Managing M	lember	50)

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Page	of		
Vernon Manor Health Care	991-C	9/30/2018		3A	37	
If this facility is owned or operated as a corp	oration, provide t	he following infor	mation:			
Legal Name of Corporation	Busin	ess Address		nich Incorporated		
Name of Directors, Officers	Busin	ess Address	Title	No. Si		
,				Held by	y Each	
N/A				+		
17/1						
				<u> </u>		
				_		
				1		
				<u> </u>		
Names of Stockholders Owning at Least						
10% of Shares						
				+		
				+		

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility Vernon Manor Health Care	License No. 991-C	Report for Year Ended 9/30/2018	Page 3B	of 37
If this facility is owned or operated as an individu		<u> </u>		37
	vner(s) of Facility			
N/A				

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Vernon Manor Health C	are		991-C		9/30/2018		4	37
	civing compensation from the far rol, ownership, family or busine	•		_	Yes O No	If "Yes," provide the complete the inform		dress and age 11 of the report.
including the rental of prelated through family a	ompanies which provide goods roperty or the loaning of funds t ssociation, common ownership, owners, operators, or officials of	o this fa	icility, , or busi	ness	⊙ Yes ○ No	If "Yes," provide th	e following	information:
Name of Related Individual or Company	Business Address	Good	so Provi ds/Servi Related I	ces to	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
The Arbors of Hop Brook, LLC	385 West Center Street, Manchester CT	0	•		Common Pension Plan	15 / 1A7	60,385	60,385
The Arbors of Hop Brook, LLC	385 West Center Street, Manchester CT	0	•		Shared Office Staff	10/A4	119,406	119,406
The Arbors of Hop Brook, LLC	385 West Center Street, Manchester CT	0	•		Shared Operational Staff	10/A4	59,976	59,976
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	\mathcal{E}_{\perp}				
Vernon Manor Health Care	991-C		9/30/2018	5	37	
If the facility is licensed as CDH and/or RCH o	r provides A	AIDS or TB	I services with special Medicai	d rates,	costs	
must be allocated to CCNH and RHNS as follow	ws:		-			
Item			Method of Allocation			
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, comust be allocated to CCNH and RHNS as follows: Item Method of Allocation Dietary Number of meals served to residents Laundry Number of pounds processed Housekeeping Number of square feet serviced Number of hours of routine care provided by EAC employee classification, i.e., Director (or Charge Negistered Nurses, Licensed Practical Nurses, Aid Attendants						
		Number of	pounds processed			
Housekeeping		Number of	square feet serviced			
* *		Number of	hours of routine care provided	by EA	СН	
Nursing		employee o	classification, i.e., Director (or	Charge	Nurse),	
		Registered	Nurses, Licensed Practical Nu	rses, Ai	des and	
	Item					
Direct Resident Care Consultants		Number of	hours of resident care provided	d by EA	CH	
		specialist ((See listing page 13)			
Maintenance and operation of plant		Square feet				
Property costs (depreciation)		Square feet				
Employee health and welfare		Gross salaı	ries			
All other General Administrative expenses		Total of Direct and Allocated Costs				
The preparer of this report must answer the foll	owing ques	tions applic	able to the cost information pro	vided.		
1. In the preparation of this Report, were all	0 V	O N.	If "No," explain fully why suc	h alloca	ition was	
costs allocated as required?	o res	O No	not made.			
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data	١.		
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing ho	me cos	t centers?	
(e.g., Assisted Living, Home Health, Outpati	ient Service	s, Adult Da	y Care Services, etc.)			
	O V.	O. M.	If "No," explain fully why suc	h alloca	ation was	
	• Yes	O No	not made.			

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	ear Ended		Page of	
Vernon Manor Health Care			991-C	9/30/2018	9/30/2018			
	Ow: Oper Off	ed * to ners, rators, icers		Date of	Term of	Annual Amount	Amount	
Name and Address of Lessor Pitney Bowes	Yes	No	Description of Items Leased Postage Machine	Lease**	Lease	of Lease	Claimed	
PO Box 856460, Louisville, KY 40285	0	•		07/18/11	42 months	695	695	
Pitney Bowes PO Box 856460, Louisville, KY 40285	0	•	Carriage House Postage Machine Allocation 40%	08/31/13	63 months	784	784	
Novareus US, Inc. 111 North Canal, Suite 165, Chicago, IL 60606	0	•	Airborne Infection Control	02/01/14		12,898	12,898	
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for Al	l Leased V	ehicles	? 0 Ye	es ⊙	No	Total ***	14,377	

^{*} Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

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

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page of
Vernon Manor Health Care	991-C	9/30/2018		7 37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:		•
O Accrual O Cash O	Modified Cash			
	Modified Cash			
Is the accounting basis for this	***	7000 H 1 :		
•	Yes	If "No," explain.		
previous period?	No			
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 CJLC, LLC		225 Pitkin Street, East Hartford, CT 0610		
2 William T. Craig CPA LLC		14-16 Masons Island Rd., Suite 2A, Myst	tic, CT 063	55
3				
4				
Services Provided by This Firm (de.	scribe fully)			
1 Medicaid & Medicare Cost Report, A	udit Support		\$	13,950
2 Tax Returns, Corporate Matters			\$	3,500
3			\$	
4			\$	
			Charge for	Services Provided
			\$	17,450
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	,	.,
⊙ Yes O No	Pg 15/1d			
Legal Services Information				
Name of Legal Firm or Independent	t Attorney		Telephone	
1 Jackson Lewis LLP			(914)514-0	
2 Murtha Cullina LLP			(860)240-	
3 Cicchiello & Cicchiello, LLP			(860)866-	
4 Jackson Lewis LLP			(914)514-0	6060
5 Address (No. & Street, City, State, 2	Zin Codo)			
PO Box 416019. Boston MA 0	• /			
2 185 Asylum St, Hartford CT 06				
3 364 Franklin Ave., Hartford, C				
4 PO Box 416019. Boston MA 0				
5	2211			
Services Provided by This Firm (de.	scribe fully)			
1 Consulting on Employee Matters			\$	12,781
2 Collection and Resident Issues, Gener	ral Matters		\$	1,466
3 Rimbursement of Attorney Fees for E	Employee Lawsuit - Disallowed		\$	4,454
4 Union Avoidance Training/Education			\$	1,204
5			\$	•
			1	Services Provided
			\$	19,905
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		-r 3r ++
•	Pg 15/1e			
• Yes O No				

Schedule of Resident Statistics

Name of Facility		License N	No.			Report for	r Year Ende	ed		Page	of	
Vernon Manor Health Care			99	91-C			9/30/2018				8	37
						Period 10	/1 Thru 6/.	30		Period 7/	1 Thru 9/30	
	T . 1 . 11	Total	Total									
	Total All Levels	CCNH Level	RHNS Level	Total Other	Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	106	106			106	106			106	106		
B. As of midnight of THIS report period	109	109			106	106			109	109		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,330	4,330			3,223	3,223			1,107	1,107		
B. Medicaid (Conn.)	26,008	26,008			19,148	19,148			6,860	6,860		
C. Medicaid (other states)												
D. Private Pay	7,944	7,944			5,906	5,906			2,038	2,038		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	38,282	38,282			28,277	28,277			10,005	10,005		
Total Number of Days Not Included in Figures in 3G												
4. for Which Revenue Was Received for Reserved												
Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	63	63			35	35			28	28		
5. Total Resident Days (3G + 4A + 4B)	38,345	38,345			28,312	28,312			10,033	10,033		

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	ise No.				Report	t for Year	Ended		Page	of
Vernon Mano	r Health	ı Care		9	91-C					9/30/201	8		9	37
	-	-	in the certified		pacity du	ıring t	he repo	ort yea	ır?	0	Yes	•	No	
			f Change		Cl	nange	in Bed	s		Car	pacity Afte	r Change		
Date of		RHNS	Other		Lost			Gaine	1			8-		
	CCIVII	Kilivs	o their		Lost		,	Junice	*	1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Other	Reason fo	or Change
			(-)	()		(-)			(-)					
	-	-	in certified bed 90 days followi	_	-	g the r	eport y	ear (a	s repor	ted in iter	m 4 above)	provide the num	mber of	
			Change in R	esider	nt Days					CC	CNH	RHNS	Ot	her
1st chang														
2nd char														
3rd chan														
4th chan		14	1 D . 4	1	20 . 60	37								
6. Number	of Resid	dents an	d Rates on Sept Medicare	ember	Medi		ar	1		Ç.	elf-Pay		Othor Stor	te Assisted
			Medicare		Medi	caid				Se I	n-Pay		Other Sta	le Assisted
	T4		CCNH		CNH	рт	TNIC	CC	CNH	DI	INIC	O41	D C II	ICE MD
No. of R	Item	,	CCNH	C		KI	HNS	CC		KI	INS	Other	R.C.H.	ICF-MR
Per Dien		,			77				21				11	
a. One b					205.19				455.00					
b. Two l		_			203.19				436.00					
c. Three									130.00					
bed r		C												
ocu i	.1113.					<u> </u>								
		-	al Therapy Trea	tment	s					TO	TAL	CCNH	RHNS	Other
	Medica										859	859		
В.			lusive of Part B)										
			e Treatments								9	9		
C	2. Resi	torative	Treatments								6.740	(740		
		Physical	Therapy Treati	nonts							6,740 7,608	6,740 7,608		
			Therapy Treating Therapy Treating								7,000	7,000		
	Medica			nems							551	551		
	Medica	id (Excl	lusive of Part B)										
		,	lusive of Part B) e Treatments)										
	1. Mai	ntenanc)										
В.	 Mai Rest Other 	ntenanc torative	e Treatments Treatments								1,523	1,523		
B. C. D.	1. Mai 2. Rest Other <i>Total S</i>	ntenanc torative	e Treatments Treatments Therapy Treatm	ents							1,523 2,074	1,523 2,074		
C. D. 9. Total Nu	1. Mai 2. Rest Other Total S	ntenanc torative Speech T	e Treatments Treatments Therapy Treatmational Therapy	ents	ments									
C. D. 9. Total Nu A.	1. Mai 2. Rest Other Total S amber of Medica	torative Speech 1 Gocupa Go	e Treatments Treatments Therapy Treatm ational Therapy t B	ents Treat	ments									
B. C. D. 9. Total Nu A.	1. Mai 2. Rest Other Total S umber of Medica Medica	torative Ipeech T Occupa re - Par rid (Exc.	e Treatments Treatments Therapy Treatm ational Therapy t B lusive of Part B	ents Treat	ments						2,074	2,074		
B. C. D. 9. Total Nu A.	1. Mai 2. Rest Other Total S Imber of Medica Medica 1. Mai	torative Epech T Occupa are - Par aid (Excupation of the content of the conte	e Treatments Treatments Therapy Treatment ational Therapy t B lusive of Part B e Treatments	ents Treat	ments						2,074	2,074		
B. C. D. 9. Total Nu A. B.	1. Mai 2. Rest Other Total S umber of Medica Medica 1. Mai 2. Rest	torative Epech T Occupa are - Par aid (Excupation of the content of the conte	e Treatments Treatments Therapy Treatm ational Therapy t B lusive of Part B	ents Treat	ments						2,074	2,074		
B. C. D. 9. Total Nu A. B.	1. Mai 2. Rest Other Total S Imber of Medica Medica 1. Mai 2. Rest Other	torative Tpeech T f Occupa ire - Par iid (Exci	e Treatments Treatments Therapy Treatment ational Therapy t B lusive of Part B e Treatments	ents Treat							2,074	2,074		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year	Ended	Page	of
Vernon Manor Health Care	991-C		9/30/2018		10	37
Are time records maintained by all individuals receiving com	pensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1) 2. Administrator(s) (Complete also Sec. III						
	00.000	1.550				
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	89,880	1,558				
` •						
of Schedule A1)						
4. Other Administrative Salaries (telephone	419,379	18,674				
operator, clerks, receptionists, etc.) 5. Dietary Service	419,379	10,074				
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	444,135	26,452				
6. Housekeeping Service	111,1222	,				
a. Head Housekeeper						
b. Other Housekeeping Workers	172,849	12,203				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	127,563	6,388				
8. Laundry Service						
a. Supervisor	72 (47	5.125				
b. Other Laundry Workers Barber and Beautician Services	72,647	5,135				
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	210,676	4,132				
b. RN	_	,				
1. Direct Care	750,823	19,572				
2. Administrative**	280,439	7,716				
c. LPN						
1. Direct Care	1,554,509	53,229				
2. Administrative**	31,596	1,043				
d. Aides and Attendants	1,764,312	111,051				
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	162,394	8,896				
i. Physicians	102,371	0,070				
Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists	160 151	5 100				
m. Social Workers/Case Management n. Marketing	160,151	5,126				
n. Marketing o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	6,241,355	281,175				

^{*} 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.

Vernon Manor Health Care
9/30/2018
Attachment Page 10/13

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	Otl	ier
Position	\$	Hours	\$	Hours	\$	Hours
m . I			Φ.			
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

	CC	CNH	RH	INS	Otl	ier
Service	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Vernon Manor Health Care	Name of Facility Vernon Manor Health Care			License No. 991-C		Report for 9/30/2018	Year Ended		Page 11	of 37
vernon wanor meann care		Salary Paid	1	<i>)</i> /1-C		9/30/2018				31
Name	CCNH	RHNS	Other	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Vernon Manor Health Care				991-C		9/30/2018			12	37
		Salary Pai	d	Fringe Benefits		T 1			T . 1	
				and/or Other Payments	Full Description of	Total Hours	Line Where	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	Other	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Paul Liistro (10/1/17 to 1/1/18)				Standard	Responsible for daily operations of the facility		A2			
Andrew Steiner (1/2/18 to 9/30/18)	89,880			Standard	Responsible for daily operations of the facility	1,558				
Section IV - Assistant Administrators										

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

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

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Vernon Manor Health Care	991	-C	9/30/2018		13	37
			Total Cost	and Hours		•
T4 over	CCMH	TT	DIME	TT	041	11
Ttem B. Direct care consultants paid on a fee	CCNH	Hours	RHNS	Hours	Other	Hours
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	7,560	146				
3. Pharmacist	7,300	140				
4. Podiatrist						
		_				
5. Physical Therapya. Resident Care	200 201	2 006				
b. Other	399,291	8,906				
8. Physicians	41 400	204				
a. Medical Director (entire facility) b. Utilization Review	41,400	204				
(Title 18 and 19 only) monthly meeting c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
Medical Staff	8,333	24				
9. Speech Therapist						
a. Resident Care	99,429	1,547				
b. Other						
10. Occupational Therapist						
a. Resident Care	384,723	8,159				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	38,658	540				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
3-13 Total Fees Paid in Lieu of Salaries	979,394	19,526				

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

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

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

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Vernon Manor Health Care	991-C		9/30/2018		14	37
			* to Owners,			
Name & Address of Individual	Full Explanation of Service		rs, Officers	Expla	nation of Relat	nonship
D 1 1 C C I		Yes	No			
RehabCare Group, Inc. 680 S 4th St, Louisville, KY 40202	Therapy Services	0	•			
Anil Nair, MD 515 Middle Turnpike W., Manchester, CT 06040	Medical Director	0	•			
Kristin Giannini, MD 33 Riverside Dr., South Windsor, CT 06074	Assistant Medical Director	0	•			
GeriDent Solutions, LLC P.O. Box 290539, Wethersfield, Connecticut	Dental Services	0	•			
Starling Physician 2110 Silas Deane Highway, Rocky Hill, CT 06067	CHF & COPD Doctors (Medical Staff)	0	•			
Patricia Gannon	MDS Consulting	0	•			
Celtic Consulting 507 E Main Street, Torrington CT 06790	MDS Consulting	0	•			
West Hartford Health & Rehab 130 Loomis Drive, West Hartford, CT 06107	Clinical Liason	0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License N			Report for Y	ear Ended	Page	of
	Manor Health Care	991-C	9/30/2018		15	37
	Item		Total	CCNH	RHNS	Other
1. Ad	ministrative and General					
a.	Employee Health & Welfare Benefits					
	1. Workmen's Compensation	\$	161,345	161,345		
	2. Disability Insurance	\$				
	3. Unemployment Insurance	\$	90,264	90,264		
	4. Social Security (F.I.C.A.)	\$	466,825	466,825		
	5. Health Insurance	\$	433,111	433,111		
	6. Life Insurance (employees only)					
	(not-owners and not-operators)	\$				
	7. Pensions (Non-Discriminatory)	\$	60,385	60,385		
	(not-owners and not-operators)					
	8. Uniform Allowance	\$	13,834	13,834		
	9. Other (<i>Specify</i>)	\$				
	See Attached Schedule					
b.	Personal Retirement Plans, Pensions, and	. \$				
	Profit Sharing Plans for Owners and					
	Operators (Discriminatory)*					
c.	Bad Debts*	\$	70,394	70,394		
d.	Accounting and Auditing	\$	17,450	17,450		
e.	8 (3)	on Page 7) \$	19,905	19,905		
f.	Insurance on Lives of Owners and	\$				
	Operators (Specify)*					
		\$	57,555	57,555		
h.	Telephone and Cellular Phones					
	1. Telephone & Pagers	\$	48,254	48,254		
	2. Cellular Phones	\$	3,574	3,574		
i.	Appraisal (Specify purpose and	\$				
	attach copy)*					
j.	Corporation Business Taxes (franchise to					
k.	Other Taxes (Not related to property - Se	e Page 22)				
	1. Income*	\$				
	2. Other (<i>Specify</i>)	\$	17,310	17,310		
	See Attached Schedule					
	3. Resident Day User Fee	\$		627,002		
Subtoto	ul	\$	2,087,209	2,087,209		

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

(Carry Subtotals forward to next page)

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

Vernon Manor Health Care 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	C	CCNH	RHNS		Oth	ier
Taxes - Sales	\$	17,310				
Total	\$	17,310	\$	-	\$	-

.....

CSP-16 Rev. 9/2002

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

Vernon Manor Health Care 991-C 9/30/2018 16 37	Name of 1	Facility	License No.		Report for Y	Year Ended	Page	of
Subtotals Brought Forward: 2,087,209 2,087,209 1. Travel and Entertainment	Vernon M	Ianor Health Care	991-C		9/30/2018		_	37
Subtotals Brought Forward: 2,087,209 2,087,209 1. Travel and Entertainment			•					
Subtotals Brought Forward: 2,087,209 2,087,209 1. Travel and Entertainment								
1. Travel and Entertainment \$ 6,014 6,014 2. Holiday Parties for Staff \$ 3. Gifts to Staff and Residents \$ 44,961 44,961 4. Employee Travel \$ 14,237 14,237 5. Education Expenses Related to Seminars and Conventions \$ 13,764 13,764 6. Automobile Expenses (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8. Education Expenses (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8. Education Expenses (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8. Education Expenses (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8. Advertising Telephone Directory (all such expenses) \$ \$ 9. Advertising Telephone Directory (all such expenses) \$ \$ 3. Advertising Telephone Directory (all such expenses) \$ \$ 4. Fund-Raising*** \$ \$ \$ 5. Medical Records \$ <td></td> <td>Item</td> <td></td> <td></td> <td>Total</td> <td>CCNH</td> <td>RHNS</td> <td>Other</td>		Item			Total	CCNH	RHNS	Other
1. Travel and Entertainment \$ 6,014 6,014 2. Holiday Parties for Staff \$ 3. Gifts to Staff and Residents \$ 44,961 44,961 4. Employee Travel \$ 14,237 14,237 5. Education Expenses Related to Seminars and Conventions \$ 13,764 13,764 6. Automobile Expenses (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8. Education Expenses (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8. Education Expenses (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8. Education Expenses (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8. Advertising Telephone Directory (all such expenses) \$ \$ 9. Advertising Telephone Directory (all such expenses) \$ \$ 3. Advertising Telephone Directory (all such expenses) \$ \$ 4. Fund-Raising*** \$ \$ \$ 5. Medical Records \$ <td></td> <td>Subtota</td> <td>ls Brought Forwai</td> <td>rd:</td> <td>2,087,209</td> <td>2,087,209</td> <td></td> <td></td>		Subtota	ls Brought Forwai	rd:	2,087,209	2,087,209		
2. Holiday Parties for Staff \$ 44,961 44,961 3. Gifts to Staff and Residents \$ 44,961 44,961 4. Employee Travel \$ 14,237 14,237 5. Education Expenses Related to Seminars and Conventions \$ 13,764 13,764 6. Automobile Expense (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ 8,269 8,269 7. Other (Specify) \$ \$ 8,269 8,269 7. Other (Specify) \$ \$ 8,269 8,269 8. Advertising and the sepanses of the service	1. Tra	vel and Entertainment	-					
3. Gifts to Staff and Residents	1.	Resident Travel and Entertainment		\$	6,014	6,014		
4. Employee Travel \$ 14,237 14,237 5. Education Expenses Related to Seminars and Conventions \$ 13,764 13,764 6. Automobile Expense (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ 8,269 8,269 8. See Attached Schedule \$ 8,269 8,269 9. Other (Specify) \$ 8,269 8,269 1. Advertising Help Wanted (all such expenses) \$ 8,343 8,343 2. Advertising Telephone Directory (all such expenses)*** \$ 40,303 40,303 3. Advertising Other (Specify)*** \$ 40,303 40,303 4. Fund-Raising**** \$ 40,303 40,303 5. Medical Records \$ 5 \$ 5 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$ 5,772 5,772 * 8. Dues and Membership Fees to Professional Associations (Specify) \$ 9,342 9,342 Associations (Specify) \$ 800 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Servi	2.	Holiday Parties for Staff		\$				
5. Education Expenses Related to Seminars and Conventions \$ 13,764 13,764 6. Automobile Expense (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3.	Gifts to Staff and Residents		\$	44,961	44,961		
6. Automobile Expense (not purchase or depreciation) \$ 8,269 8,269 7. Other (Specify) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4.	Employee Travel		\$	14,237	14,237		
7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 3. Advertising Other (Specify)*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**	5.	Education Expenses Related to Seminars an	d Conventions	\$	13,764	13,764		
See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** \$ 40,303 40,303 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 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 8 5,772 5,772 * 80 800 800 9 Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule Sc	6.	Automobile Expense (not purchase or depri	eciation)	\$	8,269	8,269		
m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ \$8,343 8,343 8,343 40,303 40,303 40,303 40,303 5,503 8,507 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 5,772 7,772 8,000 800 800 800 900 91 92 93,508 93,508 93,508 94,173 944,173 944,173 944,173	7.	Other (Specify)		\$				
1. Advertising Help Wanted (all such expenses) \$ 8,343 8,343 2. Advertising Telephone Directory (all such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 40,303 40,303 See Attached Schedule 4. Fund-Raising*** \$ 5. Medical Records \$ 5		See Attached Schedule						
2. Advertising Telephone Directory (all such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 40,303 40,303 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 \$ 5,772 5,772 \$ 8. Dues and Membership Fees to Professional \$ 4, Supplies (if this service is supplied directly and not by contract or fee for service)*** 8. Dues and Membership Fees to Professional \$ 4, Sasociations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 5,772 5,772 \$ 8. Subscriptions \$ 8,3508 3,508 \$ 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 5,003 6,003 See Attached Schedule 12. Administrative Management Services** \$ 12. Administrative Management Services**	m. Oth	er Administrative and General Expenses						
3. Advertising Other (Specify)*** 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 * Solutions (Specify) * See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** * Solutions (Specify) See Attached Schedule 10. Contributions*** \$ \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ \$ 40,303 40,303 40,303 40,303 40,303 40,303 40,303 40,303 40,303 40,303	1.	Advertising Help Wanted (all such expense	s)	\$	8,343	8,343		
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 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 8.00 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ \$	2.	Advertising Telephone Directory (all such e	expenses)***	\$				
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 * 8. Dues and Membership Fees to Professional Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** * 8. Subscriptions * 8. Dues to Chamber of Commerce & Other Non-Allowable Org.*** * 8. Dues to Chamber of Commerce & Other Non-Allowable Or	3.	Advertising Other (Specify)***		\$	40,303	40,303		
5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 8. Subscriptions 9,342 9,342 9,342 9,342 9,342 800 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**		See Attached Schedule						
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 5,772 5,772 \$ * 8. Dues and Membership Fees to Professional \$ 9,342 9,342 \$ Associations (Specify) \$ See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 800 800 \$ 9. Subscriptions \$ 3,508 3,508 \$ 10. Contributions*** \$ 6,003 6,003 \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$	4.	Fund-Raising***		\$				
directly and not by contract or fee for service)*** 7. Postage \$ 5,772 5,772 * 8. Dues and Membership Fees to Professional \$ 9,342 9,342 Associations (Specify) \$ 800 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$	5.	Medical Records		\$				
7. Postage \$ 5,772 5,772 * 8. Dues and Membership Fees to Professional \$ 9,342 9,342 Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 800 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$	6.	Barber and Beauty Supplies (if this service	is supplied	\$				
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 800 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**		directly and not by contract or fee for service	e)***					
Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 800 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**	7.	Postage		\$	5,772	5,772		
See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 800 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**	* 8.	Dues and Membership Fees to Professional		\$	9,342	9,342		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 800 800 9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**		Associations (Specify)						
9. Subscriptions \$ 3,508 3,508 10. Contributions*** \$ 6,003 6,003 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$		See Attached Schedule						
10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 6,003 6,003 244,173 244,173 \$ 244,173 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8a.	Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$	800	800		
See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 244,173 244,173 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**				\$	3,508	3,508		
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 244,173 244,173 244,173	10.	Contributions***		\$	6,003	6,003		
Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$		See Attached Schedule						
12. Administrative Management Services** \$	11.	Services Provided by Contract (Specify and	Complete	\$	244,173	244,173		
			ividual)					
13. Other (Specify) \$ 13,764 13,764				\$				
	13.	(1 00)		\$	13,764	13,764		
See Attached Schedule								
C-14 Total Administrative & General Expenditures \$ 2,506,461 2,506,461	C-14 Tota	al Administrative & General Expenditures		\$	2,506,461	2,506,461		

^{*} 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
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	F	RHNS	O	ther
Advertising-Public Relations	\$ 40,303				
Total Other Advertising	\$ 40,303	\$	-	\$	-

Schedule of Dues

Description	CCNH	R	HNS	(Other
CAHCF	\$ 8,974				
ALTCFM	\$ 213				
ACHCA	\$ 155				
			,		
Total Dues	\$ 9,342	\$	-	\$	-

Schedule of Contributions

Description	(CCNH	RE	INS	Otl	her
Contributions - Gifts	\$	6,003				
Total Contributions	\$	6,003	\$	-	\$	

Schedule of Other Administrative and General

Description	(CCNH	RHN	IS	Otl	her
Employee Screening Exp	\$	5,943				
Licenses Fees	\$	4,114				
Banking Fees/Admin Fees	\$	2,589				
Employee Physicals	\$	1,119				
		•				
Total Other Administrative and General	\$	13,764	\$	-	\$	-

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Vernon Manor Health Care	991-C	9/30/2018	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 #

^{*} 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)

Item	Non	ae of Engility	License	No	Deport for V	ear Ended	Page	of
Total CCNH RHNS Other		•	License		-			
2. Dietary a. In-House Preparation & Service 1. Raw Food \$ 262,030 262,030 2. Non-Food Supplies \$ 38,697 38,697 3. Other (Specify) \$ \$ b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) \$ \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 300,727 2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 300,727 2EF. Dietary Questionnaire G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? No No If yes, specify cost. If yes, specify cost. If yes, specify cost. If yes, specify cost.	V CI	non Manor Heatin Care))1-C	7/30/2010		10	31
a. In-House Preparation & Service 1. Raw Food 2. Non-Food Supplies 3. Other (Specify) 5. Other (Specify) 8. Other (Specify) 8. Other (Specify) 8. Other (Specify) 9. Other (Specify) 10. Other (Specify) 11. Other (Specify) 12. Other (Specify) 12. Other (Specify) 13. Other (Specify) 14. Is cost of employee meals included in 2E? 15. Did you receive revenue from employees? 16. Where is the revenue received reported in the Cost Report? (Page/Line Item) 17. Is any revenue collected from these people? 18. Other Oyes Ono If yes, specify amt. 19. Where is the revenue received reported in the Cost Report? (Page/Line Item) 19. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? 18. One Is any revenue collected from employees? 19. One Is any revenue collected from employees? 10. Ves One If yes, specify cost. 11. One If yes, specify amt. 12. One If yes, specify amt. 13. Other Other Other Oyes One If yes, specify cost. 14. One Oyes Oyes Oyes Oyes Oyes Oyes Oyes Oye		Item		Total	CCNH	RHNS	(Other
1. Raw Food 2. Non-Food Supplies 3. Other (Specify) 8 38,697 38,697 3. Other (Specify) 8	2.	Dietary						
2. Non-Food Supplies \$ 38,697 38,697 38,697 38,697 38,697 3. Other (Specify) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		a. In-House Preparation & Service						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) 2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 300,727 2F. Dietary Questionnaire G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify cost. If yes, specify cost. If yes, specify cost. If yes, specify cost.								
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) 2D. Total Dietary Expenditures (2a+b+c+d) \$ 300,727 300,727 2F. Dietary Questionnaire G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify cost. If yes, specify cost.					38,697			
than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) 2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 300,727 2 2F. Dietary Questionnaire Total CCNH RHNS Other G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes O No I. Did you receive revenue from employees? O Yes O No I. Se cost of meals provided to persons other K. than employees or residents (i.e., Board Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify cost. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify cost. If yes, specify cost.		3. Other (Specify)	\$			_	_	_
than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) 2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 300,727 2 2F. Dietary Questionnaire Total CCNH RHNS Other G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes O No I. Did you receive revenue from employees? O Yes O No I. Se cost of meals provided to persons other K. than employees or residents (i.e., Board Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify cost. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify cost. If yes, specify cost.								
Complete Schedule C-2 att. Page 21) c. Other (Specify) \$ 300,727 300,727 \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 \$ 2F. Dietary Questionnaire		b. Purchased Services (by contract other	\$					
c. Other (Specify) \$ 300,727 300,727 \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 300,727 \$ 2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 300,727 \$ 2D. Total Dietary Questionnaire		than through Management Services)						
2D. Total Dietary Expenditures (2a + b + c + d) \$ 300,727 300,727 2 2F. Dietary Questionnaire								
2F. Dietary Questionnaire G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes No I. Did you receive revenue from employees? O Yes No I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K. than employees or residents (i.e., Board O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes No If yes, specify cost. If yes, specify cost.		c. Other (Specify)	\$					
2F. Dietary Questionnaire G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes No I. Did you receive revenue from employees? O Yes No I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K. than employees or residents (i.e., Board O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes No If yes, specify cost. If yes, specify cost.								
G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes No If yes, specify cost.	2D.	Total Dietary Expenditures (2a + b + c + d)	\$	300,727	300,727			
G. Resident Meals: Total no. of meals served per day:* H. Is cost of employee meals included in 2E? O Yes No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes No If yes, specify cost. L. Is any revenue collected from these people? O Yes No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes No If yes, specify cost.								
H. Is cost of employee meals included in 2E? O Yes O No I. Did you receive revenue from employees? O Yes O No If yes, specify amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K. than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify cost. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify cost. If yes, specify cost.	2F.	Dietary Questionnaire		Total	CCNH	RHNS	(Other
I. Did you receive revenue from employees? O Yes	G.	Resident Meals: Total no. of meals served per	day:*					
I. Did you receive revenue from employees? O Yes amt. J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other K. than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify cost. If yes, specify cost.	Н.	Is cost of employee meals included in 2E?	O Yes	•	No			
Is cost of meals provided to persons other K. than employees or residents (i.e., Board Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify amt.	I.	Did you receive revenue from employees?	O Yes	•	No			
K. than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify amt.	J.	Where is the revenue received reported in the C	Cost Repor	t? (Page/Line	Item)			
Members, Guests) included in 2E? L. Is any revenue collected from these people? O Yes O No If yes, specify amt. M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify amt.		<u> </u>				If ves. specify		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes No If yes, specify cost. If yes, specify amt.	K.	* *	O Yes	•	No			
Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? O. Is any revenue collected from employees? O Yes O No If yes, specify cost. If yes, specify amt.	L.	Is any revenue collected from these people?	O Yes	•	No			
N. snacks at monthly staff meetings, board of Yes on No If yes, specify cost. O. Is any revenue collected from employees? O Yes on No If yes, specify amt.	M.	Where is the revenue received reported in the C	Cost Repor	t? (Page/Line	Item)			
O. Is any revenue collected from employees? O Yes O No If yes, specify amt.	N.	snacks at monthly staff meetings, board meetings) provided to employees included	O Yes	•	No			
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)	O.		O Yes	•	No			
I	P.	Where is the revenue received reported in the C	Cost Repor	t? (Page/Line	Item)			

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

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

Name of Facility						of
Vernon Manor Health Care	Č	991-C	9/30/2018	I	19	37
Item		Total	CCNH	RHNS	0	ther
 3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items 	Lbs.	6,516	6,516			
washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
processed.***	Amt. \$					
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$					
b. Purchased Services (by contract other than through Management Services)	\$					
(Complete Schedule C-2 att. Page 21) c. Other (Specify)	\$	9,714	9,714			
Supplies 3D. Total Laundry Expenditures (3a + b + c)	\$	16,229	16,229			
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.		
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		_

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

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

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

	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Verr	non Manor Health Care	991-C		9/30/2018		20	37
	Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	36,035	36,035		
	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 (<i>Specify</i>)		\$				
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	36,035	36,035		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	233,584	233,584		
	b. Medicine Cabinet Drugs		\$	43,516	43,516		
	c. Medical and Therapeutic Supplies		\$	219,625	219,625		
	d. Ambulance/Limousine***		\$				
	e. Oxygen		- 1				
	1. For Emergency Use		\$				
	2. Other***		\$	61,756	61,756		
	f. X-rays and Related Radiological		\$	15,416	15,416		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$				
	i. Recreation		\$	6,636	6,636		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	5,082	5,082		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	5j)	\$	585,615	585,615		

^{*} 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
Supplies - Rehabilitative	\$ 5,082		
Total Other Resident Care	\$ 5,082	\$ -	\$ -

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

Name of Facility Vernon Manor Health Care				License No. 991-C	Report for Year Ended 9/30/2018					of 37
		Related ** Operators				Total Cost/Page Ref.			*** 	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Other	Pg	Line
Wescom Solutions	Suite 155, Bloomington, MN 55431	0	•		Point Click Care	81,596				m11
ADP	100 Corporate Dr., Windsor, CT 06095	0	•		Payroll Services	50,727			16	m11
		0	•							
		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 No.	Report for Y	ear Ended		Page	of
Vernon Manor Health Care	991-C	9/30/2018	9/30/2018			
Item		Total	CCNH	RHNS	Otl	ner
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	159,599	159,599			
b. Heat	\$	72,844	72,844			
c. Light & Power	\$	103,618	103,618			
d. Water	\$	46,926	46,926			
e. Equipment Lease (Provide detail o	n page 6) \$	14,377	14,377			
f. Other (itemize)	\$	53,545	53,545			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6	6a - 6f) \$	450,908	450,908			
7. Depreciation (complete schedule page	23*)					
a. Land Improvements	\$	24,590	24,590			
b. Building & Building Improvements	s \$	124,704	124,704			
c. Non-Movable Equipment	\$	33,618	33,618			
d. Movable Equipment	\$	107,513	107,513			
*7e. Total Depreciation Costs (7a + b + c	+ d) \$	290,425	290,425			
8. Amortization (Complete att. Schedule	Page 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$	4,467	4,467			
c. Leasehold Improvements	\$	4,748	4,748			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c	+ d) \$	9,216	9,216			
9. Rental payments on leased real proper	ty less					
real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$	115,404	115,404			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	23,058	23,058			
11. Total Property Expenses (7e + 8e + 9	+ 10) \$	438,103	438,103			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
Waste Removal	\$ 32,668		
Snow Removal	\$ 20,877		
Total Other Repairs and Maintenance	\$ 53,545	\$ -	\$ -

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

Depreciation Schedule

Name of Facility				License No.			Report for Year Ended			Page	of	
Vernon Manor Health Care				991-	·C		9/30/2018			23	37	
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period					483,555		483,555	124,171	Var		24,157	
2. Disposals (attach schedule)			(29,654)			(21,328)						
3. Acquired during this report period (attach schedule)			8,668						433			
A-4. Subtotal												24,590
B. Building and Building Improvements												
Acquired prior to this report period					5,754,802		5,754,802	2,985,617	Var		121,271	
2. Disposals (attach schedule)					(158,369)			(114,723)				
3. Acquired during this report period (atta	ch sch	edule)			31,462						3,433	
B-4. Subtotal												124,704
C. Non-Movable Equipment												
Acquired prior to this report period					924,618		924,618	655,263	Var		32,808	
2. Disposals (attach schedule)					(106,452)			(78,596)				
3. Acquired during this report period (atta	ch sch	edule)			167,792						811	
C-4. Subtotal												33,618
	logł	nileage book ained?	Date	e of sition Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. Lexus		х		2014	50,119		50,119	34,249	·	5	10,024	
b. Lexus - Disposed					(50,119)		(50,119)	(44,273)				
c.												
d.												
Movable Equipment												
a. Acquired prior to this report period		1,491,584		1,491,584		Var		94,394				
b. Disposals (attach schedule)		(179,725)			(175,760)							
c. Acquired during this report period												
(attach schedule)					54,928						3,095	
D-3. Subtotal												107,513
E. Total Depreciation												290,425

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:	•			•	
1/1/2018	Fire Hydant and Manhole Coring	\$ 6,594	15	\$	330
1/1/2018	Front Door Concret Cap	\$ 2,074	15	\$	104
Fotal additions for	Land Improvements	\$ 8,668		\$	433
Deletions:		 0,000		-	
	Disposals	\$ (29,654)			
Total deletions for	Land Improvements	\$ (29,654)		\$	-

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Useful							
Acquisition Date	Description of Item		Cost	Life	Depreciation		
Additions:							
10/19/2017	Entry/Hallway Carpet	\$	11,453	5	\$	2,100	
4/17/2018	Elevator Cab Flooring	\$	2,090	10	\$	87	
6/30/2018	Resident Room Baseboards - 9 Rooms	\$	3,445	15	\$	57	
4/30/2018	Flooring & Walls - Rm 207	\$	5,824	5	\$	485	
4/30/2018	Flooring & Walls - Rm 213	\$	6,569	5	\$	547	
1/1/2018	Vinyl Flooring Basemend Storage Room	\$	2,080	10	\$	156	
Total additions for	Building Improvements	\$	31,462		\$	3,433	
Deletions:							
	Disposals	\$	(158, 369)				
Total deletions for I	Building Improvements	\$	(158,369)		\$	-	

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

	4. 1				
Acquisition Date	Description of Item	Cost	Useful Life	Denre	eciation
Additions:	Description of item	Cost	Life	Берге	Clation
	Fire Protection Sprinkler Supply Line	\$ 3,286	25	\$	120
9/30/2018	* ***	\$ 150,832	20		
3/24/2018	Cogen Engine	\$ 10,862	15	\$	362
2/28/2018	Drier Fan & Mark Timer	\$ 2,813	5	\$	328
Total additions for	Non-Movable Equipment	\$ 167,792		\$	811
Deletions:					
	Disposals	\$ (106,452)			
Total deletions for	Non-Movable Equipment	\$ (106,452)		\$	-

^{*}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	Depreciation	
Additions:	Description of item	Cost	Life	Depreciation	
12/4/2017	Nurses Station Shelving	\$ 4,397	20	\$ 183	
12/19/2017	Office Furniture	\$ 2,490	15	\$ 124	
1/1/2018	LED Lighting Upgrades	\$ 8,235	5	\$ 1,235	
5/24/2015	Roller Shades	\$ 6,514	5	\$ 434	
5/22/2018	29 Metal Stacking Chairs - Resident	\$ 2,313	10	\$ 77	
3/31/2018	Patient Bad - Head and Foot Rails	\$ 7,017	5	701.7	
4/30/2018	28 Wood Conference Chairs	\$ 6,439	15	178.8	
5/22/2018	88 Mattress Extenders	\$ 2,407	5	160.4	
9/30/2018	Employee Lockers	\$ 2,253	12		
9/30/2018	GlobalSearch Software	\$ 12,864	5		
Total additions for	Movable Equipment	\$ 54,928		\$ 3,095	
Deletions:					
	Disposals	\$ (179,725)			
Total deletions for	Movable Equipment	\$ (179,725)		\$ -	

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

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

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

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

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility				License No.		Report for Yea	r Ended	Page	of	
Verno	n Manor Health Care			991-C		9/30/2018			24	37
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Α. •	Organization Expense									
	1.									
	2.									
	3.									
A-4. S	Subtotal									
B. 1	Mortgage Expense									
-	l.									
	2.									
	3.									
B-4.	Subtotal									
C. 1	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var	Var	Var	156,749	64,084	Var		4,748	
	2. Disposals (attach schedule)									
3	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									4,748
D. 2	Total Amortization									4,748

^{*} Straight-line method must be used.

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

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

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

Name of Facility	License No.	Report for Year En	ded		Page of
Vernon Manor Health Care	991-C	9/30/2018			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the or leased from a Related Party?*	ne Facility	Yes	•	NO	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this fa business association to any person a related party transaction.					
Description		Total			
Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date	e of Purchase	03/01/77			
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		120			
6. Square Footage		36,732			
Acquisition Costa. Land		120,000			
b. Building		120,000 1,442,533			
Part B - Owner and Related Pa	rtios	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	ities	1st Wortgage	Ziid Wortgage	31d Wortgage	4th Wortgage
a. Type of Financing (e.g., f	ixed. variable)	Variable			
b. Date Mortgage Obtained		08/23/11			
c. Interest Rate for the Cost	Year	Libor + 2%			
d. Term of Mortgage (numb	er of years)	10			
e. Amount of Principal Borr	owed	2,200,000			
f. Principal balance outstand	ling as of	1,420,833			
Complete if Mortgage was l					
During Current Cost Ye					
g. Type of Financing (e.g., f	ixed, variable)				
h. Date of Refinancing					
i. New Interest Rate	<u> </u>				
j. Term of Mortgage (numb k. Amount of Principal Borr	<u> </u>				
k. Amount of Principal Borrl. Principal Outstanding on					
Part C - Arms-Length Leas		Improvements Only	V.		
Name and Address of Lesso		perty Leased		Term of Lease	Annual Amount of Lease
Traine and Tradress of Besse		perty Beasea	Bute of Bease	Term of Lease	Timitaal Timount of Ecase

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

nse No.		Page of 26 37			
991-C		9/30/2018	9/30/2018		
		Total	CCNH	RHNS	Other
		1000	001111	Turi	3 01101
& Non-Movab	le				
	\$	55660.52	55,661		
	Rate				
	\$				
	Rate				
	\$				
	Rate				
	•				
	•				
	Tate				
	<u> </u>				
	\$				
(A1 - A4 + B5)) \$	55,661	55,661		
	991-C	& Non-Movable Rate Rate Rate Rate \$ Rate	991-C 9/30/2018 Total & Non-Movable \$ 55660.52 Rate Rate Rate Rate (A1 - A4 + B5) \$ 55,661	991-C 9/30/2018 Total CCNH & Non-Movable \$ 55660.52 55,661 Rate Rate	991-C 9/30/2018 Total CCNH RHNS & Non-Movable \$ 55660.52 55,661 Rate Rate

(Carry Subtotals forward to next page)

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

Name of Facility	License No.			Report for Y	Report for Year Ended			of
Vernon Manor Health Care	991-C			9/30/2018	9/30/2018			37
It	tem		ght Forward:	Total	CCNH	RHNS	Oth	er
	55,661	55,661						
12. C. Movable Equipment								
1. Automotive Equipn		ate	\$					
A. Item	Amount							
Lender		1						
Address of Lender								
2. Other (<i>Specify</i>)			\$					
A. Item	Ra	ate	Amount					
Lender	1							
Address of Lender								
B. Item	Ra	ate	Amount					
Lender	<u> </u>							
Address of Lender								
12. C. 3. Total Movable Equi	ipment Interest							
Expense (C1 + 2)			\$					
12. D. Other Interest Expense			\$	9,095	9,095			
Interest Expense - Ope	erations							
13. Total All Interest Expense	(12B7 + 12C3 +	- 12D)	\$	64,756	64,756			
14. Insurance								
a. Insurance on Property	(buildings only)		\$		54,799			
b. Insurance on Automob			\$	2,433	2,433			
c. Insurance other than Pı		fied at						
1. Umbrella (<i>Blanket</i> (
2. Fire and Extended (Coverage		\$ \$					
3. Other (<i>Specify</i>)			\$					
14d. Total Insurance Expenditu	ares (14a + b + a)	;)	\$	57,232	57,232			
15. Total All Expenditures (A-	-13 thru C-14)		\$		11,676,817			

D. Adjustments to Statement of Expenditures

	COLLA	Facility		Lic	ense No.	Report for Year	Page	of	
Vern	on Ma	nor H	ealth Care		991-C	9/30/2018		28	37
					Total				
Item	Page	Line			Amount of				
No.			Item Description		Decrease	CCNH	RHNS	Otl	her
Page			es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
Page	13 - P	rofess	sional Fees						
5.		_ •	Resident Care Physicians **	\$					
6.	13		Occupational Therapy	\$	384,723	384,723			
7.			Other - See attached Schedule	\$		1 7 7			
	s 15 &		Administrative and General	-					
8.		_	Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	70,394	70,394			
10.	10	1.0	Accounting	\$, 0,55	70,53			
10a.			Legal	\$	5,658	5,658			
11.	30	IV3	Telephone	\$	1,028	1,028			
12.			Cellular Telephone	\$	2,494	2,494			
13.			Life insurance premiums on the life	-		=,			
			of Owners, Partners, Operators	\$					
14.	16	L2.	Gifts, flowers and coffee shops	\$	44,961	44,961			
15.	16		Education expenditures to colleges or	-	,,,	1 1,92 0 2			
_			universities for tuition and related costs						
			for owners and employees	\$	4,410	4,410			
16.			Travel for purposes of attending	-	.,	1,124			
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.	16	L6	Automobile Expense (e.g. personal use)	\$	8,269	8,269			
18.		m13	Unallowable Advertising *	\$	40,303	40,303			
19.			Income Tax / Corporate Business Tax	\$,			
20.	16	m10	Fund Raising / Contributions	\$	6,003	6,003		1	
21.			Unallowable Management Fees	\$, , , , ,			1	
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	19,442	19,442			
Page	18 - L	Dietary	y Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - L	aund	ry Expenditures	-					
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - H	Iousel	keeping Expenditures	-					
26.		9	Housekeeping services to employees, guests						
			and others who are not residents	\$					
	1		Subtotal (Items 1 - 26)		587,685	587,685		+	

^{*} 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
Total Othe	er Salaries A	Adjustment	\$ -	\$ -	\$ -

.....

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

......

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS	Other
16	m8a	Chamer of Commerce	\$	800		
30	IV4	Cable Revenue	\$	7,252		
30	IV8	Vending	\$	9,640		
30	IV8	Consulting Fee - Medicaid APP	\$	1,750		
Total Othe	Total Other A&G Adjustments				\$ -	\$ -

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

	D. Adjustments to Statement of Expenditures (cont'd)									
	e of Fa			Lic	ense No.	Report for Y	ear Ended	Page	of	
Vern	on Ma	nor H	ealth Care		991-C	9/30/2018		29	37	
					Total					
Item	Page	Line			Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	О	ther	
			Subtotals Brought Forward	\$	587,685	587,685				
Page	20 - K	Reside	nt Care Supplies***							
27.	20	5a2	Prescription Drugs	\$	233,584	233,584				
28.			Ambulance/Limousine	\$						
29.	20	5f	X-rays, etc	\$	15,416	15,416				
30.			Laboratory	\$						
31.	20	5c	Medical Supplies	\$	50,161	50,161				
32.	20	5e2	Oxygen (non emergency)	\$	61,756	61,756				
33.			Occupational Therapy	\$						
34.			Other - See Attached Schedule	\$						
Page	22 - N	<i>Iainte</i>	enance and Property							
35.			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$						
36.			Depreciation on Unallowable							
			Motor Vehicles	\$						
37.			Unallowable Property and Real							
			Estate Taxes	\$						
38.	30	IV2	Rental of Building Space or Rooms	\$	55	55				
39.			Other - See Attached Schedule	\$						
Page	27 - I	nsura	nce							
40.			Mortgage Insurance	\$						
41.	27	14a/1	Property Insurance	\$	7,433	7,433				
Other	r - Mis	cella	neous							
42.			Other - Indirect	\$						
43.	30	IV5	Interest Income on Account Rec.	\$	81	81				
44.			Other - Miscellaneous Administrative	\$						
45.			Management Fees Direct	\$						
46.			Management Fees Indirect	\$						
47.			Other - Direct	\$						
Not I	or Pr	ofit P	roviders Only							
48.			Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$						
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$	956,170	956,170				

^{***} 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
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

......

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unal	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

CSP-30 Rev.10/2005

F. Statement of Revenue

						Page 30	of 37
							_
Ite			Total	CCNH	RHNS	O	ther
I. Resident Room, Board & Routine Car	e Revenue						
1. a. Medicaid Residents (CT only)		\$	10,436,665	10,436,665			
b. Medicaid Room and Board Contr	actual Allowance **	\$	(5,078,462)	(5,078,462)			
2. a. Medicaid (All other states)		\$					
b. Other States Room and Board Co	ntractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,866,794	1,866,794			
b. Medicare Room and Board Contr	actual Allowance **	\$	556,224	556,224			
4. a. Private-Pay Residents and Other		\$	3,406,111	3,406,111			
b. Private-Pay Room and Board Con	ntractual Allowance **	\$	(101,833)	(101,833)			
II. Other Resident Revenue							
a. Prescription Drugs - Medicare		\$	118,276	118,276			
b. Prescription Drugs - Medicare Co	ontractual Allowance **	\$,	ŕ			
c. Prescription Drugs - Non-Medica		\$	120,317	120,317			
d. Prescription Drugs - Non-Medica		\$	120,017	1=0,011			
2. a. Medical Supplies - Medicare		\$	530	530			
b. Medical Supplies - Medicare Con	tractual Allowance **	\$	220	220			
c. Medical Supplies - Non-Medicard		\$	1,450	1,450			
d. Medical Supplies - Non-Medicard		\$	(5,654)	(5,654)			
3. a. Physical Therapy - Medicare	Contractual Anowance	\$	612,011	612,011			
b. Physical Therapy - Medicare Con	structual Allowance **	\$	012,011	012,011			
c. Physical Therapy - Non-Medicare		\$	316,023	316,023			
d. Physical Therapy - Non-Medicard		\$	310,023	310,023			
4. a. Speech Therapy - Medicare	e Contractual Allowance	\$	169,172	169,172			
			109,172	109,172			
b. Speech Therapy - Medicare Cont	ractual Allowance ***	\$	45.000	45,000			
c. Speech Therapy - Non-Medicare	C 1 . 11	\$	45,889	45,889			
d. Speech Therapy - Non-Medicare		\$	500 272	600 252			
5. a. Occupational Therapy - Medicar		\$	609,373	609,373			
b. Occupational Therapy - Medicar		\$					
c. Occupational Therapy - Non-Me		\$	329,945	329,945			
d. Occupational Therapy - Non-Me	dicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare		\$	(1,124,797)	(1,124,797)			
b. Other (Specify) - Non-Medicare		\$	(849,897)	(849,897)			
III. Total Resident Revenue (Section I. the	ru Section II.)	\$	11,428,136	11,428,136			
IV. Other Revenue*							
1. Meals sold to guests, employees & o	thers	\$					
2. Rental of rooms to non-residents		\$	55	55			
3. Telephone		\$	1,028	1,028			
4. Rental of Television and Cable Servi	ices	\$	7,252	7,252			
5. Interest Income (Specify)		\$	86	86			
6. Private Duty Nurses' Fees		\$					
7. Barber, Coffee, Beauty and Gift shop	os	\$			<u> </u>		
8. Other (Specify)		\$	(31,985)	(31,985)			
V. Total Other Revenue (1 thru 8)		\$	(23,564)	(23,564)			
VI. Total All Revenue (III +V)		\$	11,404,572	11,404,572			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Oxygen - Med A	\$ 4,466		
	Laboratory - Med A	\$ 78,093		
	Radiology - Med A	\$ 13,530		
	Medicare Part A Cont. Allow.	\$ (1,192,671)		
	Med B Physician Services	\$ 1,399		
	Glucose - Med B	\$ 4,146		
	Medicare Part B Contr. Allow.	\$ (30,704)		
	Medicare B Sequester C/A	\$ (3,056)		
Total Oth	er Resident Revenue - Medicare	\$ (1,124,797)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	(CCNH	RHNS	Other
	Oxygen - Mgd	\$	2,406		
	Laboratory - Mgd	\$	58,933		
	X-Ray - Mgd	\$	9,075		
	Managed Care Cont. Allowance	\$	(878,701)		
	Vaccines - Mngd Care B	\$	937		
	Glucose - Mngd Care B	\$	4,632		
	C/A Mngd Care B Ancillaries	\$	(47,170)		
	Managed Care B Sequester C/A	\$	(9)		
Total Oth	er Resident Revenue	\$	(849,897)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	Interest Income - Reserves		\$ 5		
	Interest - Late Payment		\$ 81		
Total Inte	rest Income		\$ 86	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	(CCNH	RHNS	Other
	Vending Machine	\$	9,640		
	Consulting Fee - Medicaid APP	\$	1,750		
	Dividend Income	\$	6,078		
	Capital Gain Distribution	\$	4		
	Quality Incentive Payments	\$	6,345		
	Miscellaneous - Other	\$	11,772		
	Realized Gain or Loss	\$	11,565		
	Gain/Loss-Sale of Fixed Assets	\$	(79,139)		
Total Oth	er Revenue	\$	(31,985)	\$ -	\$ -

.....

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	e of
Vernon Manor Health Care	991-C	9/30/2018	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in ba	,		\$	612,407
2. Resident Accounts Rece		, , , , , , , , , , , , , , , , , , , ,	\$	861,253
3. Other Accounts Receiva	ble (Excluding Owners of	or Related Parties)	\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	103,078
a				
b				
c				
d. See Schedule		103,078		
6. Interest Receivable			\$	
7. Medicare Final Settleme			\$	
8. Other Current Assets (ite	emize)		\$	16,870
			_	
See Schedule		16,876		
A-9. Total Current Assets (Lines	s A1 thru 8)		\$	1,593,613
B. Fixed Assets				
1. Land			\$	120,000
2. Land Improvements	*Historical Cost	462,568	\$	335,133
	Accum. Depreciat	tion 127,433 Net		
3. Buildings	*Historical Cost	5,627,894	\$	2,637,364
	Accum. Depreciat			
Leasehold Improvement	s *Historical Cost	156,749	\$	87,917
	Accum. Depreciat	· · · · · · · · · · · · · · · · · · ·		
Non-Movable Equipment	nt *Historical Cost	985,958	\$	375,671
	Accum. Depreciat	tion 610,286 Net		
6. Movable Equipment	*Historical Cost	1,366,787	\$	477,702
	Accum. Depreciat	tion 889,084 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciat	tion Net		
8. Minor Equipment-Not D	Depreciable Personal		\$	
9. Other Fixed Assets (item	nize)		\$	104,843
See Schedule		104,843	\dashv	
B-10. Total Fixed Assets (Lin	es B1 thru 9)	-	\$	4,138,633

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

G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year En	ded	Page		of
Vern	on l	Manor Health Care	991-C	9/30/2018		32		37
			Account			Aı	mount	
				Total Brought F	Forward: \$	\$	5,7	32,246
C.		asehold or like property record	ded for Equity Purpo	oses.				
		Land			\$	\$		
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciat	ion N	et \$	\$		
	3.	Buildings	*Historical Cost					
			Accum. Depreciat	ion N	et \$	\$		
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciat	ion N	et \$	\$		
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciat	ion N	et \$	\$		
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciat	ion N	et \$	\$		
	7.	Minor Equipment-Not Depre	ciable		\$	\$		
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		\$	\$		
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$	\$		
		Escrow Deposits			\$	\$		
	3.	Organization Expense	*Historical Cost					
		2	Accum. Depreciat	ion N	et \$	\$		
	4.	Goodwill (Purchased Only)	•		\$	\$		
		Investments Related to Resid	lent Care (itemize)		\$	\$ 		
			` ,					
	6.	Loans to Owners or Related	Parties (itemize)		\$	\$		
		Name and Address	Amount	Loan Date				
					_			
					_			
	7.	Other Assets (itemize)		•	\$	\$		13,030
		See Schedule		13,030				
		tal Investments and Other As		7)	\$	\$ 		13,030
D-9.	To	tal All Assets (Lines A9 + B1	0 + C8 + D8		\$	\$ 	5,7	45,276

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

Page Ref				
	Line Rei	Description Prepaid Other	\$	103,078
Fotal Prep	aid Expense	28	s	103,07
Schedule o	f Other Cu	rrent Assets (itemized) Page 31 Line A8		
Page Ref	Line Ref	Description		
		A/R Interco-Fennwoode Apts	\$	16,87
			-	
Fotal Otho	Cumont i	Assets (Itemize)	s	16 07
i otai Otile	er Current A	assets (itemize)	3	16,87
Schedule o	f Other Fix	ed Assets (Itemize) Page 31 Line B9		
Page Ref	Line Ref	Description		
gc Act		Accum. Dep Prior Book/Tax	\$	98,48
		Construction in Progress	S	6,35
Fotal Otho	n Othon Fir	ed Assets (Itemize)	s	104,84
i otai Otile	er Other Fix	eu Asseis (Hemize)	3	104,64
Schedule o	f Other Ass	ets Page 32 Line D7		
Page Ref	Line Ref	Description		
		Prepaid Mortgage Costs	S	44,67
		Accum. Amortization - Mortgage	\$	(31,64)
Total Othe	er Assets		s	13,030
Γotal Othe	er Assets		S	13,030
Γotal Othe	er Assets		\$	13,030
		able (Itemize) Page 33 Line A2	\$	13,030
Schedule o	of Notes Pay	able (Itemize) Page 33 Line A2	\$	13,030
	of Notes Pay	able (Itemize) Page 33 Line A2 Description	s	13,03
Schedule o	of Notes Pay		S	13,03
Schedule o	of Notes Pay		S	13,03
Schedule o	of Notes Pay		S	13,03
Schedule o	of Notes Pay		S	13,030
Schedule o	of Notes Pay		S	13,03
Schedule o	of Notes Pay		S	13,03
Schedule o	of Notes Pay			13,03
Schedule o	Line Ref	Description		13,030
Schedule o	Line Ref			13,03
Schedule o	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description	S	
Schedule o	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Recoupment/Held Applied Income	S	105,82
Schedule o	Line Ref	Description	S	105,82
Schedule o	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Recoupment/Held Applied Income	\$	105,82 53,27 167,57
Schedule o	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Recoupment/Held Applied Income Taxes Payable - Real Property Taxes Payable - Provider Tax	S S S S	105,82 53,27 167,57
Schedule o Page Ref Fotal Note Schedule o Page Ref	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Recoupment/Held Applied Income Taxes Payable - Real Property Taxes Payable - Provider Tax	S S S S	105,82 53,27 167,57 12,47
Schedule o Page Ref Fotal Note Schedule o Page Ref	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Recoupment/Held Applied Income Taxes Payable - Real Property Taxes Payable - Provider Tax Loans/Exchanges - FSA	\$ \$ \$ \$ \$ \$ \$ \$ \$	105,82 53,27 167,57 12,47
Fotal Note Schedule o Page Ref Fotal Note	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Recoupment/Held Applied Income Taxes Payable - Real Property Taxes Payable - Provider Tax Loans/Exchanges - FSA	\$ \$ \$ \$ \$ \$ \$ \$ \$	105,82 53,27 167,57 12,47
Fotal Note Fotal Othe Schedule o	Line Ref Tother Cu Line Ref	Description	\$ \$ \$ \$ \$ \$ \$ \$ \$	105,82 53,27 167,57 12,47
Fotal Note Schedule o Page Ref Fotal Note	Line Ref Tother Cu Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Recoupment/Held Applied Income Taxes Payable - Real Property Taxes Payable - Provider Tax Loans/Exchanges - FSA	\$ \$ \$ \$ \$ \$ \$ \$ \$	105,82 53,27 107,57 12,47
Fotal Note Fotal Othe Schedule o	Line Ref Tother Cu Line Ref	Description	\$ \$ \$ \$ \$ \$ \$ \$ \$	105,82 53,27 167,57 12,47
Fotal Note Fotal Othe Schedule o	Line Ref Tother Cu Line Ref	Description	\$ \$ \$ \$ \$ \$ \$ \$ \$	105,82 53,27 167,57 12,47
Fotal Note Fotal Othe Schedule o	Line Ref Tother Cu Line Ref	Description	\$ \$ \$ \$ \$ \$ \$ \$ \$	105,82 53,27 167,57 12,47

G. Balance Sheet (cont'd)

Name of Fac				Page	of			
Vernon Man	or He	ealth Care	991-C	9/30/2018			33	37
			Account				Amo	unt
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		594,594
	2.	Notes Payable (itemize)				\$		
		C C -1 - 4-1 -						
	3.	See Schedule	mant (Cumumut manti a	·) (itamiza)		\$		
	3.	Loans Payable for Equipare Name of Lender	Purpose	Amount	Date Due	Ф		
		Name of Lender	ruipose	Amount	Date Due			
	4.	Accrued Payroll (Exclusive	ve of Owners and/or	Stockholders only)	•	\$		255,102
	5.	Accrued Payroll (Owners	and/or Stockholders	only)		\$		
	6.	Accrued Payroll Taxes Pa				\$		
	7.	Medicare Final Settlemen	t Payable			\$		
	8.	Medicare Current Finance	ing Payable			\$		
	9.	Mortgage Payable (Curre	nt Portion)			\$		110,000
	10.	. Interest Payable (Exclusiv	ve of Owner and/or R	elated Parties)		\$		2,466
	11.	. Accrued Income Taxes*				\$		
	12.	Other Current Liabilities	(itemize)			\$		339,153
		. 10	11.1.12	See Schedule	339,153			
A-13.	To	<i>tal Current Liabilities</i> (Li	nes A1 thru 12)			\$		1,301,315

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

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	r Ended	Page	10
Vernon Manor Health Care 991-C 9/30/2018 Account			34	37	
	Account			Amo	ount
		Total Broug	ht Forward:		1,301,315
Liabilities (cont'd)					
B. Long-Term Liabilities					
 Loans Payable-Equipment 	(itemize)		\$	l	
Name of Lender	Purpose	Amount	Date Due		
2 M (P 11			6		1 210 022
2. Mortgages Payable	1 (1D () ()		\$		1,310,833
3. Loans from Owners or Re	1	· i	\$		
Name and Address of Lender	Amount	Loan D	Date		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
4. Other Long-Term Liabiliti	es (itemize)		\$		
See Schedule					
B-5. Total Long-Term Liabilities			\$		1,310,833
C. Total All Liabilities (Lines A.	-13 + B-5)		\$	1	2,612,148

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

	ne of Facility	License No.	Report for Y	ear Ended		age of
Ver	non Manor Health Care	991-C	9/30/2018		3:	l .
A.	Reserves	Account				Amount
A.						
	1. Reserve for value of leased l	and			\$	
	2. Reserve for depreciation val	ue of leased build	ings and appurte	enances		
	to be amortized				\$	
	3. Reserve for depreciation val	\$				
	4. Reserve for leasehold real pr	\$				
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves				\$	
В.	Net Worth					
	1. Owner's Capital				\$	3,405,372
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	
	6. Gain or Loss for Period	10/1/20	17 thru	9/30/2018	\$	(272,245
	7. Total Net Worth				\$	3,133,127
C.	Total Reserves and Net Worth				\$	3,133,127
D.	Total Liabilities, Reserves, and	Net Worth			\$	5,745,276

CSP-36 Rev. 6/95

H. Changes in Total Net Worth

	ne of Facility	License No.	Report for Year	Ended	Page	of
Verr	non Manor Health Care	991-C	9/30/2018		36	37
		Account				mount
A.	Balance at End of Prior Period as shown on Report of 09/30/2017			\$	2,117,773	
B.	Total Revenue (From Statement of Revenue Page 30)				\$	11,404,572
C.	Total Expenditures (From Statement of Expenditures Page 27)			\$	11,676,817	
D.	Net Income or Deficit				\$	(272,245)
E.	Balance				\$	1,845,528
F.	Additions 1. Additional Capital Contributed 2. Other (itemize)	(itemize)				
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operators				\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)					
	Purpose Amount					
	3. Total Deductions		Ailio	unt	\$	
Н.	Balance at End of Period 09/30/18			\$	1,845,528	

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of					
Vernon Manor Health Care	991-C	9/30/2018 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	Date Signed					
Printed Name of Preparer							
CJLC LLC							
Addres Address	Phone Number						
225 Pitkin Street, East Hartford, CT 06108	860-610-9009						
Annual Report Contact	Phone Number						
CJLC	860-610-9009						
Annual Report Contact Email Address							
annualreports@cjlc.com							