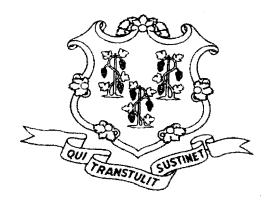
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as li	icensed)							
White Oak Manor Res	st Home, LLC							
Address (No. & Stree	t, City, State, Z	ip Code)						
688 Main Street, Nort	h Southbury, C	T 06488						
Type of Facility								
Chronic and Convalescent Nursing Home only (CCNH)				Rest Home with Nursing Supervision only Residential Care Home RHNS)				
Report for Year Begin	nning		Report for Yea	r Ending				
10/1/2017	Č		9/30/2018					
License Numbers: CCNH		CCNH	RHNS Residential Care Home Medicare Pro				edicare Provider	
Medicaid Provider Nu	umbers:	CO	CNH		RHNS		ICF-IID 41489	
For Department Us	e Only		,					
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign	i Signea		nd Notarized	Date Received	
]			1					

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2018	11	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, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

	ned (Administrator)		Date
		Printed Name (Owner) James Cleary	
 ;	of	Signed (Notary Public)	Comm. Expires
)I	Signed (Notary Fuoric)	

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
White Oak Manor Rest Home, LLC				10/1/2017	9/30/2018
Address of Facility 688 Main Street, North Southbury, CT 06488				- <u>-</u>	
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	00	1/26/2019	
Item		Total	l CCNH	RHNS	Residential Care Home
Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page	of	
			-757-1228		9/30/2018		2	37	
Name of Facility (as shown on license)			Address (No	. & S	Street, City, Sta	ite, Zip)			
White Oak Manor Rest Home, LLC			688 Main S	treet,	North Southbu	ıry, CT 06			
	CCNH		RHNS	Resi	dential Care H		Medicare F	rovider N	No.
License Numbers:				<u> </u>	1.	489			
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent Nursing Home only (CCNH)			t Home with lervision only			Resident	ial Care Hon	ne	
Type of Ownership (Check appropriate box)									
O Proprietorship © LLC O Partr	nership	0	Profit Corp.		Non-Profit Cor		Government	O Tru	ust
If this facility opened or closed during report yea	r provide	:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership									
or operation during this report year? N/A		0	Yes	<u> </u>	No	If "Yes,"	explain fully	/	
Administrator					1	<u>1</u>			
Name of Administrator					Nursing H	l l			
Brian J. Cleary					Administra License	1			
Other Operators/Owners who are assistant admi	nictrotors	(6 ₁ 11	or part time)	of th		140			
Name	ilistiators	(IuII	or part time)	OI tii	License	No.:			
N/A					210011130				
		•				-			
			- ···						

General Information and Questionnaire Partners/Members

Name of Facility White Oak Manor Rest Home, I	LLC	License No. 1489	Report for Y 9/30/2018	ear Ended	Page of 3 37
Legal Name of Partr		Business A		State(s) and/o Which R	
N/A					
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned
N/A					
	-				

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 9/30/2018			3A 37
If this facility is owned or operated as a corpo	ration, provide the	following informati	on;	
Legal Name of Corporation	Busines	ss Address		ich Incorporated
White Oak Manor Rest Home,	688 Main Street,	North Southbury,	CT	
LLC	CT 06488			
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
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
	_			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2018	3B	37
If this facility is owned or operated as an individu	al proprietorship,	provide the following information	ation:	
Ow	mer(s) of Facility			
N/A				

				-
			-	
		· · · · · · · · · · · · · · · · · · ·		

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
White Oak Manor Rest	Home, LLC		1489		9/30/2018		4	37
		1.	1 4 1 41			If "Yes," provide th	Noma/Ad	dross and
	iving compensation from the fac					, I		
marriage, ability to cont	rol, ownership, family or busine	ss asso	ciation?	<u> </u>	Yes O No	complete the inform	nation on Pa	ge 11 of the report.
								
	ompanies which provide goods							
including the rental of p	roperty or the loaning of funds t	o this fa	acility,					
	ssociation, common ownership,			ness				
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide the	ne following	information:
		Als	so Provi	des		Indicate Where		
		Good	ls/Servi	ces to		Costs are Included	1	
Name of Related	Business	Non-F	Related I		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
White Oak Manor Realty, LLC	150 East Street, Wolcott, CT 06716	0	•		Rental Real Estate	Pg. 22 / Line 9	22,560	22,560
James E. Cleary	150 East Street, Wolcott, CT 06716	0	0	L	Loan	Pg. 34 / Line B3	36,742	36,742
Wolcott View Manor, Inc.	50 Beach Road, Wolcott, CT 06716	0	•		Shares Property & GL Insurance Policy	Pg. 27 / Line 14a	9,144	9,144
Wolcott View Manor, Inc.	50 Beach Road, Wolcott, CT 06716	0	•		Shares Workers Comp Insurance Policy	Pg. 15 / Line 1a1	4,028	4,028
Wolcott View Manor, Inc.	50 Beach Road, Wolcott, CT 06716	0	•		Loan	Pg. 34 / Line B3	33,714	33,714
Lurleen Dos Santos	152 East Street, Wolcott, CT 06716	0	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	250,938	250,938
Brian Cleary	1132 Meridien Road, Waterbury, CT 06705	0	0		Employee Comp - Administrator	Pg. 10 / Line A2	19,080	33,714
Meridian Manor	1132 Meridien Road, Waterbury, CT 06705	0	0		Loan	Pg. 32 / Line D6	25,000	25,000

^{*} 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		9/30/2018	5	37			
If the facility is licensed as CDH and/or RCH or	provides A	IDS or TBI	services with special Medicaid	rates, cos	sts			
must be allocated to CCNH and RHNS as follow								
Item		Method of Allocation						
Dietary		Number of	meals served to residents					
Laundry			pounds processed					
Housekeeping			square feet serviced					
			hours of routine care provided	•				
Nursing			lassification, i.e., Director (or					
		Registered Nurses, Licensed Practical Nurses, Aides and						
		Attendants		11 540				
Direct Resident Care Consultants			hours of resident care provided	by EAC	H			
			(See listing page 13)					
Maintenance and operation of plant		Square fee						
Property costs (depreciation)		Square feet						
Employee health and welfare		Gross sala						
Management services	· · · · · · · · · · · · · · · · ·	Appropriate cost center involved Total of Direct and Allocated Costs						
All other General Administrative expenses								
The preparer of this report must answer the following	owing questi	ons applica						
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why suc	n anocau	on was			
costs allocated as required?			not made.					
N/A					,			
2 F. Linds allowed an of related commons over	noncoc and c	ttach conv	of appropriate supporting data					
2. Explain the allocation of related company ex N/A	penses and a	шаси сору	or appropriate supporting data	<u> </u>				
N/A								
3. Did the Facility appropriately allocate and se	elf-disallow	direct and in	ndirect costs to non-nursing hor	ne cost ce	nters?			
(e.g., Assisted Living, Home Health, Output								
(e.g., Assisted Living, Home Heatth, Output	ioni Soi vicos	, ridan Daj	If "No," explain fully why suc	sh allogati	on was			
	• Yes	O No	not made.	ii anocati	on was			
N/A		 	not made.					
IV/A								

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.

should not be included in these amounts. Name of Facility			License No.	Report for Y	ear Ended		Page	of
White Oak Manor Rest Home, LLC			1489	9/30/2018		6	37	
	Owi Oper	ed * to ners, ators, icers		Date of	Term of	Annual Amount	Amo	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
	0	0						
	0	0						
	0	0					***	
	0	0						
	0	0						
	0	0						
	0	0						_
	0	0						
	0	0						_
	0	0						
Is a Mileage Log Rook Maintained for All	L acced V	abialas	O Ye	es ⊙	No	Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

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

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
White Oak Manor Rest Home, LI		9/30/2018		7	37
The records of this facility for the	period covered by this	report were maintained on the following b	pasis:		
	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
<u> </u>) No				
N/A					
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State			
1 Marcum LLP		555 Long Wharf Drive, New	Haven, CT 06511		
2 3		1			
3		[
4					
Services Provided by This Firm (describe fully)				
1 Advisory Reimbursement Consultin	g, Cost Report Prep, Tax Retu	ırn	\$	7,416	
2			\$		
3			\$		
4			\$		
			Charge f	or Services P	rovided
			\$	7,416	
Are These Charges Reflected in the Expe	enditure Portion of This Repor	t? If Yes, Specify Expense Classification and Line	No.		
⊙ Yes O No	Page 15, Line 1d				
Legal Services Information					
Name of Legal Firm or Independ	ent Attorney		Telephor	ne Number	
1					
2					
3					
4					
5					
Address (No. & Street, City, State	te, Zip Code)				
2					
$\frac{3}{4}$					
4 5					
Services Provided by This Firm ((describe fully)				
1					
2	<u> </u>				
3			9		
4			9		-
5				S C	
			1	for Services F	rovided
				<u> </u>	
Are These Charges Reflected in the Exp		rt? If Yes, Specify Expense Classification and Line	e No.		
O Yes O No	Page 15, Line 1e				

Schedule of Resident Statistics

Name of Facility	· · · · · · · · · · · · · · · · · · ·						Report for Year Ended				Page	of
White Oak Manor Rest Home, LLC			1	489			9/30/201	8			8	37
]	Period 10	1 Thru 6/	30		Period 7/	1 Thru 9/3	30
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity					16			16	16			16
A. On last day of PREVIOUS report period	16			16	16							1
B. On last day of THIS report period	16			16	16			16	16	<u> </u>		16
Number of Residents A. As of midnight of PREVIOUS report period	12			12	12			12	14			14
B. As of midnight of THIS report period	9			9	14			14	9			9
3. Total Number of Days Care Provided During Period												
A. Medicare							ļ			-		
B. Medicaid (Conn.)												
C. Medicaid (other states)									 			
D. Private Pay	697			697	519			519	178			178
E. State SSI for RCH	3,514			3,514	2,663			2,663	851	<u> </u>		851
F. Other (Specify)			<u> </u>						<u> </u>			
G. Total Care Days During Period (3A thru F)	4,211		<u> </u>	4,211	3,182			3,182	1,029			1,029
 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days 												
B. Other Bed Reserve Days				<u> </u>			-			 		1.020
5. Total Resident Days (3G + 4A + 4B)	4,211		<u> </u>	4,211	3,182	<u> </u>	İ	3,182	1,029		L	1,029

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	ise No.			- 1	Report	for Year	Ended		Page	of
White Oak M	anor Re	st Home	e, LLC		1489					9/30/201	8		9	37
			in the certified l		pacity du	ring t	he repo	rt yea	ır?	0	Yes	•	No	
II TES	T		f Change	1011.	Ch	onge	in Bed			Car	pacity Afte	r Change		
		Place of	Residential	 	Ci	lange	III Deu	<u> </u>		Caj	pacity Ait	i Change		
Date of	CCNH	RHNS	Care Home		Lost			Gaine	d			Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason fo	or Change
	(1)	(2)	(5)	(-)	(-/_	(-)	(-)	<u> </u>	(-)					
														
	<u> </u>		-		ļ	L		<u> </u>	L	L			<u> </u>	
5. If there v	was any	change	in certified bed	capac	ity during	the r	eport y	ear (as	s report	ted in iten	1 4 above)	provide the nur	nber of	
			90 days followii											
			<u>z</u>		-	-								
			Change in R	eside	nt Days					CC	CNH	RHNS	Residential	Care Home
1st chan	ge													
2nd char										ļ <u> </u>				
3rd char										<u> </u>				
4th char	of Poci-	dente an	d Rates on Sept	ember	30 of Co	st Ve	ar			<u> </u>				
6. Number	OI Kesi	dents an	Medicare	Cinibei	Medi	caid		Г		Se	elf-Pay		Other Sta	te Assisted
				† —						T				
				ŀ				ŀ				Residential		
	Item		CCNH		CCNH	R	HNS	C	CNH_	RI	INS	Care Home	R.C.H.	ICF-MR
No. of R	Resident	S					TO THE REAL PROPERTY AND THE PARTY AND THE P		w. w		N.	2	7	
Per Dier					7 (g 5 0)	The right	111	24		755		Alternative Control	5 4 7 5 Feb.	
a. One				₩-		├		}		 		76.00 70.00	59.21 59.21	
b. Two				╂──		 		├				70.00	37.21	· · · · · · · · · · · · · · · · · · ·
c. Three	e or mor rms.	е										İ		
bed	THIS.		l	L		1		1		 				
														Residential
7. Total No	umber o	f Physic	al Therapy Trea	tment	s					TO	TAL	CCNH	RHNS	Care Home
		are - Pai												
В			clusive of Part B)							A425			
			Treatments Treatments							··		<u> </u>		
<u> </u>	. Other	storative	Treatments		-					 				
		Physica	l Therapy Treat	ment	s									
			n Therapy Treati							2.211	1, 2, 4, 1, 1	3.222.12		the artic
		are - Pa								arestron automati		Illiano il Kalasanalano il Sila		
В			clusive of Part B	5)						Scale (34)	i in a west		33.0.400	
			ce Treatments Treatments		· · · · · · · · · · · · · · · · · · ·					 				
C	. Other	storative	Treatments			-	-	_						
		Speech	Therapy Treate	nents										
9. Total N	umber c	of Occup	oational Therapy	Treat	ments						511112	克科·苏科斯		140
		are - Pa									and the second	and the sales of the sales		
B			clusive of Part E	3)						32x 6	le 1, 325 1	Addition to the second	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ang the second of the
			ce Treatments Treatments							+		 	 	
	2. Re		Treatments		-					1				
			tional Therapy	Treat	ments					<u> </u>				

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex		Salari			D	- F
Name of Facility	License No.		Report for Year	Ended	Page	of
White Oak Manor Rest Home, LLC	1489		9/30/2018	<u></u>	10	37
Are time records maintained by all individuals receiving cor	npensation?	•	Yes	0	No	
			Total Cost a	nd Hours	<u> </u>	
			1		1	
					Residential	
10	CCMI	Hanne	RHNS	Hours	Care Home	Hours
ltem	CCNH	Hours	KHNS	Hours	Care Home	110015
A. Salaries and Wages*	- 別別性性性	10.00	13 14 5 15	12.045	BILLEFI	1, 1,444.6
1. Operators/Owners (Complete also Sec. I		34 <u>6</u> , 436, 380			Les Martin The All Colleges	Service State of
of Schedule A1) 2. Administrator(s) (Complete also Sec. III	1 1 2 2 4 4		inal en sylicil		S Same Allertical	2 2 1 4 2
	a light second second		The state of the s		19,080	424
of Schedule A1)					17,000	74 5 10 5
3. Assistant Administrator (Complete also Sec. IV	195 4 R. A. A.		LANGE BUILD	Pod 1. Park		
of Schedule A1)	704			alk on the state of		Art S
4. Other Administrative Salaries (telephone		(1 m) 7 (4 th)	Addison to Select	. 11.55 37.07.015.	7,950	318
operator, clerks, receptionists, etc.)				are from the control of	7,930	316
5. Dietary Service	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 CO 10 CO			30 May 27 St. 120 May 1	
a. Head Dictitian				ļ	<u> </u>	
b. Food Service Supervisor c. Dietary Workers	+		 		25,499	1,619
6. Housekeeping Service		1000		111113		
a. Head Housekeeper	All Lines - Automobile	(C - C - C - C - C - C - C - C - C - C		1.00		
b. Other Housekeeping Workers					15,514	979
7. Repairs & Maintenance Services				4.4	医牙髓性原因	1 1 2 2 2
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	-				903	54
8. Laundry Service	2011	請 隐身分裂	製造を含める	and the late	企业等等 多	现象企业的
a. Supervisor					l	
b. Other Laundry Workers					6,104	440
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services	建工业的	9.2663	医外胚状态	3 1 2 1 2		- 多乳质学
a. Head Accountant		ļ	<u> </u>		ļ	
b. Other Accountants						
12. Professional Care of Residents	bl Backs	100		1500		
a. Directors and Assistant Director of Nurses						
b. RN	And I was	14 25 40	A TAPPES	基格制	A CONTRACTOR	100
Direct Care				ļ		
2. Administrative**		C			214	G. 5-534
c. LPN	J. E. C. 12 2 412	A E S Le	5 E 138 W.	1,543,44	4.5 7 5 40	# <u>27 8 8 5</u>
1. Direct Care		 	 	 		<u> </u>
Administrative** d. Aides and Attendants			ļ	 	72.055	4,745
	- 	+	+		72,000	1,77
e. Physical Therapists f. Speech Therapists			 	+	 	
g. Occupational Therapists				1		
h. Recreation Workers	 	T		 	925	67
i. Physicians	泰安 製造工			11216	THE BUILDING CONDUCTOR OF THE PARTY OF THE P	2011
Nedical Director		37. 276.				
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)	July 1992	1 1 7	医新耳耳囊皮膜			42 50
j. Dentists		ļ		 	ļ	
k. Pharmacists		ļ		ļ	 	
I. Podiatrists				 	 	
m. Social Workers/Case Management		<u> </u>	-			
n. Marketing						
o. Other (Specify)			"是"、"在 有度"。	1 to 1 to 1	115.259	\$0 P 2 E
See Attached Schedule		 	 		149.02	0 44
A-13. Total Salary Expenditures			<u> </u>		148,030	8,64

^{*} 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	RH	INS	Residential Care Home	
Position	\$	Hours	\$	Hours	\$	Hours
					0	
			The second of th			
		8				
	After Trans			†		
	# Table 1					
	1			 	· · · · · · · · · · · · · · · · · · ·	
				-	1	
	1					
The Control of the Co	\$ -		s -	<u> </u>	\$ -	
Total	3 -		φ			<u> </u>

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	Residential Care Hon		
Service	\$	Hours	\$	Hours	S	Hours	
					0		
					-	1.	
	7 7 7						
			Sacration Lead Made				
				garage and the	1 · · · · · · · · · · · · · · · · ·		
			yddin o'r bergyddiol yr y				
	A SECTION OF SECTION O			Park Target Targ			
Total	\$ -		s -	5	\$ -	-	

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

Name of Facility				License No.	· · · · · · · · · · · · · · · · · · ·	Report for	Year Ended		Page	of
White Oak Manor Rest Home, LL	.C			1489		9/30/2018			11	37
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	Residential Care Home	and/or Other Payments	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
James E. Cleary			None			None	N/A	Wolcott View Manor, Inc.	1,920	129,836
-								Meridian Manor Corp	None	None
					4444					
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
White Oak Manor Rest Home, LLC	3			1489		9/30/2018			12	37
		Salary Pai	d	Fringe Benefits					-	
Name	CCNH	RHNS	Residential Care Home	and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										<u> </u>
Brian Cleary	_		19,080		Administrator	424	A2	Wolcott View Manor, Inc.	312	23,400
								Meridian Manor Corp	2,133	76,795
Section IV - Assistant Administrators										
		-								
		-				-				
					<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility White Oak Manor Rest Home, LLC	License No. 148	0	Report for Y 9/30/2018	ear Ended	Page 13	of 37
	140	· 7	Total Cost a	and House	13	
		···	Total Cost a	ina nours	1	
					Residential	
Τ.	COM	I I arres	RHNS	Hours	Care Home	Hours
Item	CCNH	Hours	KIINS	пошѕ	Care Home	Hours
*B. Direct care consultants paid on a fee		ana i i		724415	BESTER	1111111
for service basis in lieu of salary	制力快速等	集集基础		机制造集设施	抗抗抗药	
(For all such services complete Schedule B1)				15.446	是"是神圣人"(\$P\$)	
1. Dietitian						
2. Dentist					 	
Pharmacist Podiatrist		 			-	
	No. of the second	4.51 5.7		. S. M. S. S. 444		5 75 W 31 25
5. Physical Therapy			4 5 1 5 5 5 5		to the second	
a. Resident Care b. Other	 				 	
			 		 	
			 	ļ		
		\$ 2 3 5 Feb			· 医普里克 (1) 高	5112
8. Physicians	7			allocate 22 c. March		a se delle di
a. Medical Director (entire facility) b. Utilization Review		3 2 3		4.0%		3 h 5 . 6 . 10
		想 主要 高 . 等		A # 4. 5. 80		
(Title 18 and 19 only) monthly meeting c. Resident Care**				····		-
				1, 3 . 5	En Track	
d. Administrative Services facility 1. Infection Control Committee	75 200 75 20	TO THE STATE OF		3 2 4 4 5		
(Quarterly meetings)						
Pharmaceutical Committee						
(Quarterly meetings)			ļ			
3. Staff Development Committee (Once annually)					1	
			10.25	11 1 7 2 3		開着基準
e. Other (Specify)	Section From					
9. Speech Therapist	表表的主题是	植物基质	5371556	1. 基础 1.	国建设部及 指	基金基础
a. Resident Care						
b. Other						
10. Occupational Therapist	Market	和 55 年 18		33,000		美名型 為
a. Resident Care						
b. Other						
11. Nurses and aides and attendants			110000000000000000000000000000000000000	建制制 。	Table 24 Pb	国际工程
a. RN	34133		17、美国企业	1115万元		1000 1000 1000 1000 1000 1000 1000 100
1. Direct Care						
2. Administrative***						
b. LPN				2445	11.1.201	
1. Direct Care						
2. Administrative***						ļ <u>.</u>
c. Aides						ļ <u></u>
d. Other						
12. Other (Specify) See Attached Schedule		THE RESERVE				
B-13 Total Fees Paid in Lieu of Salaries			 			
* De an include in this section processment consultants or services white		1				

^{*} 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 Ye 9/30/2018	ar Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** Operator Yes	to Owners, rs, Officers	Explai	nation of Re	
		0	•			
		0	•			
		0	•			
		0	•			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0	· · · · · · · · · · · · · · · · · · ·		
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		0	0			
		0	•			
		0	0			
		0	•			
-		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Li	cense No.	Report for Y	ear Ended	Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2018		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
Administrative and General					
a. Employee Health & Welfare Benefits				100	
1. Workmen's Compensation	9	4,028			4,028
Disability Insurance	9	S			
3. Unemployment Insurance	9	2,521			2,521
4. Social Security (F.I.C.A.)		11,137			11,137
5. Health Insurance		7,809			7,809
6. Life Insurance (employees only)		化四类形式		1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(not-owners and not-operators)					
7. Pensions (Non-Discriminatory)	9	S			
(not-owners and not-operators)		H (5) 70, 344			The state of the s
8. Uniform Allowance		5			
9. Other (Specify)		Б			
See Attached Schedule		高快速光 等。	有可信的表示。	表书的表示编 统	Part of the second
b. Personal Retirement Plans, Pensions, and		5			
Profit Sharing Plans for Owners and			医动脉系统		
Operators (Discriminatory)*				10000000000000000000000000000000000000	Market Co
		in the second		美国基金制度	
c. Bad Debts*		\$		ļ	
d. Accounting and Auditing		\$ 7,416		ļ	7,416
e. Legal (Services should be fully described or		\$			
f. Insurance on Lives of Owners and		\$			
Operators (Specify)*			工程是限制的	国际协议区等 原	Mark water
g. Office Supplies		\$ 1,334	Alaba	au iron Petaru adkumtu di kara	1,334
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 2,383			2,383
2. Cellular Phones		\$	<u> </u>		
i. Appraisal (Specify purpose and		\$	a the same who expends	Section 10	24 Comment on William
attach copy)*		displayed the second			
			A STATE OF STREET	TO BEARING THE	300
j. Corporation Business Taxes (franchise tax)		\$ 308			308
k. Other Taxes (Not related to property - See		artificial de la company	A Maring	3.4	1 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2
1. Income*		\$	 		
2. Other (<i>Specify</i>)		\$		7.23	7 - Francisco - S
See Attached Schedule			The state of the s		All property and the second second second
3. Resident Day User Fee		\$ 26.026		<u> </u>	26.026
Subtotal	·····	\$ 36,936		otals forward	36,936

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

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

White Oak Manor Rest Home, LLC 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
			0
생물이다. 2011년 - 1일 전 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일	The Control of the Co		
Total	\$ -	-	

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
			0
Total	\$ -	\$ -	\$

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
White Oak Manor Rest Home, LLC	1489		9/30/2018	•		37
	!					
						Residential
Item			Total	CCNH	RHNS	Care Home
	ls Brought Forward	d:	36,936			36,936
Travel and Entertainment						
Resident Travel and Entertainment		\$				
Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
5. Education Expenses Related to Seminars and	d Conventions	\$	(483)			(483)
6. Automobile Expense (not purchase or depre		\$				
7. Other (Specify)		\$				
See Attached Schedule	· <u></u>			4.4 生物产品。		以在建筑区
m. Other Administrative and General Expenses			411,75			
 Advertising Help Wanted (all such expenses 		\$				
2. Advertising Telephone Directory (all such e.	xpenses)***	\$	714			714
3. Advertising Other (Specify)***		\$		-21		The second secon
See Attached Schedule			1,22,11%	Palle as Card		1.405
4. Fund-Raising***		\$		ļ	<u> </u>	ļ <u>-</u>
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service i		\$				The second second second
directly and not by contract or fee for service	e)***			5 30 118 5	基础控制的	16.3 No. 18 18 18 18 18 18 18 18 18 18 18 18 18
7. Postage		\$				ļ
* 8. Dues and Membership Fees to Professional		\$		Arabadhaile i Mi		The second section is a second
Associations (Specify)						
See Attached Schedule		Φ.			E 45 in 1915 S	· · · · · · · · · · · · · · · · · · ·
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.***	\$			 	
9. Subscriptions		<u>\$</u>			 	
10. Contributions***		Э			· 1	
See Attached Schedule	C	Φ	4.751	a harasan		4.751
11. Services Provided by Contract (Specify and		\$	4,751		1345 21	4,/31
Schedule C-2, Page 21 for each firm or ina	iviauai)	-\$		19 A A MILES		
12. Administrative Management Services**		<u> </u>		 	 	1,965
13. Other (Specify)		Þ	1,903	V-002-200	The Action	
See Attached Schedule C-14 Total Administrative & General Expenditures		\$	43,883	3 P 2011	To allow the state of the state	43,883
* Do not include Subscriptions, which should go it	· · · · · · · · ·	φ	73,003	<u> </u>	<u> </u>	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
			0
			1.120
하는 그들은 이 가득하는 이 가득, 이 기약을 하는 가득했다. 사람들이			
			1 (A.1) A.1
			1.5
Total Other Travel and Entertainment	\$ -	s -	s -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
			0
	14.5		
Total Other Advertising	\$ -	\$ -	S 2- 1

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
	100		0
	- 34254		
			eff.
		1	
	F. Lange		
			1 11-11-11
Total Dues	\$	\$ -	<u> </u>

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
			. 0
Total Contributions	s - :	•	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
			0
Bank Service Charges	y jaka		\$ 190
Background Checks			16
Licenses & Permits		#13	460
Change in Inventory			50
Interest Expense		# 841	1,249
			, which
	4		
Total Other Administrative and General	\$ -	\$ -	\$ 1,965

Schedule C-1 - Management Services*

Name of Facility White Oak Manor Rest Home, LLC	License No. 1489	Report for Year Ended 9/30/2018	Page of 17 37
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			
·			
			-

^{*} 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)

	Note on Page 5)								
Name of Facility				No.	Report for Y		Page	of	
White Oak Manor Rest Home, LLC				1489	9/30/2018	<u> </u>	18	37	
								ntial Care	
	Item			Total	CCNH	RHNS	Н	ome	
2.	Dietary				计图图数		A 是是	医线管肠线	
	a. In-House Preparation & Service			李州丰 医断				45,4,22	
	1. Raw Food		\$	29,159			<u> </u>	29,159	
	2. Non-Food Supplies	_	\$	1,421				1,421	
	3. Other (<i>Specify</i>)		\$						
						Appendix and the second of the			
					5 13 E 7				
	b. Purchased Services (by contract other		\$	Land Control of the C		and the second s			
	than through Management Services)						1181	全国影 机	
	(Complete Schedule C-2 att. Page 21)			医乳头型吸引的9至	医腹切断器 牙		N. 4 W. E. I		
	c. Other (Specify)		\$	realism of Pages Said					
ļ					SOLE ALL				
	Titl Distance (20 + b + a + d)		\$	20.590	LEAMER F.		1 3 A 3	30,580	
2D.	Total Dietary Expenditures $(2a + b + c + d)$		<u> </u>	30,580	l				
							1	ntial Care	
2F.	Dietary Questionnaire			Total	CCNH	RHNS	Н	lome	
G.	Resident Meals: Total no. of meals served per	day	:*						
H.	Is cost of employee meals included in 2E?	0	Yes	0	No				
						If yes, specify			
l.	Did you receive revenue from employees?	O	Yes	•	No	amt.			
J.	Where is the revenue received reported in the	Cost	Report	? (Page/Line I	tem)				
	Is cost of meals provided to persons other		········			If was anasifu			
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify			
	Members, Guests) included in 2E?					cost.			
					M	If yes, specify	·		
L.	Is any revenue collected from these people?	O	Yes	•	No	amt.			
M.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line I	tem)				
171.									
	Is cost of food (other than meals, e.g., snacks	_				If yes, specify			
N.	at monthly staff meetings, board meetings)	O	Yes	•	No	cost.			
	provided to employees included in 2E?								
-						If yes, specify			
O.	Is any revenue collected from employees?	0	Yes	•	No	amt.			
D	Where is the revenue received reported in the	Cos	t Report	2 (Page/Line l	(tem)				
Р.	where is the revenue received reported in the	<u> </u>	t Icopon	. (rugorbine i					

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

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

Name of Facility		License		Report for		Page	of
Whit	e Oak Manor Rest Home, LLC	<u></u>	1489	9/30/2018	1	19	37
	Item		Total	CCNH	RHNS		ntial Care ome
	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	761				761
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.					<u> </u>
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs. Amt. \$					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
	c. Other (Specify) Laundry Purchased Service	\$				Sale 14 12 Sile The March 25 Sile	4,728
3D.	Total Laundry Expenditures (3a + b + c)	\$	5,489)	<u> </u>	<u> </u>	5,489
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E?) Yes	•	No	If yes, specify cost.		
H.	Did you receive revenue from employees?) Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cos	t Report?		(Page/Lin	e Item)		
J.	Is Cost of laundry provided to persons other) Yes		No	If yes, specify cost.		
K.	Did you receive revenue from these people?) Yes	•	No	If yes, specify amt.		· · · · · · · · · · · · · · · · · · ·
L.	Where is the revenue received reported in the Cos	t Report?) 	(Page/Lin	e Item)	· · · · · · · · · · · · · · · · · · ·	

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

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

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

1		License No.	Repo	ort for Year E	nded	Page	of
White Oak Manor Rest Home, LLC		ite Oak Manor Rest Home, LLC 1489		9/30/2018		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	4,601			4,601
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	1			
	Page 21)					<u></u>	
	C. Other (Specify)		\$				
					表表示意义	14.5 (4.5.5)	
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	4,601			4,601
5.	Resident Care (Supplies)**			44.11		350550	
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
					Har Fig.	1112261	
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$			<u> </u>	<u> </u>
	d. Ambulance/Limousine***		\$				
	e. Oxygen			1,220,000	等是"食物"。		10 to 10 to
	1. For Emergency Use	·	\$				_
	2. Other***	 	\$				<u> </u>
	f. X-rays and Related Radiological		\$				E Marilla de la companya de la comp
	Procedures***			5245747			
	g. Dental (Not dentists who should be inc	luded under	\$				•
	salaries or fees)			建物 使引起 医抗发素剂		是 化学型 法	
	h. Laboratory***		\$				_
	i. Recreation		\$		ļ		3,479
	j. Direct Management Services*		\$		ļ		
	k. Indirect Management Services*		\$				<u> </u>
	l. Other (Specify)****		\$				
	See Attached Schedule					Later Jaluk	
5M	. Total Resident Care Expenditures (5a - :	5j)	\$	3,479	<u> </u>	1	3,479

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
			0
		in a die te	1
		A 1 (A)	
		158 1	
		<u> </u>	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		e de la composición del composición de la composición de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composic	40 A A A A A A A A A A A A A A A A A A A
Total Other Resident Care	\$ -	\$	\$ -

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

Name of Facility White Oak Manor Rest Home,	LLC	License No. 1489	Report for Year Ended 9/30/2018					of 37		
		Related ** to Operators.					/Page Ref.***	**		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
		0	0							<u> </u>
		0	0							
		0	0					<u> </u>		<u> </u>
		0	0							
		0	<u> </u>							
		0_	•							
		0	•							
		0	<u> </u>						_	
		0	0							
		0	<u> </u>			_				
		0	0							
		0	0							
		0	0							
		0	0				<u> </u>			

^{*} 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 L	cense No.	Report for Y	ear Ended		Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2018			22	37
Item		Total	CCNH	RHNS		ntial Care
6. Maintenance & Operation of Plant		Total	COLLII	Rints		
a. Repairs & Maintenance	\$	5,843				5,843
b. Heat	<u> </u>			· · · · · · · · · · · · · · · · · · ·	 	10,438
c. Light & Power	<u> </u>				 	8,031
d. Water	\$				-	504
D 1 1 1 1 1 1 1						
f. Other (<i>itemize</i>)	\$			<u>-</u>	 	11,820
See Attached Schedule	T)	11,820	· ·			11,020
	f) \$			1		36,636
6g. <i>Total Maint. & Operating Expense</i> (6a - 6) 7. Depreciation (complete schedule page 23*)		30,030			 	30,030
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	•	326				326
a. Land Improvements	<u> </u>					320
b. Building & Building Improvements	<u></u>		<u></u>			
c. Non-Movable Equipment	9				+	755
d. Movable Equipment				 	 	1,081
*7e. Total Depreciation Costs (7a + b + c + d)		1,081			 	1,001
8. Amortization (Complete att. Schedule Page		,				
a. Organization Expense		3			 	
b. Mortgage Expense		3				1 665
c. Leasehold Improvements		4,665			 	4,665
d. Other (Specify)		8			 	1.665
*8e. Total Amortization Costs (8a + b + c + d)		4,665		 	-	4,665
9. Rental payments on leased real property less						22.560
real estate taxes included in item 10b		22,560			 	22,560
10. Property Taxes						
a. Real estate taxes paid by owner		5			 	
b. Real estate taxes paid by lessor		19,876				19,876
c. Personal property taxes		1,137				1,137
11. Total Property Expenses $(7e + 8e + 9 + 10)$))	49,319			<u> </u>	49,319

^{*} 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 _		dential Home
				0
Maintenance - Equipment			\$	6,598
Maintenance - Grounds	, st.			2,999
Maintenance - Waste Removal				2,223
	Satisfy and the satisfication and the satisfication and the satisfy and the satisfication an			
			1	
			-	
Total Other Repairs and Maintenance	\$ -	\$ -	\$	11,820

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-23 Rev. 10/2006

Depreciation Schedule

						lation Se	neuule	- 0 rr -				- 6
Traine of Laciney							Report for Year E	nded		Page 23	of 37	
White Oak Manor Rest Home, LLC				148	39		9/30/2018		 	23	31	
			Historical			Accumulated		1				
					Cost	Less		Depreciation to	Method of	11	D	
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	Tatala
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements											226	
Acquired prior to this report period	_				12,741		12,741	9,397	S/L	Various	326	
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	dule)						7				22(
A-4. Subtotal					THE RESERVE OF THE PARTY.	enillisisessessessessessessessessessessessess		Company of the Compan	4. H		200	326
B. Building and Building Improvements							[ļ	
Acquired prior to this report period					33,171		33,171	33,171	S/L	Various		
2. Disposals (attach schedule)										ļ		
3. Acquired during this report period (atta	ch sche	edule)			e de la companya de l		-34S/a	100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to	3.46		- PA	seals (1997)
B-4. Subtotal					ante de IMBADO	485		SAMPLE OF		Lie et		and the second state of
C. Non-Movable Equipment						1	}				1	
 Acquired prior to this report period 								<u> </u>		ļ	<u> </u>	
Disposals (attach schedule)										ļ		
3. Acquired during this report period (atta	ch sche	edule)						W 1000		CALIFORNIA (CALIFORNIA CALIFORNIA	1696	·····································
C-4. Subtotal					AL WHAT I HE WAS		A CHARLES			a de la companya de l		
	Is a m	nileage					1					
		book	1	te of	Historical		1	Accumulated		1		1
	maint	ained?	Acqu	isition	Cost	Less		Depreciation to	Method of	Ì		
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment		10.0	2000				型制度 知識如此	THE PARTY				
Motor Vehicles (Specify name, model				1	A STATE OF THE STA		mer gentlete	The second				
and year of each vehicle)		Apple Sent	100	elefer Halling of the	A SERVICE SERVICE	A STATE OF THE STA				1000		
a.	- Contraction									<u> </u>		
b.										ļ	ļ	
с.								<u> </u>		 		
d.					2000		11	201217	40 HH8F 444			
2. Movable Equipment	1799			n en en	Supplemental Company	HILL STATE OF THE	A STATE OF THE STA		C.A.	14 A	39.00	4.400 建建筑
a. Acquired prior to this report period	A FORTING	et de la la la la la la la la la la la la la	Var	Var	11,565	 	11,565	9,009	S/L	Various	755	Hinto President
b. Disposals (attach schedule)	a deale				See Antique	SHEDDY C. S. A.		THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE		and the same of th	The state of the s	
c. Acquired during this report period	anna P		auliti ^{canti}	eliti iris		2000 EM 100 T	Constille - 4005		E BUILDING	A SHIP	1 Sept. 18 19 19 19 19 19 19 19 19 19 19 19 19 19	
(attach schedule)	. William	100		SS SSSSSS LITTLE STATES	-28	0.02400450	and S	Manual Strength Stren	and the second s		n Produce	TOTAL TOTAL CONTRACTOR
D-3. Subtotal	100 M	100 PE	e la comité	a seller		415 BIRLEY	per selle		HOLE THE SHEET PARTY.	The state of	Apple Services	755
E. Total Depreciation	and the second	1	1	1-11-1	and the second	and the second	and the second	The second second second	A CHARLES	10:00		1,081

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of Item			
				echia e e e e e e e e e e e e e e e e e e e
		3.43		1
			1	
Total additions for	Land Improvements	\$ -		\$ -
Deletions:				
		<u> </u>		
		1.		
				1
Total deletions for	Land Improvements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
	[기계 : 기계 :			<u> </u>	
		201			
14. January 1981					
1.00					
Total additions for	Building Improvements	\$ -		\$ -	
Deletions:					
			1	<u> </u>	
- i - i - i - i - i - i - i - i - i - i					
Total deletions for	Building Improvements	\$ -		\$ -	

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

	ovable Equipment Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
out this to a second		5 S S S		
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		44.		
read the same				
Total additions for	Non-Movable Equipment	\$ -		\$ -
Deletions:				
			aran Lib	
		100		
· · · · · · · · · · · · · · · · · · ·		. :		
· · · · · · · · · · · · · · · · · · ·				
		1		1

^{*}Ties to Page 23, Line C3

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

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			adad 1	
				and the second
				Land State Control
			in her in placement to	in the contract of
				AB THE TOTAL STREET
Total additions for	Movable Equipment	\$ -		\$ -
Deletions:				
		1 4.4		
adro Fi			7 1 1	
Total deletions for	Movable Equipment	<u> </u>	1	\$ -

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:	1				
B. (8)					
, President			44.		
Total additions for	Leasehold Improvement	\$		\$	
Deletions:					
A.					
N. C. C.			1		
Total deletions for	Leasehold Improvement	\$ -		\$ -	

^{*}Ties to Page 24, Line C3

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

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

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of	
	White Oak Manor Rest Home, LLC			1489		9/30/2018			24	37
_			-			Accumulated				
		Date	e of			Amort. to				
		Acqui	sition		ı	Beginning of				
				Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.		6.791	8.8530855c 100000000000000000000000000000000000		The second secon		100000	the state of the s	
A-4.	Subtotal	estallina sinin	alate e e e e e e e e e e e e e e e e e e					A MARK	· · · · · · · · · · · · · · · · · · ·	
B.	Mortgage Expense									
	1									
	2									14 May 17 12
	3.	Albumin		1977				and the same		
		ALL WILLIAM	Activities		and the state of t	a engine		esano all'ameni	The Company of the Co	
C.	Leasehold Improvements and Other				150.050	110.021	l c a	 Var	1 665	
	1. Acquired prior to this report period	Var	Var	Various	150,078	110,831	S/L	var	4,665	
	2. Disposals (attach schedule)	# \$ # ########		257 - 1	15.00 美利用相談型IIII II	ENICE THE PROPERTY OF THE PROP		1000		
	3. Acquired during this report period	AND A PROPERTY.	000003-1200000 444-457		· 大型 (1) (1) (1) (1)	A CONTRACTOR		100	The second	
	(attach schedule)					gasens community of the same of		Control of the Control	As no second	4,665
C-4.	Subtotal	and to the serior	20 mg (20 mg)					estation in	The second second	4,665
D.	Total Amortization	Landby W	est illustra	Committee of the state of the s	L 1997	CARDINA TO THE DIST	in the second second	and the s	The second second	4,003

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

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

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

WHITE OAK REST HOME, LLC FIXED ASSET / DEPRECIATION SCHEDULE

System No.	Description	Date In Service	Method	Life_	Historical Cost	2017 Deprec.	2017 A/D	2018 Deprec.	2018 A/D	NBV_
LEASHOLI) IMPROVEMENTS									
12	REPLACEMENT	4/10/2006	SL	39	3,500	90	1,029	90	1,119	2,381
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	767	21,531	767	22,298	702
15	SWITCHBOARD	12/7/1989	SL	7	1,378	-	1,378	-	1,378	-
16	FURNACE	10/6/1990	SL	30	990	33	891	33	924	66
17	ADDITION TO G	10/1/1991	SL	30	4,255	142	3,688	142	3,830	425
18	ROOF	11/30/1993	SL	30	7,750	258	6,157	258	6,415	1,335
19	IMPROVEMENT	4/1/1994	SL	30	3,145	105	2,464	105	2,569	576
20	GENERATOR	9/2/1994	SL	30	620	21	477	21	498	122
21	PLUMBING IMP	9/2/1994	SL	30	491	16	378	16	394	98
22	GUTTER IMPRO	9/15/1996	SL	30	1,200	40	843	40	883	317
23	PLUMBING IMP	3/15/1996	SL	30	3,145	105	2,263	105	2,368	777
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	125	2.034	125	2,159	1,596
30	REBUILT CHIM	6/21/2001	SL	30	2,544	85	1,378	85	1.463	1,08
31	WINDOWS	7/3/2003	SL	30	2,650	88	1,258	88	1,346	1,304
39	DRY PIPE VALV	9/21/2007	SL	15	3,668	245	2,476	245	2,721	947
60	PAINTING AND	9/4/2007	SL	15	5,300	353	3,577	353	3.930	1,370
40	NEW WATER S	6/6/2007	SL	7	-	-	-	-	-	-
61	GENERATOR R	6/17/2011	SL	20	3,919	196	1,225	196	1,421	2,498
43	CHIMNEY	12/20/2012	SL	15	4,786	319	1,515	319	1,834	2,951
62	CHIMNEY (TAL	12/20/2012	SL	15	4,998	333	1,583	333	1,916	3,083
3	ROTH OIL TAN	2/4/2014	SL	15	2,600	173	635	173	808	1,79
ī	CARPENTING -	5/30/2014	SL	7	6,227	890	2,966	890	3,856	2,37
2014CR						-	569	-	569	(569
66	BATHROOM FLOOR &	11/1/2015	SL	39	6,700	172	329	172	501	6,19
63	Alarm System Upgrade	6/20/2017	SL	39	3,297	27	27	109	136	3,16
TOTAL LE	EASEHOLD IMPROVEMENTS				150,078	4,583	110,830	4,665	115,495	34,58
TOTAL AS	SSETS PER CR SCHEDULE				207,555	5,664	162,408	5,746	168,154	39,40
TOTAL AS	SSETS PER TRIAL BALANCE				174,385			5,746	134,413	39,97
VARIANC					33,170	5,664	162,408	•	33,741	(57
VARIANC	E DETAIL								(44.15)	
(LESS) BU	ILDING (NOT ON BOOKS)				(33,171)				(33,171)	•
(LESS) 201	4 CR ROLL FORWARD				·				(569)	56
ROUNDIN	G				1.				(1)	
	VARIANCE				0	5,664	162,408		(0)	

F/S vs C/R NBV - Page 31, Line B9

WHITE OAK REST HOME, LLC FIXED ASSET / DEPRECIATION SCHEDULE

System No.	Description	Date In Service	Method	Life	Historical Cost	2017 Deprec.	2017 A/D	2018 Deprec.	2018 A/D	NBV
BUILDING					22.191		33,171		33,171	
46	Building	6/15/1964	SL	30	33,171		33,171	-	33,171	-
TOTAL BU	ILDING				33,171		33,171	-	33,171	
LAND İMP	ROVEMENTS									
27	DRIVEWAY	11/9/1999	SL	15	4,849	-	4,849	-	4,849	-
29	DRIVEWAY (ADDITION)	10/1/2000	SL	10	3,000	-	3,000	-	3,000	-
44	SIDEWALK & PARKING LOT	12/20/2012	\$L	15	4,892	326	1,549	326	1,875	3,017
TOTAL LA	AND IMPROVEMENTS				12,741	326	9,398	326	9,724	3,017
EQUIPME	NT									
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	-	-	-	-	-	-
64	WHIRLPOOL REFRIGERATOR	11/1/2015	SL	5	318	64	122	64	186	132
65	MAINT. EQUIPMENT	2/25/2016	SL	5	3,455	691	1,094	691	1,785	1,670
TOTAL F	QUIPMENT				11,565	755	9,009	755	9,764	1,802

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

Name of Facility	License No.	Report for Year En	ded	Page of
White Oak Manor Rest Home, LLC	1489	9/30/2018		25 37
11. Property Questionnaire				
Part A				
Is the property either owned by th	e Facility	O 1/	O N	If "Yes," complete Part B.
or leased from a Related Party?*	•	• Yes	O No	If "No," complete Part C.
*If any owner or operator of this fac	ility is related by family	, marriage, ownership, ability	to control or	
business association to any person o	r organization from who	m buildings are leased, then i	it is considered a	
related party transaction.				
Description	 	Total		
Date Land Purchased		17.1		
2. Date Structure Completed	o of Durchoso	Unknown		
 If NOT Original Owner, Dat Date of Initial Licensure 	e of Fulchase			
4. Date of Initial Licensure 5. Total Licensed Bed Capacity		16		
6. Square Footage		4,549	- Callery 1955 Charles & 1855 Charle	
7. Acquisition Cost				
a. Land		4,950		
b. Building		33,171		
Part B - Owner and Related Pa	arties	1st Mortgage	2nd Mortgage 3rd Mortg	gage 4th Mortgage
1. Financing		The state of the s		
a. Type of Financing (e.g., f	ixed, variable)			
b. Date Mortgage Obtained				
c. Interest Rate for the Cost	Year			
d. Term of Mortgage (numb				
e. Amount of Principal Born				
f. Principal balance outstan				
Complete if Mortgage was		Section 1		
During Current Cost Yo				
g. Type of Financing (e.g., f	ixed, variable)			
h. Date of Refinancing i. New Interest Rate			<u> </u>	
j. Term of Mortgage (numb	per of years)			
k. Amount of Principal Born				
Principal Outstanding on				
Part C - Arms-Length Lea		rty Improvements On	ly	
Name and Address of Lesse		Property Leased	Date of Lease Term of L	ease Annual Amount of Lease
			 	
				

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

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

Name of Facility License No.					
White Oak Manor Rest Home, LLC 1489		9/30/2018			26 37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest	1.1				
A. Building, Land Improvement & Non-Mo	ovable				
Equipment 1. First Mortgage	\$	 	I		
Name of Lender	Rate				
Nume of Bender					The state of the s
Address of Lender					
2. Second Mortgage			dram and an		
Name of Lender	Rate				
Address of Lender					
Address of Echaci					
3. Third Mortgage	9	В			
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage		5			Company Same
Name of Lender	Rate			NA FIRE	
Address of Lender					
D. CYMPRIX V. C.			Tables.		
B. CHEFA Loan Information					
Original Loan Amount		8			
2. Loan Origination Date					
3. Interest Rate %	ļ				
4. Term	4. Term				
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4	+ B5)	\$			
<u> </u>		(Car	ry Subtotals	forward to	nert nage)

(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
_ ·	1489		9/30/2018			27	37
Willie Guit Marior Resort 1201115, 200 G				1		Resider	ntial
Item			Total	CCNH	RHNS	Care H	ome
	ubtotals Brou	ught Forward:					
12. C. Movable Equipment							
1. Automotive Equipment		\$					
A. Item	Rate	Amount			45/44/5	N High	
		<u></u>				Maria 2	
Lender				LA LINEX		排標品	
					#AH I W		13
Address of Lender						数 选择	
2 04 (6 36)				32.50			
2. Other (Specify)	Rate	Amount					
A. Item	Kate	Amount					-#i
Lender	TAX REPORT			国籍 [4]	- 7 - 6		
Lender	ender						
Address of Lender				16, 16, 19,	\$4.5 ¥ 抱款。		
Tradicise of Dender				美力的 表示		Fig. 1	
B. Item	Rate	Amount			8123	Daff.	
						la Ba	
Lender		-	11 50 1			化复压泵	
			建设设施设施	The state of the s	1,5413		
Address of Lender					45.045		
				100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P			
12. C. 3. Total Movable Equipment Int	erest						
Expense (C1 + 2)			B			 	
12. D. Other Interest Expense (Specify)	· ·			1.65 - 34		
				13.535			1500
13. Total All Interest Expense (12B7 +	12C3 + 12D	9) \$					
14. Insurance		<u>/</u>					
a. Insurance on Property (buildings	only)	!	9,144			<u> </u>	9,144
b. Insurance on Automobiles			\$				
c. Insurance other than Property (a	s specified a	bove)					
1. Umbrella (Blanket Coverage	\$						
2. Fire and Extended Coverage			\$	ļ		ļ 	
3. Other (Specify)		;	\$			r colle a care	re des
						1216	
	1.6.1		Φ 0.144		2-3 Mr. E. p. 2. F. M	Section 1	9,144
14d. Total Insurance Expenditures (14a	$\frac{+b+c}{(-14)}$		\$ 9,144 \$ 331,161		<u> </u>	 	331,161
15. Total All Expenditures (A-13 thru	J-14)		ا ا		1		,,,,,,,,,

D. Adjustments to Statement of Expenditures

	e of Fa		r Rest Home, LLC	Lic	cense No. 1489	Report for Yes 9/30/2018	ar Ended	Page 28	of 37
WIII	e Oak	Mano	Rest Flome, LLC		Total	7/30/2010			
. .	_				Amount of			Resident	ial Care
	Page		Tr. D. co. indian		Decrease	CCNH	RHNS	Ho	
	No.		Item Description		Decrease		KIIIVS	110	
	10 - 2		es and Wages					Name of the	11
1.			Outpatient Service Costs	\$		<u> </u>			
2.			Salaries not related to Resident Care	\$				 	
3.	ļ <u> </u>		Occupational Therapy	\$			<u> </u>	<u> </u>	
4.			Other - See attached Schedule	\$		2			- - 7 7
	13 - 1	profes	sional Fees					1000	
5.			Resident Care Physicians **	\$				ļ	
6.		ļ	Occupational Therapy	\$		<u> </u>			
7.			Other - See attached Schedule	\$				Here a	
Page	s 15 d	k 16 -	Administrative and General		注于5.4. 第2	40 J. F. S. S. S. S. S. S. S. S. S. S. S. S. S.		13.35	811
8.			Discriminatory Benefits	\$	 				
9.			Bad Debts	\$				ļ	
10.			Accounting	\$					
10a.			Legal	\$		<u> </u>			
11.	1		Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life		1905 1955			14724	
		İ	of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.		-	Education expenditures to colleges or				Jacob John	art i	
			universities for tuition and related costs				1 温光剂医温井		
			for owners and employees	\$					
16.	╁	 	Travel for purposes of attending		de la la combre			10.74.7	Life 1
10.	`		conferences or seminars outside the				1.00 11.6.2		
			continental U.S. Other out-of-state			法利利务的 员			
	1		travel in excess of one representative	\$	Art College His Patient College			25 111111111112121	NI NI NI NI NI NI NI NI NI NI NI NI NI N
17.	 		Automobile Expense (e.g. personal use)	\$			1		
18.	1	2/2	Unallowable Advertising *	\$					714
19.		+	Income Tax / Corporate Business Tax	 \$				 	58
		lj_				<u> </u>			
20.			Fund Raising / Contributions	<u>_</u>			-	-	
21		 	Unallowable Management Fees	9				 	
22		ļ	Barber and Beauty	<u></u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		 -	1,489
_23		<u> </u>	Other - See attached Schedule		1,489	* 2 100 27 27 27	E-1000		1,40
		Dietai	ry Expenditures		3 3 3 3	THE SECTION OF SECTION AND ADDRESS OF SECTION ADDRESS OF SECTION ADDRES	2000年4月1日 2007年第二	2 原順正 度 2 開東2 別	19 16 16 16 16 16 16 16 16 16 16 16 16 16
24			Meals to employees, guests and others		Frankling out	Section 1			22.30.00 00
	<u> </u>	<u>.l.</u>	who are not residents		5				
		Laun	dry Expenditures					# 1 m	
25			Laundry services to employees, guests		The Later 1st	r sprace			ee It Lie
			and others who are not residents		5	was seasons a markets dimension	ALSO INSTRUMENTAL SECTION AND ADMINISTRATION OF THE PARTY	Win Strong Kong Strong	
Pag	e 20 -	House	ekeeping Expenditures						
26	$\cdot $		Housekeeping services to employees, guests						WELL.
			and others who are not residents		5		<u> </u>	1	
			Subtotal (Items 1 - 2	6) 5	3,261	<u> </u>		<u> </u>	2,26

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref Line Ref Description	CCNH	RHNS	Residential Care Home
		4	
Fotal Other Salaries Adjustment	-	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref Line Ref Description	CCNH	RHNS	Residential Care Home
	<u> </u>		
Total Other Fees Adjustments	\$ <u>-</u>	\$	

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Non Routine Bank Charges (Overdraft fees)			\$ 190
16	m13	Change in Inventory			50
	m13	Interest Expense			1,249
10 MALEST 1 AND 10 M	as as For				
Total Othe	r A&G Ad	justments	\$ -	\$	\$ 1,489

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

			D. Adjustments to Stateme					T 5	
	of Fa	•		Lic	ense No.	Report for Y	Page	of	
White	e Oak	Mano	r Rest Home, LLC		1489	9/30/2018		29	37
					Total				
Item	Page	Line			Amount of	ţ			ntial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	H	ome
			Subtotals Brought Forward	\$	2,261				2,261
Page	20 - K	Reside	nt Care Supplies***						自用的分配
27.			Prescription Drugs	\$]		<u> </u>	
28.			Ambulance/Limousine	\$				ļ	
29.			X-rays, etc	\$	·			ļ	
30.			Laboratory	\$		<u> </u>			
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$				<u> </u>	
33.			Occupational Therapy	\$				<u> </u>	
34.			Other - See Attached Schedule	\$			And an ordinate the second		ger consumptions by self-self
Page	22 - 1	Mainte	enance and Property				The state of the s	有利数	45,444
35.			Excess Movable Equipment Depreciation		38 1 2 2	横型 500	以 称《别汉》	- B 1 1.	42114
			See Attached Schedule	\$				a victoria in manne de	
36.			Depreciation on Unallowable			图 多次程式	的一个人		
	Į.		Motor Vehicles	\$					
37.		i	Unallowable Property and Real				14.3 图 6	1845	11 5 6
	ļ		Estate Taxes	\$					
38.	Var	Var	Rental of Building Space or Rooms	\$	13,632			ļ	13,632
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince				17.17.25	18 E.B.	地名美国特里
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous		李维斯斯,克斯斯 。			19 種	(4) 在图形
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.		<u> </u>	Other - Miscellaneous Administrative	\$				ļ	
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	9		<u> </u>			
47.			Other - Direct	\$	S				
Not	For P	rofit I	Providers Only					WO.	推荐的概题
48		Ť	Building/Non Movable Eq. Depreciation			机多数气料		LIAN.	4493
	1	1	Unallowable Building Interest -						
			See Attached Schedule	9	S				
49	Tota	l Ama	ount of Decrease (Items 1 - 48)	9	15,893				15,893

^{***} 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
	- 55 E.S.				
11/2/70					
	l val				
			30 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A		
X- ET					
				11,3	
	-				
Total Othe	er Ancillary	y Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			6-1	11. 11.1	
					<u> </u>
as Toronto					20.0
4. 10					
			guil.	The same of the sa	and the second
+13				1.3.2.	
Total Exce	ss Movabl	e Equipment Depreciation	S -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			·		
			···		
Total Oth	r Propert	y Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
78.72					The state of the s
				M.	
Die St					
	4 10			The second secon	
					- 36
Total Othe	r Adjustm	ents	\$ -	S -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	See rej		100	·	
	1				ļ
					ļ.,
				45.25	
				<u>. 198</u>	
Total Una	llowable Bu	uilding Interest	\$	\$ -	\$ -

White Oak Manor Rest Home Third Floor Rental Income Disallowance September 30, 2018

			Total	Rental Alloc.	Resident
Page	Line	Expemse Description	Expense	24.3143%	Care
22	6a	Repairs & Maintenance	5,843	1,421	4,422
22	6b	Heat	10,438	2,538	7,900
22	6c	Light & Power	8,031	1,953	6,078
22	6d	Water	504	123	381
22	6f	Waste Removal	2,223	541	1,682
27	14a	Insurance	9,144	2,223	6,921
22	10b	Taxes - Property	19,876	4,833	15,043

Total Rental Disallowance 13,632

Square Footage Allocation:

Total	4,549	100.00%
Third Floor (Rental)	1,106	24.3143%
Second Floor	1,593	35.0117%
First Floor	1,850	40.6740%
	Square Feet_	Allocation

Annual Report of Long-Term Care Facility

CSP-30 Rev. 10/2005

F. Statement of Revenue

	Report for Ye /30/2018	ai Eliueu		Page 30	of 37
	, 20, 2010	Т			
		1		Docidant!	
	Total	CCNH	RHNS	Residenti: Hom	
	Total	CCIVIT	KINS	21.5	waters a commercial based has
\$	251,889		1672.6	<u> </u>	251,889
					(18,860)
	(10,000)				10,000)
					
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\rightarrow				 	
	28 591				28,591
	20,371				20,571
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\$					
\$					
\$					
\$	261,620				261,620
	12 (1)			可能 。	
s	3				
_	18.200			 	18,200
- +				 	
\$					
\$					
\$					
\$	·····				
\$	18,200				18,200
\$	-,	<u> </u>			279,820
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ (18,860) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ (18,860) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ (18,860) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ (18,860)

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
			0
	79 (1) 13.		
	gwillian i t		
Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
			0
			1.11
			in with the same
Total Other Resident Revenue	\$ -	\$ -	s -

Interest Income

Account

Page Ref	Account							 В	alance	C	CNH	R	HNS	Resid Care	lential Home
	44								<u></u>						0
			4.		1 1 2 2 2	471.5	7.1	 1							
31.	1.0			3.4	4				- 47					<u> </u>	
												ļ			
Total Inte	rest Income	7.11								\$	-	\$	-	\$	

Schedule of Other Revenue

Page Ref Description	CCNH	RHNS	Residential Care Home
			0
			· ·
		·	
			li de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
Total Other Revenue	S -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Repor	for Year	Ended	Page	of
White Oak Manor Rest Home, LLC	1489	9/30/2	018		31	37
	Account				Am	ount
Assets						
A. Current Assets						22.020
1. Cash (on hand and in banks	9)				\$	23,029
Resident Accounts Receival					\$	
3. Other Accounts Receivable	(Excluding Owners of	or Related	Parties)	<u> </u>	\$	1 217
4 Inventories					\$	1,317
5. Prepaid Expenses					\$	5,839
a. Prepaid Insurance			5,839			
b						
c						
d. See Schedule					φ	
6. Interest Receivable					\$	
7. Medicare Final Settlement F					\$	· · · · · · · · · · · · · · · · · · ·
8. Other Current Assets (itemi:	ze)					
See Schedule				-		30,185
A-9. Total Current Assets (Lines A	l thru 8)				\$	30,163
B. Fixed Assets					6	
1. Land			10.741		<u> </u>	3,018
2. Land Improvements	*Historical Cost		12,741	.	₂	3,010
	Accum. Deprecia	tion	9,723	Net		····
3. Buildings	*Historical Cost			N	\$	
	Accum. Deprecia	ition	150.050	Net		24 592
4. Leasehold Improvements	*Historical Cost		150,078	- - N.T. 4	\$	34,582
	Accum. Deprecia	ition	115,496	Net		
Non-Movable Equipment	*Historical Cost			- NI 4	\$	
	Accum. Deprecia	ition	11.565	Net	<u> </u>	1 901
6. Movable Equipment	*Historical Cost	. —	11,565	-	\$	1,80
	Accum. Deprecia	ation	9,764	Net	Φ.	
7. Motor Vehicles	*Historical Cost			-	\$	
	Accum. Deprecia	ation		Net		
8. Minor Equipment-Not Dep	reciable				\$	
9. Other Fixed Assets (itemize	?)				\$	57
F/S vs C/R NBV			571	_		
See Schedule						
B-10. Total Fixed Assets (Lines	B1 thru 9)				\$	39,972

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

G. Balance Sheet (cont'd)

Nam	ne of Facility	License No.	Report for Year Ended	Page	of
Whit	te Oak Manor Rest Home, LLC	1489	9/30/2018	32	37
		Account			Amount
			Total Brought Forward:	\$	70,157
C.	Leasehold or like property reco	orded for Equity Purposes	5.		
	1. Land			\$	
	2. Land Improvements	*Historical Cost			
		Accum. Depreciation	n Net	\$	
	3. Buildings	*Historical Cost			
		Accum. Depreciation	n Net	\$	
	4. Non-Movable Equipment	*Historical Cost		a	
<u> </u>		Accum. Depreciation	n Net	\$	
	Movable Equipment	*Historical Cost		Φ.	
<u> </u>		Accum. Depreciation	n Net	\$	
	6. Motor Vehicles	*Historical Cost			
		Accum. Depreciation	n Net	\$	
	7. Minor Equipment-Not Dep			\$	
C-8		erties (C1 thru 7)		\$	
D.	Investment and Other Assets			Φ.	
	1. Deferred Deposits			\$	
	2. Escrow Deposits			\$	
	3. Organization Expense	*Historical Cost			
		Accum. Depreciation	n Net	\$	
<u> </u>	4. Goodwill (Purchased Only			\$	
	5. Investments Related to Re	sident Care (<i>itemize</i>)		\$	W. Carlotte
		<u></u>			
<u></u>				6	67.020
	6. Loans to Owners or Relate			7	67,029
	Name and Address	Amount	Loan Date	13/12	
1					
j	- 1 /34 · 11				
	Employee / Meridian	(7.000			
	Manor	67,029	<u>′1 </u>	o	Philips Value
	7. Other Assets (<i>itemize</i>))	
				- 1.611.	
					在企业的
<u></u>	See Schedule	4	`	To	67,029
	. Total Investments and Other)	\$	
[D-9]	. Total All Assets (Lines A9 +	B10 + C8 + D8)		\$	137,186

^{*} 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 E	Ended	Page	of	
White Oak N	Manor	Rest Home, LLC	1489	9/30/2018		33	37
			Account			Amo	ount
Liabilities							
A.	Cu	rrent Liabilities					7.042
	1.	Trade Accounts Payable		<u> </u>	9		7,263
	2.	Notes Payable (itemize)			9		ne e e e e
						ATAX	LAMBER OF
		See Schedule					
<u> </u>	2	Loans Payable for Equip	ment (Current nortice	n)(itamiza)		<u> </u>	I MAN
	3.	Name of Lender	Purpose	Amount	Date Due	E COLUMN	
		Name of Lender	1 dipose	Timount		14437	
							Oliver i
					a l		
İ							
						Take a	
						计多性信息 标	
	4.	Accrued Payroll (Exclusion	ive of Owners and/or	Stockholders only)		\$	2,292
	5.	Accrued Payroll (Owners	s and/or Stockholder:	s only)		<u> </u>	
	6.	Accrued Payroll Taxes P	ayable			\$	253
7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties)						\$	
						\$	
						\$	
						\$	
11. Accrued Income Taxes*						\$	250
	12	. Other Current Liabilities	(itemize)		:	\$	258,011
		Accrued Real Estate Taxes		7,073			
		Accrued Rent	25	0,938			
							1280 Na
				See Schedule			20000
A-1	3. To	otal Current Liabilities (I	Lines A1 thru 12)			\$	268,069

^{*} 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	9/30/2018		34	37
		An	nount		
		Total Broug	ght Forward:		268,069
Liabilities (cont'd)					
B. Long-Term Liabilities	4 (14 - 1 - 1)		ا	r	
1. Loans Payable-Equipme		Amount	Date Due	P	
Name of Lender	Purpose	Amount	Date Due	all being	
				表為基礎	
				A DEAL	
					Land Comment of the China
				建设设施 图	
2. Mortgages Payable				\$	50.456
3. Loans from Owners or				\$	70,456
Name and Address of Lender	Amount	Loan	Date		
	·				加基果原形
				新维制	
James Cleary	36,74	2		125 27	
	,				
				经过多 集	
Wolcott View Manor	33,71	4			
				121.04	
				\$	11,453
4. Other Long-Term Liabi		11,45	L.	o O	11,433
Due to Dept. of Social					
See Schedule			The second secon		
B-5. <i>Total Long-Term Liabilities</i> (Lines B1 thru 4)					81,909
C. Total All Liabilities (Lines	(BA-13 + B-5)			\$	349,978

Schedule o	f Prepaid E	spenses Page 31 Line A5	
Page Ref	Line Ref	Description	
W. E. T.			
444	William		10.120707
CENTE PLA ENGLARENTE			1 1247
5/21/201			and often year
Total Prep	aid Expense	s	\$ <u>-</u>
Schedule o	f Other Cur	rent Assets (itemized) Page 31 Line A8	
Page Ref	Line Rei	Description	
			15.44
	(A)(A)(A)		
de la compa			
SEA.			(100 to 1
4 5 7 7 8	200		**************************************
autopenion Tra	- Carlot Kaler		ر (1965ء) 1967ء - 1965ء 1968ء - 1966ء
Fotal Othe	r Current A	ssets (Itemize)	s -
	·••		
Schedule a	of Other Fiv	ed Assets (Itemize) Page 31 Line B9	
Page Ref	Line Ref	Description	
	-		<u> </u>
	 		
	1		
777			
Total Oth	er Other Fix	ed Assets (Ilemize)	\$
Schedule (of Other Ass	ets Page 32 Line D7	
ot incur.	or Other man	era inge ou come o	
Page Ref		Description	1
1967 2 2 1	7-256-2*		
	1000-0		
T . 104	1		\$ -
Total Oth	er Assets		
Schedule	of Notes Pa	yable (Itemize) Page 33 Line A2	
Page Ref	Line Ref	Description	
<u> 2000-04-05</u> Ta	1		
1.1.44			3.34
			150.11
			e
Total Not	es Payable		\$ -
Schedule	of Other Cu	rrent Liabilities (Itemize) Page 33 Line A12	
Page Ref	Line Ref	Description	
-g			
	 		
	+		
	1	With the Table of the Carlot o	
Total Oth	er Current	Lia bilities (Itemize)	s -
Calcan	of Others	ng-Term Liabilities (itemize) Page 34 Line B4	
schedule	or Other Lo	ng-rein Engomes (nembe) rage 34 tane 54	
Page Ref	Line Ref	Description	
	1	<u> </u>	+
	+		+
	1-35		1
	+		
			\$ -

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

	ne of Facility	License No.	Report f		r Ended		ge	of
Whi	te Oak Manor Rest Home, LLC	1489	9/30/201	18		3:		37
		Account					Amour	ıt
A.	Reserves							
	1. Reserve for value of leased lease leased	and				\$		
	2. Reserve for depreciation value	ue of leased building	ngs and appu	urtenan	ces			
	to be amortized					\$		
	3. Reserve for depreciation value	ue of leased persor	nal property	(Equity	<i>ı</i>)	\$	· · · · · ·	
	4. Reserve for leasehold real pr	operties on which	fair rental va	alue is	based	\$		
	5. Reserve for funds set aside a	as donor restricted				\$		
	6. Total Reserves				·····	\$		
B.	Net Worth							
<u> </u>	Owner's Capital					\$		
	2. Capital Stock					\$		781
	3. Paid-in Surplus					\$		
	4. Treasury Stock					\$		· · · · ·
	5. Cumulated Earnings					\$		(162,232)
	6. Gain or Loss for Period	10/1/2	017 th	ru	9/30/2018	\$		(51,341)
	7. Total Net Worth				.	\$		(212,792)
C.	Total Reserves and Net Worth		<u></u> .			\$		(212,792)
D.	Total Liabilities, Reserves, and	l Net Worth				\$		137,186

H. Changes in Total Net Worth

	e of Facility	License No.	Report for Year	Ended	Page	of
Whit	e Oak Manor Rest Home, LLC	1489	9/30/2018		36	37
Account						ount
A.	Balance at End of Prior Period as sl		0/30/2017		\$	(161,451)
B.	Total Revenue (From Statement of				\$	279,820
C.	Total Expenditures (From Statemen	nt of Expenditures Pa	ige 27)		\$	331,161
D.	Net Income or Deficit				\$	(51,341)
E.	Balance				\$	(212,792)
F.	Additions 1. Additional Capital Contributed	(itemize)				
2. Other (itemize)					e e	
F-3.					\$	
G.	Deductions	(G :()			ď	
	1. Drawings of Owners/Operators		Title	Amount	3	
	Name and Address (No., City,	маче, гір)	Title	Aniount		
	2. Other Withdrawings (Specify)	<u> </u>	\$	property of the part of the pa		
	Purpose		Amount			
					\$	
177	3. Total Deductions Balance at End of Period	09/30/	1 0		\$	(212,792)
H.	Daiance at Ena of Perioa	U9/30/	10		Ψ	(2,2,7,2)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of	7					
White Oak Manor Rest Home, LLC	1489	9/30/2018 37 37						
	Check appropriate category		_					
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home						
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 reparer Title Date Signed								
Printed Name of Preparer								
Matthew S. Bavolack Addres Address	Phone Number							
555 Long Wharf Drive, New Haven, CT 065	203-781-9600							
Annual Report Contact	Phone Number							
Samantha Gallagher	203-757-1228 ; 118							
Annual Report Contact Email Address								
sgallagher@meridianmanorhc.com								