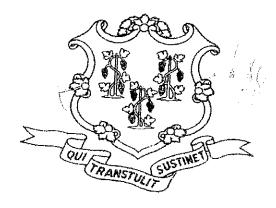
State of Connecticut





	Annua	1 Keport	or Long-	term C	are pac	HECE	IVED
		C	Cost Year 2	2015		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	bare La
					-	FEB 10	2016
Name of Facility (as	licensed)						
White Oak Manor R	est Home, LLC				OFF	DEPT. OF SOCIA	AL SERVICES
Address (No. & Stre	et, City, State, 2	Zip Code)				OR OF CONTAIN	PATE SETTINGS
688 Main Street, No	rth Southbury, (CT 06488					
Type of Facility							:
Chronic and C Nursing Hom	Convalescent e only (CCNH)		Rest Home was Supervision of (RHNS)	_		Residential C	are Home
Report for Year Beg	inning		Report for Ye	ar Ending			
10/1/2014			9/30/2015				•
License Numbers:		CCNH	RHNS	Reside	ential Care I 1489	Iome M	edicare Provider
Medicaid Provider N	umbers:	CC	NH	RI	INS	IC	CF-IID 41489
For Department Us	e Only						
Sequence Number	Signed and	Date	Sequence 1	Number	Cionad	ad Nasaula - J	Data Basalan I
Assigned	Notarized	Received	Assigr	ned	Signed at	nd Notarized	Date Received
	[1

Table of Contents

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule of Resident Statistics (Cont'd)	9
Ā.	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) - Property Questionnaire	25
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.	Adjustments to Statement of Expenditures (Cont'd)	29
C. D. D. F. G.	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) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
Ī.	Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2015	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 White Oak Manor Rest Home, LLC [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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. {a}

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.

{a} Subject to Desk Audit Review

Signed (Administrator)	7	Date 2/5/16	Signed (Owner)	Date 2/8/16
Printed Name (Administrator)			Printed Name (Owner)	
Brian J. Cleary		1	James Cleary L	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:	CT	2/8/16	San Mr. Kr	1/31/20
Address of Notary Public		1		
132 Godek Hill	84, Me	riden, CT	7 06451	

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
White Oak Manor Rest Home, LLC				10/1/2014	9/30/2015
Address of Facility 688 Main Street, North Southbury, CT 06488					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-90	500	1/8/2016	
Îtem		Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$_				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	one No. of Fac	cility	Report for Ye	ar Ended	Page	(of
			3-757 - 1228	·	9/30/2015		2]3	37
Name of Facility (as shown on license)	-		Address (No	o. & S	Street, City, Sto	ite, Zip)		' -	
White Oak Manor Rest Home, LLC			688 Main S	treet,	North Southbu	лу, СТ 06	5488		
l i	CCNH		RHNS	Resi	dential Care H		Medicare F	rovide	er No.
License Numbers:		<u></u>		<u> </u>	1	489			
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent Nursing Home only (CCNH)			st Home with loervision only			Residenti	ial Care Hon	ne	
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC O Partn	ership	0	Profit Corp.		Non-Profit Cor		Government	0	Trust
If this facility opened or closed during report year	r provide:	:		Date	e Opened	Date Clos	sed		
Has there been any change in ownership		************		<u> </u>					
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain fully	y. <u> </u>	
			,					 	
Administrator					T NT YY.				
Name of Administrator				İ	Nursing Ho Administrat				
Brian J. Cleary				l	Administrat	li .			
Other Operators/Owners who are assistant admin	istrators	/full	or part time)	of thi:		10]			
Name		(or barring.		License N	٠			
N/A									
		-			-				

General Information and Questionnaire Partners/Members

Name of Facility White Ook Money Post Home, LL	C	License No.	Report for \ 9/30/2015	Year Ended	Page 3	of 27
White Oak Manor Rest Home, LL	C	1405	1913012013	Ctata(a) and		37
Legal Name of Partner	ship/LLC	Business .	Address	State(s) and Which	Registered	
Doğur i turilə or i uruları	311p, 120	Basiness	1441055	1 77771011	registeree	-
	•					
Name of Partners/Members	Business Ac	ddress		Title	% Ov	vned
N/A						
	•					*
j						
	· · · · · · · · · · · · · · · · · · ·					
	·					

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	nded	Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2015		3A	37
If this facility is owned or operated as a corpo	ration, provide th	e following informat	ion:		
Legal Name of Corporation	Busine	ess Address	State(s) in Wh	ich Incorp	orated
White Oak Manor Rest Home, LLC	688 Main Street, CT 06488	North Southbury,	СТ		
Name of Directors, Officers	Busine	ess Address	Title	No, SI Held by	
James E. Cleary	688 Main Street, CT 06488	North Southbury,	Member	1	
	·				
Names of Stockholders Owning at Least 10% of Shares					
James E. Cleary	688 Main Street, CT 06488	North Southbury,	Member	1	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
White Oak Manor Rest Home, LLC	1489	9/30/2015	3B 37
If this facility is owned or operated as an individu	al proprietorship,	provide the following informs	ation:
Ow	vner(s) of Facility		
N/A			
			· · · · · · · · · · · · · · · · · · ·
<u> </u>			
			
			·
			İ
	 		
			

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

General Information and Questionnaire Related Parties*

Name of Facility White Oak Manor Rest Home, LLC		License No.	No. 1489	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece marriage, ability to conti	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rela ss associ	ited through ation?	Yes O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add nation on Pag	lress and ge 11 of the report.
Are any individuals or coincluding the rental of princlated through family as	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	or service of this faction control,	es, illity, or business	• Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cılıty?		If "Yes," provide the following information:	e following i	information:
		Also	Provides		Indicate Where		
, s		Goods	Goods/Services to		Costs are Included		
Name of Related Individual or Company	Business Address	Non-Re Yes	Non-Related Parties Yes No %**	Description of Goods/Services Provided	in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
White Oak Manor Realty, LLC	150 East Street, Wolcott, CT 06716	0	0	Rental Real Estate	Pg. 22 / Line 9	22,560	22,560
James E. Cleary	150 East Street, Wolcott, CT 06716	0	•	Loan	Pg. 34 / Line B3	40,762	40,762
Wolcott View Manor, Inc.	50 Beach Road, Wolcott, CT 06716	0	•	Shares Property & GL Inusrance Policy	Pg. 27 / Line 14a	9,576	9,576
Wolcott View Manor, Inc.	50 Beach Road, Wolcott, CT 06716	0	•	Share Workers Comp Insurance Policy	Pg. 15 / Line 1al	2,037	2,037
Brian Cleary	1132 MeridienRoad, Waterbury, CT 06705	0	•	Employee Comp - Administrator	Pg. 10 / Line A2	16,080	16,080
Lurleen Dos Santos	152 East Street, Wolcott, CT 06716	0	•	Loan	Pg. 32 / Line D6	42,029	42,029
White Oak Manor Realty, LLC	150 East Street, Wolcott, CT 06716	0	0	Accrued Rent	Pg. 33 / Line A12	183,258	183,258
Meridian Manor Corp	1132 MeridienRoad, Waterbury, CT 06705	0	•	Reimbursement of Expenses for WOM	Various	4,218	4,218
Sheila C. Smith	1132 MeridienRoad, Waterbury, CT 06705	0	•	Reimbursement of Expenses for WOM	Various	25	25

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page	of
White Oak Manor Rest Home, LLC	1489		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH or	provides Al	DS or TBI	services with special Medicaid	rates, co	osts
must be allocated to CCNH and RHNS as follow	ws;				
Item			Method of Allocation		
Dietary			meals served to residents		
Laundry			pounds processed		
Housekeeping			square feet serviced		
			hours of routine care provided	-	
Nursing			lassification, i.e., Director (or 0		* *
		-	Nurses, Licensed Practical Nur	ses, Aide	es and
		Attendants			
Direct Resident Care Consultants	4		hours of resident care provided	by EAC	H
			See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar			
Management services			e cost center involved		······
All other General Administrative expenses	<u>_</u>		rect and Allocated Costs		
	swer the following questions applicable to the cost information provided. Were all If "No " explain fully why such allocation was				
1. In the preparation of this Report, were all	• Yes	O No If "No," explain fully why such allocation was			
costs allocated as required?	0 100		not made.	····	
N/A					
2. Explain the allocation of related company exp	enses and at	tach copy o	f appropriate supporting data.		
N/A					
3. Did the Facility appropriately allocate and se				e cost ce	nters?
(e.g., Assisted Living, Home Health, Outpation	ent Services,	Adult Day	Care Services, etc.)		
	• Yes	O NO	If "No," explain fully why such not made.	ı allocati	on was
N/A					

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

General Information and Questionnaire Leases (Excluding Real Property)

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

אווטנות ווטנ סכ וווטותכת ווו תוכשל מחווטתוונש.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
White Oak Manor Rest Home, LLC			1489	9/30/2015			6 37
	Relate	Related * to					
	Own	Owners,					
	Open	Operators,				Annual	
	Offi	Officers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	οN	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0				• • • • • • • • • • • • • • • • • • • •	
	0	0					

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Total ***

% O

O Yes

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

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
White Oak Manor Rest Home, LLC		9/30/2015		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
	Modified Cash	- TALLET			····
Is the accounting basis for this					
11	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm	-				<i></i>
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			·····
1 Brodeur & Company		10 Springbrook Road, Old Saybrook, CT			
2 Marcum LLP	•	555 Long Wharf Drive, New Have, CT 0	6511		
3.					
4				····	
Services Provided by This Firm (de	scribe fully)				
1 Bookkeeping/Audit support, prep of Y	E Trial Balance, Annual Cost Repo	ort, Tax Return	\$	12,905	
2 Advisory Reimbursement Consulting			\$	4,875	
3			\$		
4			\$	•	
			Charge fo	r Services Pr	ovided
			\$	17,780	
Are These Charges Reflected in the Expend	iture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.		····	
	Page 15, Line 1d				
Legal Services Information					
Name of Legal Firm or Independent	t Attorney		Telephone	Number	
1					
2					
3					
4					
5				·	
Address (No. & Street, City, State,	Zip Code)				
1					
2					
3.					
4 5					
Services Provided by This Firm (de	scribe fully)				
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
			Charge for	r Services Pr	ovided
			\$		•
Are These Charges Reflected in the Expendi	ture Portion of This Report? If Yes	s, Specify Expense Classification and Line No.	· · · · · · · ·		
	Page 15, Line 1e				

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License No.	ło.			Report fo	Report for Year Ended	Ģ		Page	Jo
White Oak Manor Rest Home, LLC			-	1489			9/30/2015	5			, ∞	37
						Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/	Period 7/1 Thru 9/30	0,
		Total	Tota]	Totai								
	p	CCNH	RHINS	Residential			:	Residential				Residential
	Levels	Level	Level	Care Home	Total	CCNH	RHINS	Care Home	Total	CCNH	RHINS	Care Home
 Certified Bed Capacity 												
A. On last day of PREVIOUS report period	16			16	16		•	16	91			91
B. On last day of THIS report period	16			91	16			16	91			16
2. Number of Residents												
A. As of midnight of PREVIOUS report period	13			13	13			13	14			4
B. As of midnight of THIS report period	15			15	14			14	15			51
3. Total Number of Days Care Provided During Period												
A. Medicare				•								
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	985			586	419			419	167			167
E. State SSI for RCH	4,529		The second secon	4,529	3,376			3,376	1,153			1,153
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	5,115			5,115	3,795			3,795	1,320			1,320
4. Total Number of Days Not Included in Figures in 3G												
A. Medicaid Bed Reserve Days		•										
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	5,115			5,115	3,795			3,795	1,320	A		1,320

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licen	ise No.				Repor	t for Year	Ended		Page	of
White Oak M	Ianor Re	st Home	e, LLC	1	489					9/30/201	5		9	37
1	•	-	in the certified l		pacity du	ıring t	he rep	ort yea	r?	0	Yes	•	No	
If "YES"			llowing informa	ion:						·			1	
	ļ	Place of	f Change		C	nange	in Bec	ls		Ca	pacity Aft	ter Change	1	
			Residential		_			٠.						
Date of	ICCNH	RHNS	Care Home	<u> </u>	Lost	,		Gaine	1			D		
Change	(1)	(0)	(2)		(0)	(2)	/13		(2)	000.111	ninio	Residential		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason	for Change
												<u> </u>	<u> </u>	
		i												·-··
		_		┝╼┤		-		-						
	<u> </u>					<u> </u>		<u> </u>		I			<u></u> .	
5. If there v	vas any	change i	in certified bed	capacit	ty during	the re	eport y	ear (as	report	ed in item	4 above)	provide the nu	mber of	
RESIDE	ENT DA	YS for	90 days followir	g the	change.									
	•			<u> </u>								<u> </u>	T	
			Change in Re	esiden	t Dave					CC	NH	RHNS	Residential	Care Home
1st chan	σe		Change in IC	osidon	ı Days					<u> </u>	1411	KUIRS	residentia	Curo Home
2nd char										 				
3rd chan												1		
4th chan												,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ents and	d Rates on Septe	mber	30 of Co	st Yea	ır							
			Medicare		Medi	caid				Se	lf-Pay		Other Sta	te Assisted
				•								Residential		
	Item		CCNH	C	CNH	R.I-	INS	CC	NH	RH	NS	Care Home	R,C,H,	ICF-MR
No, of R	esidents											3	12	
Per Dien	n Rate	1			鐵線網		100 100	2,13,0					5-78-7-50-8(4.15)	mar and the latest
a. One b										·		76.00	58.68	
b. Two l	oed rms.											70.00	58,68	
c. Three	or more	:												
bed r	ms.	ļ												
•														
														Residential
			l Therapy Treate	nents						TOT	AL	CCNH	RHNS	Care Home
	Medica		 											
			usive of Part B)										1545	East East
			e Treatments											
	Other	orative	Treatments	,								1		
		husical	Therapy Treatn	aanto										
			Therapy Treatm											
	Medica			CIII							CONTROL OF			
			usive of Part B)											lovica grantis (d.
			Treatments								ipida alam			
			Freatments		•									
	Other													··
D.	Total S	peech T	herapy Treatme	ents										
9. Total Nu	mber of	Occupat	tional Therapy T	reatm	ents					MATERIAL SERVICE	is to see the	1 / N . O. P		New Arthur
	Medica													
			usive of Part B)										10 mg/2 4	
			Treatments									<u> </u>		/
		orative]	reatments											
	Other													
D.	Total O	ccupatio	onal Therapy T	reatm	ents									

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	r Ended	Page	of
White Oak Manor Rest Home, LLC	1489		9/30/2015	· · · · · · · · · · · · · · · · · · ·	10	37
Are time records maintained by all individuals receiving con	npensation?	0	Yes	0	No	
			Total Cost a	nd Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1) 2. Administrator(s) (Complete also Sec. III				60.178762.60		
of Schedule A1)	Now the Mark was	enderensetele.		######################################	16,080	260
3. Assistant Administrator (Complete also Sec. IV	71575 9445	dayorin da	7 F. 47 E	18 (8 PC) 32	10,000 E-18/01/20/01/20	200
of Schedule A1)	Procession and the party of the	State - service mentioners	ACTIVITY OF THE STREET	IC participation of the second	Act and the said of the desired and said	1. 1964 (1967) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964)
4. Other Administrative Salaries (telephone			2	400		250 250 250 250
operator, clerks, receptionists, etc.)	444.400.004.101.001.000.000.000.000		Anna to provide a completion of	with rest in the second second second	4,250	150
5. Dietary Service					18633	
a. Head Dietitian	1					
b. Food Service Supervisor	-	-			25,913	1 470
c. Dietary Workers 6. Housekeeping Service	A TOTAL CONTRACTOR OF SAID		ONE CONTROL OF THE PARTY OF THE		23,913	1,479
a. Head Housekeeper	以在市沿岸的			A1150 20 20 42 50		
b. Other Housekeeping Workers	<u> </u>				15,766	895
7. Repairs & Maintenance Services	PER SER					
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	Especial Company (Company) and the Section Company (Company) and the C	- The December of States and Section	NA CERTAIN THE SECOND S	or or a distribution was	917	49
8. Laundry Service	Level and Ball	SALES CAT		240,000,00	1.00	
a. Supervisor b. Other Laundry Workers					6,204	402
9. Barber and Beautician Services		· · · · · ·			0,204	402
10. Protective Services						
11. Accounting Services				THE STATE OF		
a. Head Accountant						
b. Other Accountants		78 days a Section Section	energy and a company	in all the sections that the section is		
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses b. RN	200000000000000000000000000000000000000				eschaferia a salimane.	
b. RN 1. Direct Care	E IN RESERVE	iral See				新港市等层
2. Administrative**						
c. LPN	100000000000000000000000000000000000000	A SALE	2005 <u>2</u> 0.04838.4551	and the second		
Direct Care						
2. Administrative**						
d. Aides and Attendants					73,224	4,337
e. Physical Therapists f. Speech Therapists	ļ					
g. Occupational Therapists			•			
h. Recreation Workers			•		940	61
i. Physicians						
Medical Director						
2. Utilization Review						
Resident Care*** Other (Specify)	20.540.28356	Andrew Comment				and the second
4. Other (opcorry)	i zido idelem	VETABLE STATE		accepted at 450	的主机器型序列模型	
j. Dentists	<u> </u>					
k. Pharmacists						
t. Podiatrists						
m. Social Workers/Case Management						
n. Marketing	15-00-00-16-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0		Berekan engel		VENTAL SALENCE IN CONTRACT	
Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures					143,294	7,633

^{*} Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

		CC	NH	RI	INS	Residential	Care Home
Position		\$	Hours	\$	Hours	\$	Hours
						0	
				ļ			
							
					1.		

	-				<u> </u>		
				<u> </u>			
				ļ			
				 	<u> </u>	-	
				ļ	ļ <u>.</u>		
		<u> </u>					· · · · ·
						<u> </u>	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·							
Total	\$	-	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

C	CNH	RF	INS	Residential	Care Home
\$	Hours	\$	Hours	\$	Hours
				0	
					,
					•
					
		 			
	1			<u> </u>	
		-			
- 	 	<u> </u>			
\$ -	 	<u> </u>		 	
			\$ Hours \$	S Hours S Hours S S Hours	\$ Hours \$ Hours \$ 0

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

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

Assistant Administrators and Other Related Parties*

		•	Assistani	t Administra	Assistant Administrators and Other Related Parties*	Relate	d Parties	X -		
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
White Oak Manor Rest Home, LLC	2			1489		9/30/2015) =	37
		Salary Paid	ji							
				<u> </u>		Total	Line Where		Total	
Name	CCNH	REINS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners		-								
James E. Cleary			None			None	N/A	Wolcott View Manor, Inc.	2,048	141,438
							g -2-4	Meridian Manor Corp		62,403
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
	:									

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

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

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

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

Assistant Administrators and Other Related Parties*

	,	٦	Assistant	Administra	Assistant Administrators and Other Related Parties*	Kelated Pa	rtles*			
Name of Facility (as licensed)				License No.		Report for Year Ended	Suded		Page	of
White Oak Manor Rest Home, LLC	U			1489		9/30/2015			12	37
		Salary Paid	Þi							
				Fringe Benefits and/or Other		Lin			Total	
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Total Hours Claimed on Worked Page 10		Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Brian Cleary			16,080		Administrator	260 A2		Meridian Manor Corp	2,187	79,624
								Wolcott View Manor, Inc.	623	23,400
Section IV - Assistant Administrators									-	
*No allowance for calaries will be considered unless full information is accompanied	ph consider	red unlace f	ith information	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 1 - 1	Ţ				

^{*}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.

Annual Report of Long-Term Care Facility

CSP-13 Rev, 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility White Oak Manor Rest Home, LLC	License No.	89	Report for Y 9/30/2015		Page 13	of 37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee		100	Para Mari		e en se entre	New party
for service basis in lieu of salary						
(For all such services complete Schedule B1)				Section 1		
1. Dietitian			-			
2. Dentist						
3. Pharmacist						1
4. Podiatrist		i Discherence de la la la la la la la la la la la la la	selette Folket versketeris			THE STREET
5. Physical Therapy	CAST TRANSP				a Wealers a	PENNSON.
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker	Landa at Carro at the Persons	VEE 10 VEE 10 VEE 10 VEE 10 VEE	The same of the section is a section in the section in the section in the section in the section is a section in the section i	televery terapoliske		THE STREET STREET, S
8. Physicians		aleanes as as	en de la compa	5.4.00 19A	e in a second	Bulletine
a. Medical Director (entire facility)	K Seeken kan teropi ka Kita ka Kita ka Kita ka Kita ka Kita ka Kita ka Kita ka Kita ka Kita ka Kita ka Kita ka	True de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la c	Control of the State of the Sta			in the second second
b. Utilization Review					Language Sales	i in diene
(Title 18 and 19 only) monthly meeting						
c. Resident Care**		NO. DZZ VO. TOTAL SANDENSKI ST				11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
d. Administrative Services facility				1.7		0000
 Infection Control Committee (Quarterly meetings) 						
2. Pharmaceutical Committee			<u> </u>			
(Quarterly meetings)						
 Staff Development Committee 				******		
(Once annually)					New Strategy Control	
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						11-0
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
 Nurses and aides and attendants 		\$ 50,000				表(株益+35g
a. RN				T MIGHAN CONTRACT		
1. Direct Care						
2. Administrative***		Facing the same of	po projektico oposoboli i i i i i i i i i i i i i i i i i i	Opening for the last the state of the state		per programme and the contract of the contract
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other			ore of A Company			
12. Other (Specify) See Attached Schedule						(1) (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
3-13 Total Fees Paid in Lieu of Salaries						

^{*} 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 White Oak Manor Rest Home, LLC	License No. 1489		Report for Yo 9/30/2015	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** Operato Yes	to Owners, rs, Officers	Expla	nation of Rela	tionship
		0	0			
		0	0	<u>. </u>		
		0	0			
		0	0			
		0	0			
L. MANAGER TO THE		0	0			•
41		0	0			
WARRING TO THE THE THE THE THE THE THE THE THE THE		0	0			,
		0	0			
/		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		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 White Oak Manor Rest Home, LLC	License No. 1489		Report for Y 9/30/2015	ear Ended	Page 15	of 37
Time out manor rest from , DDC	1,07	+	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
						Residential
Item			Total	CCNH	RHNS	Care Home
1. Administrative and General		*				
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	2,037			2,037
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	7,736			7,736
4. Social Security (F.I.C.A.)		\$	11,074			11,074
5. Health Insurance		\$				
6. Life Insurance (employees only)						建设场处理
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$				
(not-owners and not-operators)		施和				
8. Uniform Allowance		\$				
9. Other (Specify)		\$	Tribum to the street hand through with a loss bases	ar et groen met holl fanot spromets by the	Districtive designation of the state of the	CONTRACTOR OF THE STREET, AND STREET, AND STREET,
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$	er e mar ann ann ann ann ann ann ann ann ann a	enger op sterligger and a step of the step of	normal managements and the second state of the	Mathematical moderation on the contract
Profit Sharing Plans for Owners and						4. 多重要的原
Operators (Discriminatory)*						
		岩麗	建建制物			Notice 18
c, Bad Debts*		\$				
d. Accounting and Auditing		\$	17,780			17,780
e. Legal (Services should be fully described o	n Page 7)	\$				
f. Insurance on Lives of Owners and		\$	in ti tun-siir kilmuri berbasis-mottes ri	nd in women have been recognized as	4. Dayler David Halla Tar 1886 From the W Shilase France	-North Andrews I. a. Council Thanks
Operators (Specify)*		#15 \$2				
g. Office Supplies		\$	665			665
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	3,009			3,009
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$	Ama makata kana makatambaka kati	SINGA GELMAN MANAGERIA SA LAMBANINGA SA	errichenschen de Staten der Staten	an ann an t-ann an t-
attach copy)*						
						可是"自己"。
j. Corporation Business Taxes (franchise tax	·	\$	250			250
k. Other Taxes (Not related to property - See						
1. Income*		\$				
2. Other (Specify)		\$		V2000000000000000000000000000000000000		Barandaya Marija yaya saba aka ka aka sasa ka ba da
See Attached Schedule		\$100 \$200 \$200				
3. Resident Day User Fee		\$				
Subtotal		\$	42,551		ļ	42,551

^{*} 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

White Oak Manor Rest Home, LLC 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

			Residential
Description	CCNH	RHNS	Care Home
			_
	 -		
,	[
			
			<u> </u>
·			
			!
			
		_	
Total	\$ 	\$	\$ -

Schedule of Other Taxes

Description	CCN	H RHN		esidential ire Home
				_
Total	\$	- \$	- \$	-

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

Name of Facility	License No.		Report for	Year Ended	Page	of
White Oak Manor Rest Home, LLC	1489		9/30/2015		16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
Subtota	ils Brought Forwa	rd:	42,551			42,551
I. Travel and Entertainment			F61575484	4.77年出售金		
Resident Travel and Entertainment		\$,		
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
5. Education Expenses Related to Seminars an	d Conventions	\$				
6. Automobile Expense (not purchase or depri		\$				
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	s)	\$	375			375
2. Advertising Telephone Directory (all such e	expenses)***	\$	573			573
3. Advertising Other (Specify)***		\$				
See Attached Schedule						3.000
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for servic	e)***					
7. Postage		\$		·		
* 8. Dues and Membership Fees to Professional		\$	500			500
Associations (Specify)						
See Attached Schedule						军事的 心脏病
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org,***	\$				
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	2,482			2,482
Schedule C-2, Page 21 for each firm or ind	lividual)					
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	660			660
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	47,141			47,141

^{*} 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	с	CNH	R	HNS	lential Home
					-
			ļ		
Total Other Travel and Entertainment	s	-	\$	-	\$

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
	 	-	-
-		1	
Total Other Advertising	 \$ -	\$ -	s -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home		
CARCH Dues			\$ 500		
· · · · · · · · · · · · · · · · · · ·			 		
Total Dues	\$ -	\$ -	\$ 500		

Schedule of Contributions

Description	CCN	Н		INS	Reside Care H	
			Ļ	·		-
			ļ			
Total Contributions	S		\$	-	\$	-

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home		
District priori		1	1	-	
BANK SERVICE CHARGES			\$	17	
BACKGROUND CHECKS			\$	128	
LICENSES & PERMITS			\$	515	
		1	1		
			+		
	·		-		
			 ,		
Total Other Administrative and General	\$ -	\$ -	+ s -	660	

Schedule C-1 - Management Services*

Name of Facility	License No. 1489	Report for Year Ended 9/30/2015	Page of 17 37
White Oak Manor Rest Home, LLC		7/30/2013	
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A	,		
			·
	1		

^{*} 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)

Man	ne of Facility		Licen		No.	Report for	Year Ended	Page of
	te Oak Manor Rest Home, LLC		Bioon		1489	9/30/201		18 37
7111	To Oak Hamily House, and the Control of the Control			1				Residential Care
	Item				Total	CCNH	RHNS	Home
2.	Dietary	_		1	- The 10 to 10 to 10 to	Talking Talking		
	a. In-House Preparation & Service					10 GREEN (A. M.)		
	1. Raw Food			\$	40,495			40,495
	2. Non-Food Supplies			\$	2,137			2,137
	3. Other (Specify)		_ '	\$	ورون فرود والمواد الموادة المتحدة المتحددة والمراد والمراد والم	no o polivino kindro e Pi	principal defendation represents to the principal and the principal and the principal defendation of the principal and t	align interference units a l'attentive provide l'interpretation par le l'aligne de l'attentive par l'aligne de l'attentive par l'aligne de l'attentive par l'a
! !				A. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a. 10 a.	1,450/1 5.4[15]: 242. <u>1</u> 52.5		k disebut 1975-1876. Kabupatèn 1980-1981	
	b. Purchased Services (by contract other			\$				
	than through Management Services)			Section				
	(Complete Schedule C-2 att. Page 21)			1				
	c. Management Services**			\$				
	d. Other (Specify)		_ ;	\$				
				2007			100 200	
2E.	Total Dietary Expenditures (2a + b + c + d)			\$	42,632			42,632
								Residential Care
2F.	Dietary Questionnaire			-	Total	CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	day	**	T				
Н.	Is cost of employee meals included in 2E?	0	Yes		0	No		
I.	Did you receive revenue from employees?	0	Yes		•	No	If yes, specify amt.	
J.	Where is the revenue received reported in the C	Cost	Repor	t?	(Page/Line It	em)		
	Is cost of meals provided to persons other						If yes, specify	
K.	than employees or residents (i.e., Board	0	Yes		•	No	cost.	,
	Members, Guests) included in 2E?						COSt.	
L.	Is any revenue collected from these people?	0	Yes		•	No	If yes, specify	
		_					amt.	
M.	Where is the revenue received reported in the C	Cost	Repor	t?	(Page/Line It	em)		
	Is cost of food (other than meals, e.g., snacks						If yes, specify	
N.	at monthly staff meetings, board meetings)	0	Yes		•	No	cost.	
	provided to employees included in 2E?							
	Ye can a manage of located from a manage of the	_	Vac	_	<u> </u>	Na	If yes, specify	****
O.	Is any revenue collected from employees?	_	Yes		•	No	amt.	

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

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

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

Name of Facility			e No.	Report for		Page	of
Whi	te Oak Manor Rest Home, LLC		1489	9/30/2015		19	37
						1	ential Care
	Item		Total	CCNH	RHNS	ŀ	Home
3.	Laundry						
	a. In-House Processing*	Lbs.					
	1. Bed linens, cubicle curtains, draperies,						
	gowns and other resident care items	Amt. \$	1,417	,			1,417
	washed, ironed, and/or processed.***					<u> </u>	
l	2. Employee items including uniforms,	Lbs.					
	gowns, etc. washed, ironed and/or						
	processed.***	Amt. \$					
	2 2 11.11 6 11.						
	3. Personal clothing of residents	Lbs.				 	
	washed, ironed, and/or processed.***	Amt. \$					
	4 D	7 1-			<u> </u>		······································
	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. Management Services**	\$					
	d. Other (Specify)	\$	4,393				4,393
	Non-Contractual Laundry Service						
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$	5,810				5,810
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	Yes	•	No	If yes,		 i
<u> </u>	To cook of omproject manaly included in 50:				specify cost.	.	
H,	Did you receive revenue from employees?	Yes	•	No	If yes,		
		D (0		(Page/Line	specify amt.	·	
I.	Where is the revenue received reported in the Cost	Report?		(rage/Line			
J.	Is Cost of laundry provided to persons other	Yes	•	No	If yes,		
	than employees or residents included in 3E?				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	Keport?		(Page/Line	nem)		

^{*} 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.

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

^{***} 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)

Nan	ne of Facility	License No.	Rep	ort for Year E	Inded	Page	of
Wh	te Oak Manor Rest Home, LLC	1489		9/30/2015		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
] ''	a. In-House Care	by Personnel	-				
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	4,326			4,326
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*		\$				
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a +	b + c + d)	\$	4,326	en von de meser anna a	PART - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4,326
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***		4				
	1. Own Pharmacy	·	\$				
	2. Purchased from		\$	\ 			
	b. Medicine Cabinet Drugs		\$	(1 A 2 - 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	Lond to compare demand of the service of the service service of		CONTRACTOR CONTRACTOR
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$			-	
	e. Oxygen			A COLUMN			
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***					10.00000000000000000000000000000000000	
	g. Dental (Not dentists who should be incl	luded under	\$	- Janggan benggan apan Galas Grah Robert	on The Contract of the Contrac	Ber Depletation upon dans Depositioner	ilikuju augustaj produkturionom or
	salaries or fees)				9.00 空间 動物		
	h. Laboratory***		\$				
	i. Recreation		\$	3,215			3,215
	j. Other (Specify)****		\$		Zava romo ostania alkano mendia.		ne againment constitution
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	3,215			3,215

^{*} 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

NH	RHNS	Residential Care Home
i		
-		
\longrightarrow		
		<u> </u>
		1
		<u> </u>
——— 		
	<u>¢</u>	\$ -
	_	- \$ -

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

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

e of 37		Line				•										
Page 21	*	al re Pg	-											·		
	Page Ref.*	Residential Care Home														
	Total Cost/Page Ref.***	RHINS														
P		CCNH							:							
Report for Year Ended 9/30/2015		Full Explanation of Service Provided*														
License No. 1489		Explanation of Relationship	77,4													
	o Owners, Officers	Š.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Related ** to Owners, Operators, Officers	Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LLC		Address	HARANA ARABAH BA		The second secon	THE THE THE TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE				v vijeka po se da da da da da da da da da da da da da			THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O		T T T T T T T T T T T T T T T T T T T	
Name of Facility White Oak Manor Rest Home, LLC		Name of Individual or Company			THE THE PARTY OF T	TO COMPANY OF THE PARTY MANAGEMENT OF THE PARTY MANAGE		THE TAX TO THE TAX TO	· ·	THE PARTY PROPERTY OF THE PARTY	THE STATE OF THE S	THE PASSAGE AND ADDRESS OF THE PASSAGE AND ADDRE	THE PROPERTY CONTRACTOR AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRES	POPULATION AND ADMINISTRATION OF THE POPULATION	THE THE TAX AND ADDRESS OF THE TAX AND ADDRESS OF THE TAX ADDRESS OF TAX ADDRESS	

^{*} 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
White Oak Manor Rest Home, LLC	1489	9/30/2015			22	37
					Reside	ntial Care
Item		Total	CCNH	RHNS	Н	ome
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	16,108				16,108
b. Heat	. \$	10,732				10,732
c. Light & Power	\$	9,153				9,153
d. Water	\$	642				642
e. Equipment Lease (Provide detail or	n page 6) \$					
f. Other (itemize)	\$	8,305				8,305
See Attached Schedule					net den e e e se familie	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
6g. Total Maint. & Operating Expense (6	5a - 6f) \$	44,940				44,940
7. Depreciation (complete schedule page	23*)					
a. Land Improvements	\$	353				353
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$					
*7e. Total Depreciation Costs (7a + b + c +	+ d) \$	353				353
8. Amortization (Complete att. Schedule I	^p age 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	4,384				4,384
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c -	+ d) \$	4,384				4,384
9. Rental payments on leased real property	y less					
real estate taxes included in item 10b	\$	22,560				22,560
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	13,827				13,827
c. Personal property taxes	\$	442	,			442
11. Total Property Expenses (7e + 8e + 9	+10) \$	41,566				41,566

^{*} 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	sidential re Home
			-
MAINTENANCE - EQUIPMENT			\$ 1,872
MAINTENANCE - GROUNDS			\$ 4,008
MAINTENANCE - WASTE REMOVAL			\$ 2,425
		1	
			·-··
·			
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 8,305

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

Depreciation Schedule

				ŀ	. Y							
Name of Facility				<u></u>	License No.	ç		Report for Year Ended	nded		Page	of 52
White Oak Manor Rest Home, LLC					1489	29		5107/05/6			53	3/
					Historical			Accumulated		:		
					Cost	Less		Depreciation to	Method of			
					Exclusive of	Saivage	Cost to Be	Beginning of	Computing	Usefui	Depreciation	•
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period				·	12,741		12,741	8,392	S/L	Various	353	
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	ch schedu	le)					-					
A-4. Subtotal				4230	語の音楽を	建建物的设置	10000000000000000000000000000000000000	を表現される。				353
B. Building and Building Improvements												
1. Acquired prior to this report period					33,171		33,171	33,171	S/L	30		
2. Disposals (attach schedule)				 								
3. Acquired during this report period (attach schedule)	ch schedu	le)										
B-4. Subtotal				egti								
C. Non-Movable Equipment				 								
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	ch schedu	de)										
C-4. Subtotal				11,8954				は、一般などのできる。		100		
	Is a mileage logbook	age ik	Date of	*	Historical			Accumulated				
	maintained?	ed?	Acquisition	non	Cost	Less		Depreciation to	Method of			
	5		4		Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation	- - - - -
1	-1	- 13	MOND	Year	Dable Land	anne A	Deprecialed	rears Operations	Depreciation		ror this rear	Lotais
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a.												
b.		H										
.0		+		1								
Ġ.												
2. Movable Equipment					1000				30.5V	140.00		
a. Acquired prior to this report period		\s.		\ar	1,192		76/1/	761.51	S/L	Various	ASSA VOSSOS SA CONTRACTO DE CONTRACTOR DE CONTRACTO DE CO	
o. Disposais (anach schedule)			AND STREET	1000	Cold To Charles and Assessment Cold To Charles	CONTRACTOR CONTRACTOR	を かいかい かいかい かいかい かいかい かいかい かいかい かいかい かい	Constitution of the consti			The second of th	
c. Acquired during this report period (attach schedule)				And and and								
D-3. Subtotal						建設を持ち込む						
E. Total Depreciation												353

Schedule of Land Improvements Acquired during this report period

		Useful	
Description of Item	Cost	Life	Depreciation
			
·			
ments	\$ -		\$ -
,			
nents	\$ -		\$ -
	ments	ments \$ -	Description of item Cost Life Cost Life ments \$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				_
	·			
.		.		
otal additions for Building Imp	rovements	\$ -		\$ -
eletions:				
	,			
				1
		<u> </u>		
otal deletions for Building Impr	ovements			- s

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		Į		1
	,			
Fotal additions for Non-Movabl	e Equipment	\$ -		\$ -
Deletions:				
	·			
				
	72			- s -
Total deletions for Non-Movable	e Equipment	1 -		- 3

^{*}Ties to Page 23, Line C3

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

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

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

	•		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
-				
		•		
				.
			-	
	<u>, , ,</u>	-		
Cotal additions for Movable Equ	ipment	\$ -		\$ -
Deletions:				
		· · · ·		
				+
otal deletions for Movable Equi	ipment	\$ -		\$ -

^{*}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:				
				-
		- 		
			 	
		1		
otal additions for Leasehold Im	provement	\$ -		\$ -
eletions:				
				
otal deletions for Leasehold Im	orovement	\$ -		\$ -

^{*}Ties to Page 24, Line C3

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

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

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	of
White Oak Manor Rest Home, LLC		14	1489	9/30/2015			24	37
				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for		•	
		Length of	Cost to Be	Year's	Computing	Rate A	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	9 8	for This Year	Totals
Organization Expense								
•	-		-					
2.								
3.								
Subtotal				出版ができる。 ・				
Mortgage Expense								
2.								5 100 5 700 7 100 7 100
3.								
Subtotal				THE RESERVE OF THE PERSON NAMED IN COLUMN				
Leasehold Improvements and Other								
	Var Var		140,081	97,323 S/L	S/L	Var	4,384	
2. Disposals (attach schedule)								
3. Acquired during this report period		等 10 10 10 10 10 10 10 10 10 10 10 10 10						
(attach schedule)						edoca Presenta Lataca San C	AND AND AND AND AND AND AND AND AND AND	
Subtotal								4,384
Total Amortization								4 384

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

WHITE OAK REST HOME, LLC FIXED ASSET / DEPRECIATION SCHEDULE

System No	o. Description	Date In Service	Method	Life	Historical Cost	2014 A/D	2015 Deprec.	2015 A/D	NBV
BUILDING		CH 4/10/4	GY.	20	22.171	22 121	_	33,171	_
46	Building	6/15/1964	SL	30	33,171	33,171			
TOTAL B	UILDING				33,171	33,171	-	33,171	-
LAND IM	PROVEMENTS								
27	DRIVEWAY	11/9/1999	SL	15	4,849	4,822	27	4,849	-
29	DRIVEWAY (ADDITION)	10/1/2000	SL	10	3,000	3,000	-	3,000	
44	SIDEWALK & PARKING LOT	12/20/2012	SL	15	4,892	571	326	897	3,995
TOTAL B	UILDING				12,741	8,393	353	8,746	3,995
EQUIPME	ENTS								
4	CARPET (REMO	6/10/1996	SL	5	2,000	2,000	-	2,000	-
5	DRYER	8/14/1998	SL	10	458	458	-	458	-
6	2 CHAIRS	2/15/2000	SL	10	402	402	•	402	-
7	FURNITURE	2/22/2000	SL	10	698	698	-	698	
8	TELEVISION SE	11/21/2000	SL	10	230	230	_	230	-
9	MICROWAVE &	6/18/2001	SL	10	381	381	-	381	-
10	MEAT SLICER	6/20/2001	SL	10	742	742	-	742	-
11	BED & MATTRE	6/27/2001	SL	10	413	413	-	413	-
57	REFRIGERATO	6/15/1967	SL	8	180	180	-	180	-
32	FREEZER	9/22/2006	SL	5	-	•	-	-	-
58	CALL SYSTEM	6/8/1980	SL	10	1,153	1,153	-	1,153	-
59	PUMP	5/1/1978	SL	8	260	260	-	260	-
33	6 MATTRESSES	1/30/2006	SL	5	-	-	-	-	-
34	WASHER	3/30/2006	SL	5	-	-	-	-	-
35	2 CHAIRS(REM	12/11/1997	DDB	5	275	275	*	275	-
36	FREEZER PART	5/29/2001	DDB	5	200	200	-	200	-
37	MEAT SLICER	5/29/2001	DDB	5	200	200	-	200	-
38	REFRIGERATO	5/29/2001	DDB	5	200	200	-	200	-
41	FURNITURE	3/12/2011	SL	0	-	-	-	-	-
42	CHAIRS (DIREC	8/15/2011	SL	0	-	-	-	-	-
45	WHIRLPOOL P	3/13/2013	SL,	0	•	-	-	-	-
2	WASHING MACHINE	5/14/2014	SL	0	-		•	•	-
TOTAL E	QUIPMENTS				7,792	7,792	-	7,792	-

WHITE OAK REST HOME, LLC FIXED ASSET / DEPRECIATION SCHEDULE

	~	D.A. I. O.	3.4-4) - 3	T 25-	Historical	2014 A/D	2015 Deprec,	2015 A/D	NBV
System No.	Description	Date In Service	Method	Life	Cost	A/D	Deprec,	A/D	NBY
LEASHOL	D IMPROVEMENTS			•					
12	REPLACEMENT	4/10/2006	SL	39	3,500	759	90	849	2,651
47	IMPROVEMENT	9/30/1972	SL	10	1,099	1,099	-	1,099	-
48	IMPROVEMENT	9/30/1973	SL	10	963	963	-	963	-
49	IMPROVEMENT	9/30/1974	SL	10	980	980		980	•
50	IMPROVEMENT	9/30/1978	SL	8	6,804	6,804	-	6,804	•
51	SPRINKLER SY	9/30/1978	SL	8	446	446	-	446	-
52	ADDITIONAL S	9/30/1979	SL	8	1,747	1,747	-	1,747	•
53	IMPROV TO CA	9/30/1979	SL	8	9,435	9,435	-	9,435	-
54	IMPROVMENTS	9/30/1980	SL	8	2,536	2,536	-	2,536	•
55	FIRELITE ALAR	12/7/1984	SL	20	1,889	1,889	-	1,889	-
56	FIRE ALARM S	11/15/1986	SL	25	12,685	12,685	-	12,685	-
13	PORCHES	4/16/1987	SL	10	5,080	5,080	-	5,080	•
14	GENERATOR	9/8/1989	SL	30	23,000	19,231	767	19,997	3,003
15	SWITCHBOARD	12/7/1989	SL	7	1,378	1,378	-	1,378	-
16	FURNACE	10/6/1990	SL	30	990	792	33	825	165
17	ADDITION TO G	10/1/1991	SL	30	4,255	3,262	142	3,404	851
18	ROOF	11/30/1993	SL	30	7,750	5,382	258	5,640	2,110
19	IMPROVEMENT	4/1/1994	SL	30	3,145	2,149	105	2,254	891
20	GENERATOR	9/2/1994	SL	30	620	415	21	436	184
21	PLUMBING IMP	9/2/1994	SL	30	491	329	16	345	146
22	GUTTER IMPRO	9/15/1996	SL	30	1,200	723	40	763	437
23	PLUMBING IMP	3/15/1996	SL	30	3,145	1,948	105	2,053	1,092
24	FURNACE	1/13/1997	SL	15	1,286	1,286	-	1,286	
25	FURNACE	1/13/1997	SL	15	3,560	3,560	•	3,560	-
26	CARPET	11/9/1999	SL	7	1,650	1,650		1,650	-
28	NEW WINDOW	6/20/2001	SL	30	3,755	1,659	125	1,784	1,971
30	REBUILT CHIM	6/21/2001	SL	30	2,544	1,124	85	1,208	1,336
31	WINDOWS	7/3/2003	SL	30	2,650	994	88	1,082	1,568
39	DRY PIPE VALV	9/21/2007	SL	15	3,668	1,742	245	1,987	1,681
60	PAINTING AND	9/4/2007	SL	15	5,300	2,517	353	2,871	2,429
40	NEW WATER S	6/6/2007	SŁ	7	-		-	` <u>-</u>	
61	GENERATOR R	6/17/2011	SL	20	3,919	637	196	833	3,086
43	CHIMNEY	12/20/2012	SL	15	4,786	558	319	877	3,908
62	CHIMNEY (TAL	12/20/2012	SL	15	4,998	583	333	916	4,082
3	ROTH OIL TAN	2/4/2014	SL	15	2,600	116	173	289	2,311
1	CARPENTING -	5/30/2014	SL	7	6,227	297	890	1,186	5,041
2014CR					•	569		569	(569)
TOTAL AS	SETS				140,081	97,323	4,384	101,706	38,374
	, 2.2					,		101,00	
	SETS PER CR SCHEDULE				193,785	146,679	4,737	151,415	42,369
	SETS PER TRIAL BALANCE				160,614	112,938	4,737	117,675	42,939
VARIANCE					33,171	33,741	(0)	33,740	(570)
VARIANCE (LESS) BUIL	DETAIL DING (NOT ON BOOKS)				(33,171)	(33,171)	-	(33,171)	_
	CR ROLL FORWARD				(55,111)	(569)	-	(569)	569
ROUNDING					-	(1)		(307)	309
REVISED V					(0)	(0)	(0)	0	0
VEA19ED A	MRIMICE				(0)	(0)	(0)	U	,

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

11. Property Questionnaire 1489 9/30/2015 25 37 12. Property Questionnaire 1489 9/30/2015 25 37 13. Property Questionnaire 27 27 28 28 37 14. Is the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either owned by the Facility of last the property either of last the property either of last the property either of last the property either of last the property either of last the property either owned by the Facility of last the property either of last the property either of last the property either either of last the property either of last the property either ein	Nam	e of Facility	License No	ο,	Report for Year En	ded		Page	of
Part A Is the property either owned by the Facility or leased from a Related Party?* *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. Description Total 1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost 8. Land 9. Building 9. 33,77 Part B - Owner and Related Parties 1. St Mortgage 1. Financing 8. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) c. Amount of Principal Borrowed f. Principal Outstanding as of Complete if Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only	Whit	e Oak Manor Rest Home, LLC	14	189	9/30/2015			25	37
Part A Is the property either owned by the Facility or leased from a Related Party?* *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. Description Total 1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost 8. Land 9. Building 9. 33,77 Part B - Owner and Related Parties 1. St Mortgage 1. Financing 8. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) c. Amount of Principal Borrowed f. Principal Outstanding as of Complete if Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only	1 1	Property Questionnaire							
Is the property either owned by the Facility or leased from a Related Party?* *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. Description 1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land 9. Building 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage (number of years) c. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only									
or leased from a Related Party?* *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. Description Total Date Land Purchased Date Structure Completed Juhknown JINOT Original Owner, Date of Purchase Description Total Licensed Bed Capacity Separa Footage Acquisition Cost Land Acquisition Cost Complete if Mortgage (number of years) Acquisition Cost to the Cost Year Acquisition C			e Facility					If "Yes " comple	te Part B
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. Description Total 1. Date Land Purchased 2. Date Structure Completed Unknown 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land 4,950 b. Building 33,171 Part B - Owner and Related Parties 1 st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			o i domity	•	Yes	0	No	•	
business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. Description Total Date Land Purchased Discription Ji Date Land Purchased Date Structure Completed Duknown Ji MOT Original Owner, Date of Purchase Date of Initial Licensure Total Licensed Bed Capacity Ji Date Capacity Ji Date Capacity Date of Refinancing (e.g., fixed, variable) Date of Financing (e.g., fixed, variable) Date Mortgage (number of years) Date Mortgage was Refinanced During Current Cost Year During Current Cost Year During Capacity (e.g., fixed, variable) Date of Refinancing (e.g., fixed, variable) Date Mortgage was Refinanced During Current Cost Year		•	ility is related	hy family mar	riage ownershin ahility	to control or		, tomp.ev	
related party transaction. Description 1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land 4,950 b. Building 33,171 Part B - Owner and Related Parties 1st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal During (a.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only		-	•						
1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land b. Building 33,171 Part B - Owner and Related Parties 1st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only								ı	
2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land 4,950 b. Building 8. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage (a.g., fixed, variable) h. Date of Refinancing g. Type of Financing (e.g., fixed, variable) h. Date of Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only		Description			Total				
3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land 4,950 b. Building 7. Acquisition Cost a. Land 5. Building 7. Acquisition Cost a. Land 5. Building 7. Are and Related Parties 7. Ist Mortgage 7. And Mortg									
4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land 4,950 b. Building 7. Beart B - Owner and Related Parties 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only					Unknown				
5. Total Licensed Bed Capacity 16 6. Square Footage 4,549 7. Acquisition Cost a. Land 4,950 b. Building 33,171 Part B - Owner and Related Parties 1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			of Purchas	e		Figure 1	23,000,000		
6. Square Footage 4,549 7. Acquisition Cost a. Land 4,950 b. Building 33,171 Part B - Owner and Related Parties 1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			,						
7. Acquisition Cost a. Land 4,950 b. Building 33,171 Part B - Owner and Related Parties 1 Ist Mortgage 2 Ind Mortgage 3 Ind Mortgage 4 Ind Mortgage 4 Ind Mortgage 4 Ind Mortgage 4 Ind Mortgage 4 Ind Mortgage 4 Ind Mortgage 4 Ind Mortgage 5 Ind Mortgage 6 Interest Rate for the Cost Year 6 Interest Rate for the Cost Year 7 Ind Ind Ind Ind Ind Ind Ind Ind Ind Ind						Distriction of			
a. Land b. Building 33,171 Part B - Owner and Related Parties 1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only					4,549				
b. Building 33,171 Part B - Owner and Related Parties 1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only		*				6.00	100		
Part B - Owner and Related Parties 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only								2.2	
1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only							1		
a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only		-			etropes a super-				
c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			xed, variabl	e)					
d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only									
e. Amount of Principal Borrowed f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only									-
f. Principal balance outstanding as of Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only				·	-		,		
Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only					0.445 010 00000 + 0.00 ± 0.00		REALISTICS OF STATE O	St Catachy and Street Control of the	Name de la Santia.
g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only								a Martine and a	
h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only				- ^					
i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			xed, variabi	е)					
j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only									
k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			m of moone)						
I. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only									
Part C - Arms-Length Leases for Real Property Improvements Only		<u>.</u>)ff					
					mprovements Only	,			
Traperty Leased Date of Lease Term of Lease Annual Amount of Le					· · · · · · · ·		Term of Leage	Annual Amount	of Leage
		Name and Address of Lesson		1101	icity Leased	Date of Lease	Term of Lease	Annuai Amount	OI LEASE
	• • • • •					<u> </u>			
	•								
									·

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility License No.		Report for Year	ar Ended		Page of
White Oak Manor Rest Home, LLC 1489		9/30/2015			26 37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest				•	
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$				
Name of Lender	Rate	H			
Address of Lender					
2 Sagand Martagas	\$				
Second Mortgage Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$	December 1980 to 1	i se sa merende		SVANTSDELSKARNSKANS VERVEST ALSTV
Name of Lender	Rate				
Address of Lender	<u> </u>				
4. Fourth Mortgage	\$	en 11 totaliste er jamake regerijk it George in Amerikanskier in Stevenske in Stevenske in Stevenske in Stevens	ANGELM THE HENCEMENTS OF		
Name of Lender	Rate				
Address of Lender					
Address of Lender		10.2			
B. CHEFA Loan Information	•				
Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense			energy of the second se	entropy and the Control of the Contr	entral entral de la commental
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				
3 ()		1	Subtatale		

(Carry Subtotals forward to next page)

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

Name of Facility	License	No.		Report for Y	ear Ended		Page of
White Oak Manor Rest H	ome, LLC 1	489		9/30/2015			27 37
							Residential
	Item			Total	CCNH	RHNS	Care Home
	Sul	btotals Bro	ught Forward:				
12. C. Movable Equip	ment						
1. Automotive	Equipment						
A, Item		Rate	Amount				
Lender							
30							
Address of Lender							
2. Other (Speci	ify)		\$				
A. Item	<u> </u>	Rate	Amount				
		L					
Lender							
Address of Lender			····· · · · · · · · · · · · · · · · ·				34. 1
Address of Lender							
B. Item		Rate	Amount				
D. Rom		Rate	7 mount				
Lender							
Address of Lender							
12. C. 3. Total Moval	• •	est				1 Sec. 10 Sec. 2000 Sec. 10 Se	
Expense (C1			\$				
12. D. Other Interest E	xpense (Specify)		\$	Ken augu Salahan dahai daga	ark Brigarina vesti mas and contr	elektrikariektrischen betreichen bei	So 14-active of poor experimental and
12 T-4-1 AH T-4 T		100 L 100					
13. <i>Total All Interest E.</i> 14. Insurance	xpense (12D / + 12	(C) T 12D					
a. Insurance on Pro	onerty (huildings o	nlv)	\$	9,576			9,576
b. Insurance on Au		· <i>J</i> /	\$				9,370
	than Property (as s	pecified ab			<u> </u>		
	lanket Coverage)						
2. Fire and Ext			<u>\$</u>				
3. Other (Speci	fy)		\$				
							100 March 1980
14d. Total Insurance Ex			\$	9,576			9,576
15. Total All Expenditu	res (A-13 thru C-1	14)	\$	342,500			342,500

D. Adjustments to Statement of Expenditures

	of Fa		r Rest Home, LLC	Li	cense No. 1489	Report for Ye 9/30/2015	ar Ended	Page 28		of 37
Item	Page	Line		<u></u>	Total Amount of	CCNH	RHNS	Resid	ential Iome	
	No.		Item Description		Decrease	CCNTI	KINS		TOILE	
Page	10 - 8	Satari	es and Wages Outpatient Service Costs	\$						
<u>1.</u>			Salaries not related to Resident Care	- ф						
				<u>\$</u>						
3. 4.			Occupational Therapy Other - See attached Schedule	<u>.</u> \$						
	12 1	Du o Can		ф.						
	13 - 1	rojes	sional Fees	\$		2940(/30/04 £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £			artiko.	1 10 10
5.			Resident Care Physicians **				· · · · · · · · · · · · · · · · · · ·			
6. 7.			Occupational Therapy Other - See attached Schedule	<u>\$</u>						
	7 ~ 6	16		ф		3.545.797.25.75.257.3		21/42/43	ori vai e	on the other
	\$ 13 &	10 -	Administrative and General	Φ.	e de la companya			ELECTIVA.		17. 40.140
8.			Discriminatory Benefits	\$						·
9.			Bad Debts	\$			<u>.</u>			
10.			Accounting & Legal	\$						
11.			Telephone	\$ \$						
12.			Cellular Telephone						42 mm	
13.			Life insurance premiums on the life	ø						1011 2 PA
			of Owners, Partners, Operators	\$						
14.			Gifts, flowers and coffee shops	\$		168 A.J P S L L C. (450 Mar. 50	anasia?	5453-236
15.			Education expenditures to colleges or			Marie de la compa	List mean terms			
			universities for tuition and related costs	•					业 成品	
			for owners and employees	\$				Allen of Marie	945 Marie	e e e e e e e e e e e e e e e e e e e
16.			Travel for purposes of attending							
			conferences or seminars outside the							
			continental U.S. Other out-of-state	41		2000				
			travel in excess of one representative	\$						
17.			Automobile Expense (e.g. personal use)	\$						
18.	16	m2	Unallowable Advertising *	\$	573					573
19.			Income Tax / Corporate Business Tax	\$						
20.			Fund Raising / Contributions	\$						
21.			Unallowable Management Fees	\$						
22.			Barber and Beauty	\$,				
23.			Other - See attached Schedule	\$				has Sobraters (sa)	complete state of	Postol-Value
	<u> 18 - I</u>)ietar	y Expenditures						10.1	
24.			Meals to employees, guests and others		vor et kann det	25.48				
			who are not residents	\$		Direkta kurilerina kritistista a Dadustonia Alemaika	nii eeleka (ee eriyaan eraakin a ilaa ay kees	450 Sept. (450	. Process	Arm (Sept. Fail)
	19 - I	aund	ry Expenditures							
25.			Laundry services to employees, guests							
			and others who are not residents	\$		English region to the control of the		Annal (Medical Services)	#WWW.	(S) K of hear to be
Page	20 - I	Iouse	keeping Expenditures		di dan Birah	acio, agita.		暴發影		
26.			Housekeeping services to employees, guests	Ì						
			and others who are not residents	\$						
			Subtotal (Items 1 - 26)	\$	573					573

^{*} 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	Residential Care Home
•				
Total Othe	r Salaries Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Fees Adj	ıstments	 \$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
				<u> </u>
				+
Fotal Othe	r A&G Adjustments	\$ -	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Name	e of Fa	acility	D. Adjustments to Stateme	_	cense No.	Report for		Page	of
		-	or Rest Home, LLC	["	1489	9/30/2015	L vai Dilava	29	37
44 1116	COak	WIGHT	r Rest Florie, EDC	<u> </u>	Total	773072073			
Item	Page	Line			Amount of			Residen	tial Care
No.		1	Item Description		Decrease	CCNH	RHNS	1	me
110.	710.	710.	Subtotals Brought Forward	\$			14111		573
Page	20 - F	Reside	ent Care Supplies***			T-20-00 (20-05-0)			Compression /
27.			Prescription Drugs	\$	A STATE OF THE PARTY OF THE PAR	TRANSPART FACTOR SECTIONS	solitari balanca subsequence	HARLI AN CHESSON STORE SO	mile processors beautiful
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$	·				
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
Page	22 - N	<i>laint</i>	enance and Property					有力性	
35.			Excess Movable Equipment Depreciation			41 THE TOTAL PROPERTY OF THE PARTY OF THE PA			
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$,,,,,				
37.	·		Unallowable Property and Real						
			Estate Taxes	\$					
38.	Var	Var	Rental of Building Space or Rooms	\$	15,187				15,187
39.			Other - See Attached Schedule	\$					
Page	27 - I	nsura			(1) 维加克克·斯克		er al-lenter son	are to the	
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
	r - Mis	cella						修画學	
42.			Research or Experimental Activities	\$,			
43.			Radio and Television Revenue	\$					
44,			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$		read to see a community	Printed Laboratory and Commission of the Commiss	41424463464	Miles on seminate constitute (C.).
47.			Expenditures made for the protection,		Hally Colored Ba				
			enhancement or promotion of the		\$ E 107-9-10 11				
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$	S Destula de campa de la la la la la la la la la la la la la				
49.			Other (include personnel and other		34			karan.	
			costs unrelated to resident care) - See						
71. · · ·	- n	- G . P	Attached Schedule	\$	970	and the second second			970
	or Pro		roviders Only	_				5.40	
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -	_e					
E 1	Tate!		See Attached Schedule	\$	17 720				16 720
٥١.	i otal	Amoi	int of Decrease (Items 1 - 50)	\$	16,730				16,730

^{***} 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	Residential Care Home
				-
<u></u>			<u> </u>	1
Fotal Othe	r Ancillary Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	1.00				
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Line Ref	Description	CCNH	RHNS	Residential Care Home
Dronants	Adjustments	g -	<u> </u>	8 -
		Line Ref Description		

	<u> </u>	\$ 9
		
		
1800		
	ļ	\$ 9
	\$ -	3 - 3 -

Schedule of Unallowable Building Interest

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
				<u> </u>
Total Unal	lowable Building Interest	\$ -	\$ -	\$ -

15,187

White Oak Manor Rest Home Third Floor Rental Income Disallowance September 30, 2015

			Total	Rental Alloc.	Resident
Page	Line	Expemse Description	Expense	24.3143%	Care
22	6a	Repairs & Maintenance	16,108	3,917	12,191
22	6b	Heat	10,732	2,609	8,123
22	6c	Light & Power	9,153	2,225	6,928
22	6d	Water	642	156	486
22	6f	Waste Removal	2,425	590	1,835
27	14a	Insurance	9,576	2,328	7,248
22	10b	Taxes - Property	13,827	3,362	10,465

Total Rental Disallowance

Sq	uare	Foota	ge Al	location:

Total	4,548.88	100.00%
Third Floor (Rental)	1106.03	24.3143%
Second Floor	1592.64	35.0117%
First Floor	1850,21	40,6740%
	_Square Feet	Allocation

F. Statement of Revenue

Name of Facility License No.		Report for Y	ear Ended		Page of
White Oak Manor Rest Home, LLC 1489		9/30/2015			30 37
White Oute William Rest France, Blee 1				XX	Residential Care
Item		Total	CCNH	RHNS	Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	302,077	A. Marie Company of the Company of t		302,077
b. Medicaid Room and Board Contractual Allowance **	\$	(51,912)			(51,912)
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$				
b. Medicare Room and Board Contractual Allowance **	\$				-
4. a. Private-Pay Residents and Other	\$	43,740			43,740
b. Private-Pay Room and Board Contractual Allowance **	\$		a displanara	months with the property	limandon entracos forcina entidante
II. Other Resident Revenue				TARGET OF THE	La de la companya de
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$	<u> </u>			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				1
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				<u> </u>
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				1
5. a. Occupational Therapy - Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
6. a. Other (Specify) - Medicare	\$	ļ			
b. Other (Specify) - Non-Medicare	<u>\$</u>	202.005	-		202.005
III. Total Resident Revenue (Section I. thru Section II.)	Ф	293,905			293,905
IV. Other Revenue*					是特别 在 的特别
Meals sold to guests, employees & others	\$	14.000			14,000
2. Rental of rooms to non-residents	\$				16,800
3. Telephone	. \$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$			ļ	
6. Private Duty Nurses' Fees	- \$				
7. Barber, Coffee, Beauty and Gift shops	\$				970
8. Other (Specify)	\$				
V. Total Other Revenue (1 thru 8)	\$				17,770
VI. Total All Revenue (III+V)	\$	311,675]	311,675

^{*} 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		 · <u>·</u> ··	CCNH	RHNS	Residential Care Home
		 			<u> </u>
		 			1
		 		-	
Fotal Other Resident Revenue - Medic	are	 	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	 CCNH	RHNS	Residential Care Home
				-
		 	ļ	
				-
× 104	D. Cl. (P.	···,	· ·	- e _
Total Oth	er Resident Revenue	8		- \$ -

Interest Income

Account

Page Ref Account	Baiance	CCNH	RHNS	Residential Care Home
				<u> </u>
			1	
Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Description	CCNH	RHNS	Residential Care Home	
				-
DSS - Reimbursement for Classes			\$	970
				-
			-	
	\$ -	¢ _	\$	970
	Description DSS - Reimbursement for Classes	DSS - Reimbursement for Classes	DSS - Reimbursement for Classes	Description CCNH RHNS Care DSS - Reimbursement for Classes \$

G. Balance Sheet

Name of Facility		License No.		oort for Year Ended		Page	of
White Oak Manor Rest I	Home, LLC	1489	9/3	0/2015		.31	37
		Account				Am	ount
Assets							
A. Current Assets							
1. Cash (on hand					\$		68,890
		le (Less Allowance			\$		7,008
	s Receivable	(Excluding Owners	or Relat	ed Parties)	\$		
4 Inventories					\$		1,484
Prepaid Expense					\$		5,118
a. Prepaid Rea		<u>S</u>		2,386			
b. Prepaid Inst	irance			2,732			
<u>d</u> .			· · · · · · · · · · · · · · · · · · ·				
6. Interest Receiv					\$		
Medicare Final		 			\$		· · · · · · · · · · · · · · · · · · ·
8. Other Current.	Assets (itemiz	e)			\$		Der selection der Scholar en en en en en en
					1745		produkti sa sa sa sa sa sa sa sa sa sa sa sa sa
M			···		33 (A)		
A-9. Total Current Asse	ets (Lines A1	thru 8)			\$		82,500
B. Fixed Assets							
1. Land					\$		
Land Improver	nents	*Historical Cost		12,741	\$		3,996
		Accum. Deprecia	tion	8,745 Net			
Buildings		*Historical Cost			\$		
		Accum, Deprecia	tion	Net			
 Leasehold Imp 	rovements	*Historical Cost		140,081	\$		38,374
		Accum. Deprecia	tion	101,707 Net			
5. Non-Movable	Equipment	*Historical Cost			\$		
		Accum. Deprecia	tion	Net			
6. Movable Equip	ment	*Historical Cost		7,792	\$		
		Accum. Deprecia	tion	7,792 Net			
7. Motor Vehicles	3	*Historical Cost			\$		
		Accum. Deprecia	tion	Net			
8. Minor Equipme	ent-Not Depre	eciable			\$		
9. Other Fixed As	sets (itemize)				\$		569
F/S vs C/R 1	•			569			
B-10. Total Fixed As	eate (I ince P	1 thru 9)			\$	· · · · · · · · · · · · · · · · · · ·	42,939
D-10. Total Fixed 213	octo (Dines D	1 diru)			Ψ		74,737

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

G. Balance Sheet (cont'd)

Nam	e of	f Facility	License No.	Report for Year	Ended		Page	of
Whit	e O	ak Manor Rest Home, LLC	1489	9/30/2015			32	37
			Account				Amo	unt
				Total Broug	ht Forward:	\$		125,439
C.	Le	easehold or like property recorde	ed for Equity Purposes					
		Land				\$		4,950
	2.	Land Improvements	*Historical Cost		-			
·-·			Accum, Depreciation		Net	\$		
	3.	Buildings	*Historical Cost	33,171	-			
			Accum. Depreciation	33,171	Net	\$		
	4.	Non-Movable Equipment	*Historical Cost		_			
			Accum. Depreciation	·	Net	\$		
	5.	Movable Equipment	*Historical Cost	 	-			
			Accum. Depreciation		Net	\$		
	6.	Motor Vehicles	*Historical Cost		-			
			Accum. Depreciation		Net	\$		
		Minor Equipment-Not Deprec				\$		
C-8		tal Leasehold or Like Properti	les (C1 thru 7)			\$	······································	4,950
D.		vestment and Other Assets						
		Deferred Deposits				\$		
		Escrow Deposits				\$		· · · · · · · · · · · · · · · · · · ·
	3.	Organization Expense	*Historical Cost					
			Accum, Depreciation			\$_		· · · · · · · · · · · · · · · · · · ·
		Goodwill (Purchased Only)				\$		
	5.	Investments Related to Reside	nt Care (itemize)			\$	ing Augustus transportungs	
	6.	Loans to Owners or Related P	T			\$	Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Sa	42,029
		Name and Address	Amount	Loan Da	ate			
		Lurleen Dos Santos, East						
		Street, Wolcott, CT 06716	42,029	Various				
	7.	Other Assets (itemize)				\$	ersteriore e esteriore	osenwancije preco
5 ^	<i></i>		. At 1					THE RESERVE
		tal Investments and Other Ass				\$		42,029
D-9.	10	tal All Assets (Lines A9 + B10	+ C8 + D8)		;	\$		172,418

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

G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended		Ended	Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2015		33	37
	Account			An	nount
Liabilities					
A. Current Liabilities				_	
Trade Accounts Pay					
2. Notes Payable (item	nize)		3	} 	
, , , , , , , , , , , , , , , , , , , 					
3. Loans Payable for E	Equipment (Current portion	n)(itamiza)		\$	
Name of Lend		Amount	Date Due	ν Table 1	en Più a
Trancor Den	ici i di poso	Titlouit	Dute Due		

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 1 60 11				
	clusive of Owners and/or	· · · · · · · · · · · · · · · · · ·			1,666
	wners and/or Stockholders	only)	9		
6. Accrued Payroll Tax			9		238
7. Medicare Final Settl 8. Medicare Current Fi			9		
9. Mortgage Payable (9		
	clusive of Owner and/or R	Polated Parties	4		
11. Accrued Income Tax		centen i mites j	\$		250
12. Other Current Liabi			9		183,258
Accrued Rent		,258			
		•	72 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25		
A-13. Total Current Liabilitie	es (Lines A1 thru 12)		\$	}	185,412

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2015		34	37
	Account			An	nount
		Total Brough	nt Forward:		185,412
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment (\$		ann thigh and the county of the foreign of
Name of Lender	Purpose	Amount	Date Due		
				assetter	
			200 A		(4) 日本しません ないたいとと言葉は
			222		
					9-27/82/04/20164
2. Mortgages Payable	<u>. </u>	<u> </u>	\$		
Loans from Owners or Rela	ited Parties (itemize)		\$		40,762
Name and Address of Lender	Amount	Loan Da	0000000		
				e para la com	
James Cleary, 150 East				7.7	19 4 2 20 1
Street Wolcott, CT 06716	40,762				
	10,, 0,2		-7.		
f					1982
4. Other Long-Term Liabilities	(itomizo)		\$		37,087
Due to DSS	s (ttemize)	37,087	Ψ.		27,007
<u> </u>		37,007			to sa transco
B-5. Total Long-Term Liabilities (I	Lines B1 thru 4)		\$	#2141201252202#4 (EV)	77,849
C. Total All Liabilities (Lines A-1			\$		263,261

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

	ne of Facility	License No.	Report for Y	ear Ended	Pag	
Whi	te Oak Manor Rest Home, LLC	1489 Account	9/30/2015		35	Amount 37
A.	Reserves	71000till				rimount
	1. Reserve for value of leased la	nd			\$	4,950
	Reserve for depreciation value to be amortized	e of leased buildi	ngs and appurten	ances	\$	
	3. Reserve for depreciation valu	e of leased persor	nal property (<i>Equ</i>	ity)	\$	
	4. Reserve for leasehold real pro	perties on which	fair rental value i	s based	\$	
	5. Reserve for funds set aside as	donor restricted			\$	
	6. Total Reserves	,			\$	4,950
В.	Net Worth 1. Owner's Capital				\$	
	2. Capital Stock				\$	781
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(65,749)
	6. Gain or Loss for Period	10/1/20)14 thru	9/30/2015	\$	(30,825)
	7. Total Net Worth	· <u>- · · · · · · · · · · · · · · · · · ·</u>			\$	(95,793)
C.	Total Reserves and Net Worth				\$	(90,843)
D.	Total Liabilities, Reserves, and I	Net Worth			\$	172,418

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of
Whit	e Oak Manor Rest Home, LLC	1489	9/30/2015		36	37
-		Account	-			nount ·
A.	Balance at End of Prior Period as s	hown on Report of 0	9/30/2014		\$	(64,967)
В.	Total Revenue (From Statement of	Revenue Page 30)			\$	311,675
C.	Total Expenditures (From Stateme	nt of Expenditures P	age 27)		\$	342,500
D.						(30,825)
E.						(95,792)
F.	Additions					
	1. Additional Capital Contributed (itemize)					
						America (III da Guerra)
	2. Other (itemize)					
	Rounding		(1)		
	· -					
F-3.	Total Additions				\$	(1)
G.	Deductions					
	1. Drawings of Owners/Operators	/Partners (Specify)			\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
					15 75 6	
	2. Other Withdrawings (Specify)				\$	
	Purpose		Amo	unt		
				•		
	3. Total Deductions				\$	
H.	Balance at End of Period	09/30/	15		\$	(95,793)
17,	Diminico at Dira of a circa	03/30/	1/		Ψ	(75,175)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of				
White Oak Manor Rest Home, LLC	1489	9/30/2015	37	37				
	Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)							
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 A Music Street	Title PRINCIPAL	Date Signed 1 / 28 / 16						
Printed Name of Preparer		· · · · · · · · · · · · · · · · · · ·						
Matthew S. Bavolack								
Addres Address		Phone Number						
555 Long Wharf Drive, New Haven, CT 06511		203-781-9600		,				

Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

Facility Na	meWhite Oak Manor Rest Home, LLC
	following check list. Provide an explanation for any "No" answers. Attachets to explain further, if necessary.
Yes No Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No ✓ Explanation:	Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.
Yes No	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No / Explanation:	 Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Yes No	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No / Description:	6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No Explanation:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?
Yes No V Explanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No V Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No ✓ □ Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Yes No Sexplanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No Substitution:	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No X Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No / Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? If detail is not provided, appropriate disallowances will be made.
Yes No / Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No	22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Client: White Oak Manor Rest Home
Engagement: Medicald - White Oak Manor Rest Home (RCH)
Period Ending: 9/30/2015
Trial Balance: A.01 - TB-OTHER

Trial Balance:	A.01 - TB-OTHER	engergia kanada kanada jag			452, veja, 5-432, 444, 1
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2015			9/30/2015
103	No AM Checking - Webster 394323	54,064.00			54,064.00
104	No AM - PATIENT WEBSTER ACCOUNT	14,426.00			14,426.00
105	PETTY CASH .	400.00			400.00
125	ACCOUNTS RECEIVABLE	7,008.00			7,008.00
149	PREPAID REAL ESTATE TAXES	2,386.00			2,386.00
150	PREPAID INSURANCE	2,732.00			2,732.00
152	INVENTORY	1,484.00			1,484.00
175	EMPLOYEE LOAN	42,029.00			42,029.00
202	LAND IMPROVEMENTS	12,741.00			12,741.00
202-1	ACCUMULATED DEPRECIATION - LAND IMPROVEMENTS	(8,746.00)			(8,746.00)
210	IMPROVEMENTS	140,081.00			140,081.00
211	ACCUMULATED DEPRECIATION - IMPROVEMENTS	(101,137.00)			(101,137.00)
215	EQUIPMENT	7,792.00			7,792.00
216	ACCUMULATED DEPRECIATION - EQUIPMENT	(7,792.00)			(7,792.00)
304	ACCRUED RENT	(183,258.00)			(183,258.00)
306	ACCRUED STATE CORP INCOME TAX	(250.00)			(250.00)
310	ACCRUED PAYROLL	(1,666.00)			(1,666.00)
320	ACCRUED PAYROLL TAXES	(238.00)			(238.00)
325	LOAN - J. CLEARY	(40,762.00)			(40,762.00)
380	DUE TO DPT. OF SOCIAL SERVICES	(37,087.00)			(37,087.00)
385	COMON STOCK	(781.00)			(781.00)
390	RETAINED EARNINGS	65,749.00			65,749.00
4010	RESIDENT ALLOWANCES	24,584.00			24,584.00
500	SSI, STATE	(302,077.00)			(302,077.00)
501	PRIVATE	(43,740.00)			(43,740.00)
504	MEDICAID ADJUSTMENTS	27,328.00			27,328.00
605	TV & CABLE	3,215.00			3,215.00
612	BANK SERVICE CHARGES	17.00			17.00
626	BACKGROUND CHECKS	128.00			128.00
675	DIETARY SUPPLIES	2,137.00			2,137.00
678	DIETARY FOOD	40,495.00			40,495.00
690	LAUNDRY EXPENSE	1,417.00			1,417.00
693	LAUNDRY PURCHASES SERVICE	4,393.00			4,393,00
7020	THIRD FLOOR RENT	(16,800.00)			(16,800.00)
7030	OTHER INCOME	(970.00)			(970.00)
754	HOUSEKEEPING SUPPLIES	4,326.00			4,326.00
756	MAINTENEANCE BUILDING	16,108.00			16,108.00
758	MAINTENEANCE EQUIPMENT	1,872.00			1,872,00
760	MAINTENANCE GROUNDS	4,008.00			4,008.00
761	MAINTENANCE - WASTE REMOVAL	2,425.00			2,425.00
762	FUEL	10,732.00			10,732.00
763	PAYROLL SERVICE FEE	2,482,00			2,482.00
764	ELECTRICITY	9,153.00			9,153.00
768	TAXES - REAL ESTATE	13,827.00			13,827.00
769	TAXES - PP	442.00			442.00
770	WATER	642.00			642.00
782	RENT	22,560.00			22,560.00
805	INSURANCE - WORKMANS COMP	2,037,00			2,037.00
806	INSURANCE - LIABILITY	9,576.00			9,576.00
810	ACCOUNTING	17.780.00			17,780.00
815	LICENSES & PERMITS	515.00			515.00
832	OFFICE SUPPLIES	665.00			665.00
840	TELEPHONE	3,009.00			3,009.00
848	ADVERTISING - HELP WANTED	375.00			375.00
848-1	ADVERTISING - DIRECTORY	573.00			573.00
855	DEPRECIATION EXPENSE	4,737.00		(4,737.00)	0.00
		.,	RJE - 1	(4,737.00)	0.00
				1.1. 2.1.	

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2015			9/30/2015
859	PAYROLL	143,294.00		(143,294.00)	0,00
			RJE - 2	(143,294.00)	
865	DUES AND SUBSCRIPTIONS	500.00			500.00
870	TAXES FICA	11,074.00			11,074.00
872	TAXES - SUTA	6,693.00			6,693.00
873	TAXES - FUTA	1,043.00			1,043.00
875	STATE BUSINESS ENTITY TAX	250.00			250.00
Marcum 101	Land Improvement Depreciation	0.00		353.00	353.00
			RJE - 1	353.00	
Marcum 102	Leasehold Improvement Depreciation	0.00		4,384.00	4,384.00
			RJE - 1	4,384.00	
Marcum 104	Salary - Administrator	0.00		16,080.00	16,080.00
			RJE - 2	16,080.00	
Marcum 105	Salary - Other Administrative	0.00		4,250.00	4,250.00
			RJE - 2	4,250.00	
Marcum 106	Salary - Dietary Workers	0.00		25,913.00	25,913.00
		<u> </u>	RJE - 2	25,913.00	48
Marcum 107	Salary - Other Housekeeping Workers	0.00	B.E	15,766.00	15,766.00
			RJE - 2	15,766.00	
Marcum 108	Salary - Other Maintenance Workers	0.00		917.00	917.00
		_	RJE - 2	917.00	
Marcum 109	Salary - Other Laundry Workers	0.00		6,204.00	6,204.00
		_	RJE - 2	6,204.00	
Marcum 110	Salary - Aides and Attendants	0.00		73,224.00	73,224.00
			RJE - 2	73,224,00	
Marcum 111	Salary - Recreation Workers	0.00		940.00	940.00
			RJE - 2	940.00	
Total		0.00		0.00	0.00
	Net (Income) Loss	0.00		0.00	0.00

Client: Engagement: Period Ending: Trial Balance: Workpaper:

White Oak Manor Rest Home Medicald - White Oak Manor Rest Home (RCH) 9/30/2015 A.01 - TB-OTHER A.03 - Grouped TB

Workpaper:	A.03 - Grouped TB				
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2015			9/30/2015
Group : [10-A]	Salaries and Wages				
Subgroup : [2]	Administrators				
Marcum 104	Salary - Administrator	0.00		16,080.00	16,080,00
			RJE - 2	16,080.00	
Subtotal [2] Administrators		0.00	_	16,080.00	16,080.00
Subgroup : [4]	Other Administrative Salaries				
Marcum 105	Salary - Other Administrative	0.00		4,250.00	4,250.00
			RJE - 2	4,250,00	
Subtotal [4] Other Adminis	trative Salaries	0.00	_	4,250.00	4,250.00
Subgroup : [5C]	Dietary Workers				
Marcum 106	Salary - Dietary Workers	0.00		25,913.00	25,913.00
	• •		RJE - 2	25,913.00	
Subtotal [5C] Dietary Work	ers	0.00	_	25,913.00	25,913.00
Subgroup : [6B]	Other Housekeeping Workers				
Marcum 107	Salary - Other Housekeeping Workers	0.00		15,766.00	15,766.00
	calary care i load attempting i comme	2.72	RJE - 2	15,766.00	10,100.00
Subtotal [6B] Other Housel	keeping Workers	0.00		15,766.00	15,766.00
Subgroup : [7B] Marcum 108	Other Maintenance Workers Salary - Other Maintenance Workers	0.00		017.00	047.00
warcum roo	Solary - Otter watertaine workers	0.00	RJE - 2	917.00 917.00	917.00
Subtotal [7B] Other Mainter	nance Workers	0.00	1000-2	917.00	917.00
			_		
Subgroup : [8B]	Other Laundry Workers				
Marcum 109	Salary - Other Laundry Workers	0.00	RJE - 2	6,204.00	6,204.00
Subtotal [8B] Other Laundr	ry Warkers	0.00	KJE-2 _	6,204.00 6,204.00	6,204.00
	, , , , , , , , , , , , , , , , , , , ,		_	0,204.00	0,204.00
Subgroup : [12D]	Aides and Attendants				
Marcum 110	Salary - Aides and Attendants	0.00		73,224.00	73,224.00
Subtotal [12D] Aldes and A	ttondants	0.00	RJE - 2	73,224.00	72 224 20
Santotal [120] Historalii A	ttenauna	0.00	-	73,224.00	73,224.00
Subgroup : [12H]	Recreation Workers				
Aarcum 111	Salary - Recreation Workers	0.00		940.00	940.00
Subtotal [124] Degraption I	Modern		RJE - 2	940.00	
Subtotal [12H] Recreation V	MotVeta	0.00	_	940.00	940.00
Subgroup : [12O]	Other				
159	PAYROLL	143,294.00		(143,294.00)	0.00
3. b.c.41 [400] O.f	•		RJE - 2	(143,294.00)	
Subtotal [120] Other		143,294.00		(143,294.00)	0.00
Total [10-A] Salaries and W	ages	143,294.00	_	0.00	143,294.00
		170,	=		143,234.00
Group : [15]	Expenditures Other than Salaries				
Subgroup : [1A1]	Workmen's Compensation				
305 Subtotal [1A1] Workmen's C	INSURANCE - WORKMANS COMP	2,037.00	The fact	0.00	2,037,00
printoral [141] Anoi killeti 2 C	Sompensation	2,037.00	******	0.00	2,037.00
Subgroup : [1A3]	Unemployment Insurance				
372	TAXES - SUTA	6,693.00		0.00	6,693.00
373	TAXES - FUTA	1,043.00		0.00	1,043.00
Subtotal [1A3] Unemployme	ent insurance	7,736.00		0.00	7,736.00
Subgroup : [1A4]	Social Security (FICA)				
70	TAXES FICA	11,074.00		0.00	11,074.00
iubtotal [1A4] Social Secur	ity (FICA)	11,074.00	_	0,00	11,074.00
Subgroup : [1D] 10	Accounting and Auditing ACCOUNTING	47 700 00		0.00	47 700 00
iubtotal [1D] Accounting ar		17,780.00 17,780.00		0.00	17,780.00 17,780.00
X	· · · · •				(1,100,00
ubgroup : [1G]	Office Supplies		•		
32	OFFICE SUPPLIES	665,00		0.00	665.00
iubtotal [1G] Office Supplie	38	665.00		0.00	665.00
ubgroup : [1H1]	Telephone and Telegraph				
40	TELEPHONE	3,009.00		0.00	3,009.00
ubtotal [1H1] Telephone ar	nd Telegraph	3,009.00		0.00	3,009.00
b	O-reti Business T	-			
ubgroup : [1J] 75	Corporation Business Taxes STATE BUSINESS ENTITY TAX	250.00		0,00	257.00
10	OTUSE SPONGEOG ENTRY LIVA	200,00		0,00	250.00

White Oak Manor Rest Home Medicaid - White Oak Manor Rest Home (RCH) 9/30/2015 A,01 - TB-OTHER A.03 - Grouped TB

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	A.03 - Grouped TB				
Account	Description	ADJ	JE Ref#	RJE	FINAL
Subtotal [1J] Corporation Bu	siness Taxes	9/30/2015 250.00	_	0.00	9/30/2015 250,00
Total [15] Expenditures Other		42,551.00	_	0.00	42,551.00
total [10] Exheligitates One					
Group : [16] Subgroup : [M1]	Expenditures Other than Salaries (cont'd) - Admin, and General Advertising Help Wanted				
848	ADVERTISING - HELP WANTED	375.00		0.00	375,00
Subtotal [M1] Advertising He	p Wanted	375.00		0.00	375.00
Subgroup : [M2]	Advertising Telephone Directory ADVERTISING - DIRECTORY	573.00		0.00	573.00
848-1 Subtotal [M2] Advertising Tel		573.00		0.00	573.00
Subgroup : [M8]	Dues and Membership Fees to Professional Associations				
865	DUES AND SUBSCRIPTIONS	500.00		0.00	500.00
Subtotal [M8] Dues and Mem	bership Fees to Professional Associations	500.00		0.00	500.00
Subgroup : [M11] 763	Services Provided by Contract PAYROLL SERVICE FEE	2,482.00		0.00	2,482.00
Subtotal [M11] Services Prov		2,482,00		0.00	2,482.00
Subgroup : [M13]	Other				
612	BANK SERVICE CHARGES	17.00		00,0	17.00
626 815	BACKGROUND CHECKS LICENSES & PERMITS	128.00 515.00		0,00 0,00	128,00 515.00
Subtotal [M13] Other		660.00		0.00	660.00
Total [16] Expenditures Other	r than Salaries (cont'd) - Admin. and General	4,590.00		0.00	4,590.00
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food				
678 Subtotal [2A1] Raw Food	DIETARY FOOD	40,495.00 40,495.00	_	0.00	40,495.00 40,495.00
·	New Food Sweet Pro-				
Subgroup : [2A2] 675	Non-Food Supplies DIETARY SUPPLIES	2,137.00		0.00	2,137.00
Subtotal [2A2] Non-Food Sup	plies	2,137.00		0.00	2,137.00
Total [18] Dietary Basis for A	llocation of Costs	42,632.00		0.00	42,632.00
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3A1] 690	Bed Linens, etcwashed, ironed LAUNDRY EXPENSE	1,417.00		0.00	1,417.00
Subtotal [3A1] Bed Linens, et		1,417.00	_	0.00	1,417.00
Subgroup : [3D]	Other				`
693 Subtotal [3D] Other	LAUNDRY PURCHASES SERVICE	4,393.00 4,393.00		0.00	4,393.00 4,393.00
Total [19] Laundry-Basis for I	Allocation of Costs	5,810.00		0.00	5,810.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs				
Subgroup : [4A1] 754	in-House Care Supplies HOUSEKEEPING SUPPLIES	4,326.00		0.00	4,326,00
Subtotal [4A1] In-House Care	Supplies	4,326.00	_	0.00	4,326.00
Subgroup : [5l]	Recreation				
605 Subtotal [5i] Recreation	TV & CABLE	3,215.00 3,215.00		0.00	3,215.00 3,215.00
	B. C. A. C. B. C. Alleredo A. G. A.				
Total [20] Housekeeping and	Resident Care Basis for Allocation of Costs	7,541.00		0.00	7,541.00
Group : [22]	Maintenance and Property				
Subgroup : [6A] 756	Repairs and Maintenance MAINTENEANCE BUILDING	16,108.00		0.00	16,108.00
Subtotal [6A] Repairs and Ma	intenance	16,108.00		0.00	16,108.00
Subgroup : [6B]	Heat				
762 Subtotal [6B] Heat	FUEL	10,732.00		0.00	10,732,00 10,732.00
			-	<u> </u>	10110000
Subgroup : [6C] 764	Light & Power ELECTRICITY	9,153.00		0.00	9,153.00
Subtotal [6C] Light & Power		9,153.00		0,00	9,153.00
Subgroup : [6D]	Water				
770	WATER	642.00		0.00	642.00

White Oak Manor Rest Home Medicaid - White Oak Manor Rest Home (RCH) 9/30/2015 A,01 - TB-OTHER A,03 - Grouped TB

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	A.03 - Grouped TB				
Account	Description	ADJ	JE Ref#	RJE	FINAL
- Troodaire		9/30/2015			9/30/2015
Subtotal [6D] Water		642.00		0.00	642.00
Subgroup : [6F]	Other				
758	MAINTENEANCE EQUIPMENT	1,872.00		0.00	1,872.00
760	MAINTENANCE GROUNDS	4,008.00		0.00	4,008.00
761	MAINTENANCE - WASTE REMOVAL	2,425.00 8,305.00	•	0.00	2,425,00 8,305.00
Subtotal [6F] Other		8,303.00		0,00	0,303.00
Subgroup : [7A]	Land improvements				
Marcum 101	Land Improvement Depreciation	0.00		353,00	353.00
	·		RJE - 1	353.00	
Subtotal [7A] Land Improvem	nents	0.00_		353.00	353.00
S. t	Laurahald improvements				
Subgroup : [8C] 855	Leasehold Improvements DEPRECIATION EXPENSE	4,737.00		(4,737.00)	0.00
655	DEFNEOIATION EXPENSE	41,01,00	RJE - 1	(4,737.00)	0.00
Marcum 102	Leasehold Improvement Depreciation	0.00	,, ,	4,384.00	4,384.00
			RJE - 1	4,384.00	
Subtotal [8C] Leasehold Impi	royements	4,737.00		(353,00)	4,384.00
Subgroup : [9]	Rental Payments	22 500 500			D# #40 44
782	RENT	22,560.00		0.00	22,560.00
Subtotal [9] Rental Payments		22,560.00		0.00	22,560,00
Subgroup : [10B]	Real estate taxes paid by lessor				
768	TAXES - REAL ESTATE	13,827.00		0,00	13,827.00
Subtotal [10B] Real estate ta:	kes paid by lessor	13,827.00		0.00	13,827.00
Subgroup : [10C]	Personal property taxes				
769	TAXES - PP	442.00		0.00	442.00
Subtotal [10C] Personal prop	erty taxes	442.00	_	0.00	442.00
Total [22] Maintenance and P	roperty	86,506.00	_	0,00	86,506.00
Total [22] maniferiance and r	ioperty		<u> </u>	0,00	50,000.00
Group : [27]	Interest and Insurance				
Subgroup : [14A]	Insurance on Property				
806	INSURANCE - LIABILITY	9,576.00		0.00	9,576.00
Subtotal [14A] Insurance on F	Property	9,576.00		0.00	9,576.00
Total [27] Interest and Insura	nce	9,576.00	_	0,00	9,576,00
C MOI	Chatemant of Davanua				
Group : [30] Subgroup : [1A]	Statement of Revenue Medicald Residents (CT only)				
500	SSI, STATE	(302,077.00)		0.00	(302,077.00)
Subtotal [1A] Medicald Resid		(302,077.00)	-	0.00	(302,077.00)
	,		_		
Subgroup : [1B]	Medicald room and board contractual allowance				
4010	RESIDENT ALLOWANCES	24,584.00		0,00	24,584.00
504	MEDICAID ADJUSTMENTS	27,328.00		0.00	27,328.00
Subtotal [1B] Medicald room	and board contractual allowance	51,912,00		0.00	51,912.00
Cubaraun + MAT	Private-pay residents and other				
Subgroup : [4A] 501	PRIVATE	(43,740,00)		0.00	(43,740.00)
Subtotal [4A] Private-pay resi		(43,740.00)	-	0.00	(43,740.00)
Adams [10]					(10), (100)
Subgroup : [12]	Rental of rooms to non-residents				
7020	THIRD FLOOR RENT	(16,800.00)		0.00	(16,800.00)
Subtotal [12] Rental of rooms	to non-residents	(16,800.00)		0.00	(16,800.00)
	OII P				
Subgroup : [18]	Other Revenue	(070.00)		0.00	(070.00)
7030 Subtotal [18] Other Revenue	OTHER INCOME	(970.00) (970.00)		0.00	(970.00) (970.00)
Subtoral [10] Ottlet Revende		(370.00)	_	0.00	(0.00)
Total [30] Statement of Reven	nue	(311,675.00)	-	0.00	(311,675,00)
					
Group : [31]	Current Assets				
Subgroup : [A1]	Cash				
103	No AM Checking - Webster 394323	54,064.00		0.00	54,064.00
104	No AM - PATIENT WEBSTER ACCOUNT	14,426.00		0,00	14,426.00
105	PETTY CASH	400.00		0.00	400.00
Subtotal [A1] Cash		68,890.00		0.00	68,890.00
Cubaraun : [62]	Posident AID				
Subgroup : [A2] 125	Resident A/R ACCOUNTS RECEIVABLE	7,008.00		0.00	7,008.00
Subtotal [A2] Resident A/R	10000HT0 HEGENFINE	7,008.00		0.00	7,008,00
Cantotal fuel Resident MV		.,,,,,,,,,	· · · · · ·		.,,000,00

White Oak Manor Rest Home Medicald - White Oak Manor Rest Home (RCH) 9/30/2015 A.01 - TB-OTHER A.03 - Grouped TB Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	A.03 - Grouped TB				
Account	Description	ADJ	JE Ref#	RJE	FINAL
Cubaram , FAAY	Inventories	9/30/2015			9/30/2015
Subgroup : [A4] 152	Inventories INVENTORY	1,484.00		0.00	1,484.00
Subtotal [A4] Inventories		1,484.00		0.00	1,484.00
Subgroup : [A5]	Prepaid Expenses				
149	PREPAID REAL ESTATE TAXES	2,386.00		0.00	2,386,00
150	PREPAID INSURANCE	2,732.00	_	0.00	2,732.00
Subtotal [A5] Prepaid Expens	es	5,118.00		0.00	5,118.00
Total [31] Current Assets		82,500.00		0.00	82,500.00
Group ; (31-32)	Non-Current Assets				
Subgroup : [B2]	Land Improvements				
202	LAND IMPROVEMENTS	12,741.00		0.00	12,741,00
202-1 Subtotal [B2] Land Improveme	ACCUMULATED DEPRECIATION - LAND IMPROVEMENTS	(8,746.00) 3,995.00	-	0.00	(8,746.00) 3,995.00
papiotal fari rand aubiotom	,,,,,	0,000.00			4,500,000
Subgroup ; [B3]	Buildings	440.004.00		0.00	140 001 00
210 211	IMPROVEMENTS ACCUMULATED DEPRECIATION - IMPROVEMENTS	140,081,00 (101,137.00)		0.00 0.00	140,081.00 (101,137.00)
Subtotal (B3) Buildings	VOCCHICCATED DELICONTION - MIL LOATINGALIN	38,944.00		0.00	38,944.00
		·			
Subgroup ; [B6] 215	Movable Equipment EQUIPMENT	7,792.00		0,00	7,792.00
216	ACCUMULATED DEPRECIATION - EQUIPMENT	(7,792.00)		0.00	(7,792.00)
Subtotal [B6] Movable Equipm		0.00	_	0.00	0.00
Cubarnus - IDC1	Loans to Owners or Related Parties				
Subgroup : [D6] 175	EMPLOYEE LOAN	42,029.00		0.00	42,029.00
Subtotal [D6] Loans to Owner	s or Related Parties	42,029.00		0.00	42,029.00
Total [31-32] Non-Current Ass	ets	84,968.00		0,00	84,968.00
Group : [33]	Current Liabilities				
Subgroup : [A4]	Accrued Payroll				
310	ACCRUED PAYROLL	(1,666.00)		0.00	(1,666,00)
Subtotal [A4] Accrued Payroll		(1,666.00)		0.00	(1,666.00)
Subgroup ; [A6]	Accrued Payroll Taxes Payable				
320	ACCRUED PAYROLL TAXES	(238.00)		0.00	(238.00)
Subtotal [A6] Accrued Payroll	Taxes Payable	(238.00)		0.00	(238.00)
Subgroup : [A11]	Accrued Income Taxes				
306	ACCRUED STATE CORP INCOME TAX	(250,00)		0.00	(250,00)
Subtotal [A11] Accrued incom	e laxes	(250.00)		0.00	(250,00)
Subgroup : [A12]	Other Current Liabilities				
Subtetal (A42) Other Comment I	ACCRUED RENT	(183,258.00)	_	0.00	(183,258.00)
Subtotal [A12] Other Current L	Tentifica	(183,258.00)		0.00	(183,258.00)
Total [33] Current Liabilities		(185,412.00)		0.00	(185,412.00)
Group: [34]	Non-Current Liabilities				
Subgroup : [B3]	Loans from Owners or Related Parties	140 700 000		2.00	/40 700 001
325 Subtotal [B3] Loans from Own	LOAN - J. CLEARY ers or Related Parties	(40,762.00) (40,762.00)		0.00	(40,762.00) (40,762.00)
Subgroup ; [B4]	Other Long-Term Liabilities				
380	DUE TO DPT, OF SOCIAL SERVICES	(37,087.00)		0.00	(37,087.00)
Subtotal [B4] Other Long-Tern) Liabilities	(37,087.00)		0,00	(37,087.00)
Total [34] Non-Current Liabiliti	es	(77,849.00)		0.00	(77,849.00)
Group : [35]	Equity				
Subgroup : [B2]	Capital Stock				
385	COMON STOCK	(781.00)		0.00	(781.00)
Subtotal [B2] Capital Stock		(781.00)		0.00	(781.00)
Subgroup : [B5]	Cumulated Earnings				
390 Subtotal (BS) Cumulated Earni	RETAINED EARNINGS	65,749.00 65,749.00		0.00	65,749.00
Subtotal [B5] Cumulated Earni	uge	03,140,00		0.00	65,749.00
Total [35] Equity		64,968.00		0.00	64,968.00
			<u></u>		

Client:

White Oak Manor Rest Home

Engagement; Period Ending: Trial Balance;

Medicaid - White Oak Manor Rest Home (RCH) 9/30/2015

A.01 - TB-OTHER

Workpaper:

H.01 - Reclassifying Journal Entries Report

Account	Description	W/P Ref	Debit	Credit	
* =	rnal Entries JE # 1 ation expense to the appropriate line of the cost report	K.01			
Marcum 101 Marcum 102 855 Total	Land Improvement Depreciation Leasehold Improvement Depreciation DEPRECIATION EXPENSE		353.00 4,384.00 4,737.00	4,737.00 4,737.00	
	rnal Entries JE # 2 s throughout departments	i.01			
Marcum 104 Marcum 105 Marcum 106 Marcum 107 Marcum 108 Marcum 109 Marcum 110 Marcum 111	Salary - Administrator Salary - Other Administrative Salary - Dietary Workers Salary - Other Housekeeping Workers Salary - Other Maintenance Workers Salary - Other Laundry Workers Salary - Aides and Attendants Salary - Recreation Workers		16,080.00 4,250.00 25,913.00 15,766.00 917.00 6,204.00 73,224.00 940.00		
859 Total	PAYROLL		143,294.00	143,294.00 143,294.00	



Workpaper Index:

Prepared By:

Reviewed By:

1/27/2016

Workpaper Date:

Run Date:

1/27/2016

VHCL CKLST

White Oak Manor Rest Home (RCH)

Provider Name: Provider Number: Period Ended:

1489

9/30/15

Name of Workpaper: VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: