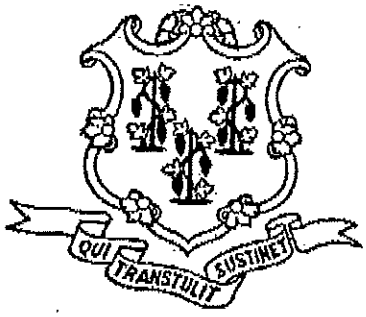
State of Connecticut



15-63

Annual Report of Long-Term Care Facility

Cost Year 2015

RECEIVED
FEB 17 2016
DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385	
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2318			07-5324

Medicaid Provider Numbers:	CCNH	RHNS	ICF-MR
	2318		

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

MYERS AND STAUFFER LLC
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier
Chief Financial Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

7 Waterside Crossing, Ste 202 | Windsor, CT 06095
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810
www.msic.com

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	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 IMPRISONMENT 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center [facility name] for the cost report period beginning October 01, 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.

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

Signed (Administrator)	Date	Signed (Owner)	Date
James M. Pettey			
Printed Name (Administrator) James M. Pettey		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me: State of Conn	Date 2/10/16	Signed (Notary Public)	Comm. Expires 03/31/20
Address of Notary Public		76 Christine Dr Southington CT 06489	

(Notary Seal)

State of Connecticut
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CSP-1A Rev. 6/95

State of Connecticut
Department of Social Services
25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility **301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center**	Period Covered:	From **10/1/2014**	To **9/30/2015**
Address of Facility **301 Rope Ferry Rd, Waterford, CT 06385**			
Report Prepared By **Athena Health Care Associates, Inc**	Phone Number **(860) 751-3900**	Date **2/12/2016**	

Item	Total	CCNH	RHNS	(Specify)
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.

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General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-444-1175	09/30/15	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	301 Rope Ferry Rd, Waterford, CT 06385

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2318			07-5324

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

☐ PROPRIETORSHIP ☑ LLC ☐ PARTNERSHIP ☐ PROFIT CORP. ☐ NON-PROFIT CORP. ☐ GOVERNMENT ☐ TRUST

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year? ☐ Yes ☑ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
James M. Petty	001495

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
Not Applicable	

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CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
301 Rope Ferry Road, LLC	**301 Rope Ferry Road, Waterford, CT 06385**	**CT**

Name of Partners/Members	Business Address	Title	% Owned
Lawrence G Santilli	**135 South Road Farmington, CT 06032**	**Managing Member**	**33.3300%**
Lawrence G Santilli & Janice Curley Conservators for Lawrence E. Santilli	**135 South Road Farmington, CT 06032**	**Member**	**33.3400%**
Chakalos Bayview, LLC	**135 South Road Farmington, CT 06032**	**Member**	**33.3300%**

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CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Not Applicable			
Names of Stockholders Owning at Least 10% of Shares			

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CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

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CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ☐ Yes ☑ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? ☑ Yes ☐ No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Laurel Ridge Health Care Center	642 Danbury Road, Ridgefield, CT 06877	☑	☐	>98%	Bank Fees	P16m13	$6,799	$6,799
Shady Knoll Health Center	41 Skokorate St., Seymour, CT 06483	☑	☐	>98%	Swap Interest Allocation	Pg 27, 12D	$12,823	$12,823
Athena Health Care Services -1	135 South Rd, Farmington, Ct 06032	☑	☐	>98%	Payroll Processing Fees, Data proc fees, business promotion, lobbying, Preferred	Pg 16, m13,m3	$21,940	$21,940
Athena Health Care Services -2	135 South Rd Farmington CT 06032	☑	☐	<50%	Management Fees, Legal Fees, gifts,purch serv-admin, fixed asset	Pg16, m12 and l2, Pg. 31, B6, Pg 15, 1e	$649,993	$270,586
Athena Health Care Services -3	135 South Rd Farmington, CT 06032	☑	☐	<50%	Insurance, Education, Office supplies, maint. & repairs, purch serv-maint.	Pg 16, l5, Pg 15, lg and P22, 6a	$24,136	$24,136
Bayview Health Landlord	135 South Rd Farmington, CT 06032	☑	☐	>98%	Lease of Facility	Pg 22 L9 and 10b, pg 27, ln 14a	$906,818	$906,818
Athena Health 401K Plan	135 South Rd, Farmington, CT 06032	☐	☑		Facility participates in a common 401 (k) plan			
Athena Captive LLC	135 South Rd, Farmington, CT 06032	☐	☑		Worker's Compensation Captive	Pg. 15 1a1	$538,203	$538,203
		☐	☐	>98%				

* Use additional sheets if necessary.

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

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CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (*See listing page 13*)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? ☐ Yes ☑ No If "No," explain fully why such allocation was not made.

Not Applicable

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

Not Applicable

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

☐ Yes ☐ No If "No," explain fully why such allocation was not made.

Not Applicable:No Non-Nursing Home Cost Centers

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	☐	☐					
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	☐	☑	PCC Equipment	05/17/13	60 months	$6,194	$6,194
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	☐	☑	Postage Meter	12/28/10	66 months	$1,219	$914
Leaf 1720A Crest St Moberly Mo 65270	☐	☑	Copier	02/27/13	48 months	$12,313	$12,270
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	☐	☑	Nurse Call System	02/02/15	60 months	$7,263	$4,820
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	☐	☑	Telephone System	03/02/15	60 months	$13,528	$8,290
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	☐	☑	Additional PCC Equipment	12/01/14	60 months	$1,598	$1,438
	☐	☑					
	☐	☑					
	☐	☑					
						Total ***	$33,926

Is a Mileage Log Book Maintained for All Leased Vehicles? **Not Applicable - No Vehicles** ☐ Yes ☐ No

* 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.

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CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015.	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

☑ Accrual ☐ Cash ☐ Modified Cash

Is the accounting basis for this period the same as for the previous period? ☑ Yes ☐ No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 **Dworkin, Hillman, Lamorte & Stercza**	**4 Corporate Dr., Suite 488, Shelton, CT 06484**
2 **Blum Shapiro & Company**	**4 Corporate Dr., Suite 488, Shelton, CT 06484**
3 **Marcum LLP**	**555 Long Wharf Drive, New Haven, CT 06511**
4 **Dopkins & Company, LLP**	

Services Provided by This Firm (*describe fully*)

1	**Audit & Tax Return Fees 2014**	$ 13,722
2	**Audit & Tax Return Fees 2014-Landlord;disallowed**	$ 3,000
3	**Medicare Cost Report**	$ 2,650
4	**Audit fieldwork and report writing**	$ 1,912
		Charge for Services Provided $21,284

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

☑ Yes ☐ No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 **Shipman & Goodwin**	**860 251-5000**
2 **Rosenthal Law Firm**	**860-561-3100**
3 **Murtha Cullina**	**860-240-6000**
4 **New London Probate**	
5 **Schiff Hardin LLP**	**312-258-5500**

Address (*No. & Street, City, State, Zip Code*)

1 **Hartford, CT One Constitution Plaza Hartford Ct**
2 **18 North Main St West Hartford CT 06107**
3 **185 Asylum St Hartford, CT 06103**
4
5 **6600 Sears Tower, Chicago IL 60606**

Services Provided by This Firm (*describe fully*)

1	**General Employment Matters $17,124: Disallowed;**	$ 17,124
2	**A/R Collections (Disallowed)**	$ 12,593
3	**KEYBANK Refinancing $7,367; Audit letter $714; Allowed; General Matters $765;**	$ 8,846
4	**Probate**	$ 150
5	**Refinancing - Key Bank**	$ 5,077
		Charge for Services Provided $43,790

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

☑ Yes ☐ No **Pg 15, Line1e**

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	09/30/15	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period.....	127	127			127	127			127	127		
B. On last day of THIS report period.....	127	127			127	127			127	127		
2. Number of Residents												
A. As of midnight of PREVIOUS report period.....	121	121			125	125			121	121		
B. As of midnight of THIS report period.....	127	127			126	126			127	127		
3. Total Number of Days Care Provided During Period												
A. Medicare.....	5,301	5,301			4,293	4,293			1,008	1,008		
B. Medicaid (Conn.).....	34,381	34,381			25,259	25,259			9,122	9,122		
C. Medicaid (other states).....												
D. Private Pay.....	3,775	3,775			2,812	2,812			963	963		
E. State SSI for RCH.....												
F. Other (Specify) Managed Care	490	490			324	324			166	166		
G. Total Care Days During Period (3A thru F).....	43,947	43,947			32,688	32,688			11,259	11,259		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days.....	110	110			47	47			63	63		
B. Other Bed Reserve Days.....	18	18			11	11			7	7		
5. *Total Resident Days* (3G + 4A + 4B).....	44,075	44,075			32,746	32,746			11,329	11,329		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	9	37

4. Were there any changes in the certified bed capacity during the report year? ☐ YES ☑ NO
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
			(Specify)	Lost			Gained						
	CCNH (1)	RHNS (2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	14	102		8		3		
Per Diem Rate								
a. One bed rm.	560.10	236.63		485.00		429.67		
b. Two bed rms.	560.10	236.63		475.00		429.67		
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	9,525	9,525		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,198	1,198		
2. Restorative Treatments				
C. Other	16,218	16,218		
D. ***Total Physical Therapy Treatments***	26,941	26,941		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	863	863		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	254	254		
2. Restorative Treatments				
C. Other	1,601	1,601		
D. ***Total Speech Therapy Treatments***	2,718	2,718		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	7,182	7,182		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,155	1,155		
2. Restorative Treatments				
C. Other	14,565	14,565		
D. ***Total Occupational Therapy Treatments***	22,902	22,902		

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CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	10	37

Are time records maintained by all individuals receiving compensation? ☑ Yes ☐ No

Item	Total Cost and Hours					
	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,973	2,077				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	220,959	10,487				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	54,975	2,101				
c. Dietary Workers	384,904	28,116				
6. Housekeeping Service						
a. Head Housekeeper	51,040	2,143				
b. Other Housekeeping Workers	220,799	17,821				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,407	2,147				
b. Other Maintenance Workers	37,715	2,065				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	104,957	8,140				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	210,779	4,115				
b. RN						
1. Direct Care	584,585	18,642				
2. Administrative**	375,417	14,955				
c. LPN						
1. Direct Care	934,315	37,515				
2. Administrative**						
d. Aides and Attendants	1,674,911	114,904				
e. Physical Therapists	564,628	16,381				
f. Speech Therapists	84,027	1,677				
g. Occupational Therapists	294,953	8,601				
h. Recreation Workers	178,387	8,652				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	243,261	9,739				
n. Marketing						
o. Other (Specify)						
A-13. Total Salary Expenditures	6,374,992	310,278				

* 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)

Position	$ CCNH	Hours CCNH	$ RHNS	Hours RHNS	$ (Specify)	Hours (Specify)
Total	$		$		$	

Schedule of Physician: Other Fees (Page 13)

Service	$ CCNH	Hours CCNH	$ RHNS	Hours RHNS	$ (Specify)	Hours (Specify)
Total	$		$		$	

Schedule of Other Fees (Page 13)

Service	$ CCNH	Hours CCNH	$ RHNS	Hours RHNS	$ (Specify)	Hours (Specify)
Total	$		$		$	

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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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Not Applicable										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Not Applicable										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
** Include all employment worked during the cost year.

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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 Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
James Michael Petty (10/1/2014 - 9/30/2015)	100,973			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,077	A2			
Section IV - Assistant Administrators										
							A2			

* 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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	13	37

Item	Total Cost and Hours					
	CCNH	Hours	RHNS	Hours	(Specify)	Hours
***B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)**						
1. Dietitian	26,195	753				
2. Dentist	13,792	212				
3. Pharmacist	9,356	144				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	17,918	272				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	90,000	384				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	6,754	86				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	164,015	1,850				

* 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.

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CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Joseph Allessandro, 63 Canterbury Road, Brooklyn, CT 06234	Medical Director	☐	☑	
Chelsea Fowler Vozzollo, 27 Crystal Ridge Drive, Ellington, CT 06029	Dietician	☐	☑	
Omnicare/Value Health Care Services, Inc 525 Knotter Drive Cheshire, CT 06410	Pharmacist	☐	☑	
Med-Options, 20 Research Parkway, Old Saybrook, CT	Psychologist	☐	☑	
Healthdrive Dental And Medical Group, 25 Needham St, Newtown, Ct	Dentist /Podiatry	☐	☑	
SDX Swallowing Diagnostics, LLC, PO Box 484, Avon, CT 06001	Speech Therapy	☐	☑	
Onward Healthcare, P.O. Box 27421, New York, NY 10087	Physical Therapy	☐	☑	
Andrea Gutierrez, D.O., 272 Allen Hill Rd., Brooklyn, CT 06234	Assistant Medical Director	☐	☑	
Jennifer Davis Thibeault, 277 West Main St., Plainville, CT 06062	Dietician	☐	☑	
Access Therapy, P.O. Box 823461, Philadelphia, PA 19182	Physical Therapy	☐	☑	
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	☐	☑	
Stephanie Owns, 15 Fourth Avenue, Waterford, CT 06385	Dietician	☐	☑	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	$	538,203	538,203		
2. Disability Insurance.....	$				
3. Unemployment Insurance.....	$	160,776	160,776		
4. Social Security (F.I.C.A.).....	$	477,083	477,083		
5. Health Insurance.....	$	799,249	799,249		
6. Life Insurance (employees only) (not-owners and not-operators).....	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	$	26,028	26,028		
8. Uniform Allowance.....	$				
9. Other (*Specify*)..... See Attached Schedule	$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*.....	$	19,922	19,922		
d. Accounting and Auditing.....	$	21,284	21,284		
e. Legal (*Services should be fully described on Page 7*)	$	43,790	43,790		
f. Insurance on Lives of Owners and Operators (*Specify*)*.....	$				
g. Office Supplies.....	$	48,131	48,131		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	$	26,780	26,780		
2. Cellular Phones.....	$	4,085	4,085		
i. Appraisal (*Specify purpose and attach copy*)*.....	$				
j. Corporation Business Taxes (*franchise tax*).	$				
k. Other Taxes (*Not related to property - See Page 22*)					
1. Income*.....	$	250	250		
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	814,903	814,903		
Subtotal	$	2,980,484	2,980,484		

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Total	$ -	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	$ -	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,980,484	2,980,484		
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	$				
2. Holiday Parties for Staff.....	$	4,175	4,175		
3. Gifts to Staff and Residents.....	$	30,372	30,372		
4. Employee Travel.....	$	7,946	7,946		
5. Education Expenses Related to Seminars and Conventions	$	10,255	10,255		
6. Automobile Expense (*not purchase or depreciation*).....	$				
7. Other (*Specify*)..... See Attached Schedule	$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*).....	$	2,900	2,900		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***..... See Attached Schedule	$	34,968	34,968		
4. Fund-Raising***.....	$				
5. Medical Records.....	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	$				
7. Postage.....	$	7,962	7,962		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	8,652	8,652		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions.....	$	1,285	1,285		
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$				
12. Administrative Management Services**.....	$	428,380	428,380		
13. Other (*Specify*) See Attached Schedule	$	172,994	172,994		
C-14 Total Administrative & General Expenditures	$	3,690,373	3,690,373		

* 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	(Specify)
Total Other Travel and Entertainment	$	$	$

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	$ 34,968		
Total Other Advertising	$ 34,968	$	$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Assoc of Health Care Facilities	$ 8,652		
Total Dues	$ 8,652	$	$

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	$	$	$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	$ 4,253		
Licenses	$ 280		
Bank Charges	$ 10,544		
Payroll Processing Fees	$ 23,474		
Employee Physicals & Background Checks	$ 17,467		
Penalties-US Dept of Labor citation Inspection #1045830	$ 5,040		
Compliance Consulting	$ 58,676		
Data Processing	$ 53,260		
Total Other Administrative and General	$ 172,994	$	$

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	$589,005	Contract Attached to a Prior Year	See Below
Allocation of Above	$388,743 $94,241 $106,021	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	$39,637	Admin/Gen-Other Expense	Page 16, Line m12

*** 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.**

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CSP-18 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	$	265,300	265,300		
2. Non-Food Supplies.....	$	29,301	29,301		
3. Other (*Specify*)_____ **Dishes & Utensils = $4,832**	$	4,832	4,832		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**.....	$	94,241	94,241		
d. Other (*Specify*)_____	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	393,674	393,674		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		361	361		

H.	Is cost of employee meals included in 2E?	☑ Yes	☐ No	
I.	Did you receive revenue from employees?	☐ Yes	☑ No	If yes, specify amount.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	☑ Yes	☐ No	If yes, specify cost. = $927
L.	Is any revenue collected from these people?	☑ Yes	☐ No	If yes, specify amount. = $1052
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			**Pg 18, 2a1**
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	☐ Yes	☑ No	If yes, specify cost.
O.	Is any revenue collected from employees?	☐ Yes	☑ No	If yes, specify amount.
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			

* 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.

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CSP-19 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $	26,955	26,955		
b. Purchased Services (*by contract other than through Management Services*) (*Complete Schedule C-2 att. Page 21*)	$				
c. Management Services**.....	$				
d. Other (*Specify*) **Supplies = $7,919**	$	7,919	7,919		
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	34,874	34,874		

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	☐ Yes	☑ No	If yes, specify cost.
H.	Did you receive revenue from employees?	☐ Yes	☑ No	If yes, specify amount.
I.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	☐ Yes	☑ No	If yes, specify cost.
K.	Did you receive revenue from these people?	☐ Yes	☑ No	If yes, specify amount.
L.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	

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

** 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	38,578	38,578		
b. Purchased Services (*by contract other than through Management Services*) (*Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$				
c. Management Services*.....		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)....		$	38,578	38,578		
5. Resident Care (Supplies)** a. Prescription Drugs***						
1. Own Pharmacy.....		$				
2. Purchased from Omni Care, Inc.		$	265,498	265,498		
b. Medicine Cabinet Drugs.....		$	8,523	8,523		
c. Medical and Therapeutic Supplies.....		$	318,153	318,153		
d. Ambulance/Limousine***.....		$	7,897	7,897		
e. Oxygen 1. For Emergency Use.....		$				
2. Other***.....		$	41,618	41,618		
f. X-rays and Related Radiological Procedures***.....		$	25,024	25,024		
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***.....		$	37,192	37,192		
i. Recreation.....		$	4,758	4,758		
j. Other (Specify)**** See Attached Schedule		$	160,973	160,973		
5K. ***Total Resident Care Expenditures*** (5a - 5j).....		$	869,636	869,636		

* 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	(Specify)
Management Fee Direct	$ 106,021		
Medical Equip Rentals-Medicaid	$ 5,655		
Physical Therapy Supplies	$ 31,636		
Occupational Therapy Supplies	$ 3		
Oxygen Concentrator Rentals	$ 4,672		
Cable TV Fees	$ 10,437		
Medical Equip Rentals-Other	$ 1,829		
Speech Therapy Supplies	$ 720		
Total Other Resident Care	$ 160,973	$	$

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	100 Corporate Drive, South Windsor, CT	☐	☑		Payroll Processing	23,474			16	m13
All Waste	PO Box 2472, Hartford, CT 06146	☐	☑		Rubbish Removal	22,226			22	6f
Value Health Care/Omnicare	PO Box 715268 columbus OH 43271	☐	☑		Pharmacy	263,604			20	5A2,5 B
Harmony Healthcare	430 Boston Street, Suite 104, Topsfield, MA 01983	☐	☑		Compliance Consulting	58,676			16	m13
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							
		☐	☐							

* 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).

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	22 | 37

Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance..... $	70,177	70,177		
b. Heat..... $	93,390	93,390		
c. Light & Power..... $	125,867	125,867		
d. Water..... $	29,209	29,209		
e. Equipment Lease (*Provide detail on page 6*)..... $	33,926	33,926		
f. Other (*itemize*)..... $	71,563	71,563		
See Attached Schedule				
6g. ***Total Maint. & Operating Expense*** (6a - 6f)..... $	424,132	424,132		
7. Depreciation (*complete schedule page 23**)				
a. Land Improvements..... $	4,403	4,403		
b. Building & Building Improvements..... $	55,091	55,091		
c. Non-Movable Equipment..... $	28,787	28,787		
d. Movable Equipment..... $	82,073	82,073		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)..... $	170,354	170,354		
8. Amortization (*Complete att. Schedule Page 24**)				
a. Organization Expense..... $				
b. Mortgage Expense..... $				
c. Leasehold Improvements..... $				
d. Other (*Specify*)..... $				
*8e. ***Total Amortization Costs*** (8a + b + c + d)..... $				
9. Rental payments on leased real property less real estate taxes included in item 10b..... $	641,181	641,181		
10. Property Taxes				
a. Real estate taxes paid by owner..... $				
b. Real estate taxes paid by lessor..... $	165,963	165,963		
c. Personal property taxes..... $	17,479	17,479		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)..... $	994,977	994,977		

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

301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center
9/30/2015

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	$ 6,535		
Rubbish Removal	$ 22,226		
Snow Removal	$ 10,574		
Supplies	$ 32,228		
Total Other Repairs and Maintenance	$ 71,563	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	47,027		47,027	23,644	S/L	5 years	4,403	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								4,403
B. **Building and Building Improvements**								
1. Acquired prior to this report period	860,216		860,216	448,350	S/L	Various	53,593	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	29,964		29,964		S/L	Various	1,498	
B-4. Subtotal								55,091
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	325,424		325,424	200,835	S/L	Various	28,069	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	13,529		13,529		S/L	Various	718	
C-4. Subtotal								28,787

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			9	2014	1,905,535		1,905,535	1,544,453	S/L	Various	80,236	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			9	2015	18,326		18,326		S/L	Various	1,837	
D-3. Subtotal												82,073
E. *Total Depreciation*												170,354

301 Rope Ferry Road, LLC
d/b/a Bayview Health Care
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Land Improvements		$		$	*
Deletions:					
Total deletions for Land Improvements		$		$	**

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Oct-14	Vinyl Tile for various hallways	$ 29,964	10	$ 1,498.00	
Total additions for Building Improvements		$ 29,964		$ 1,498	*
Deletions:					
Total deletions for Building Improvements		$		$	**

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Oct-14	Washer Motor	$ 3,350	10	$ 167	
Oct-14	Heat/AC Wall Unit	$ 824	5	$ 82.42	
Oct-14	Blower Motor - Kitchen	$ 3,082	10	$ 154.10	
Dec-14	Salvajor 200 Disposer	$ 2,275	10	$ 113.77	
Jan-15	Phone System Equipment	$ 779	10	$ 38.96	
Sep-15	A/C Unit Motors	$ 3,219	$ 10	$ 161	
Total additions for Non-Movable Equipment		$ 13,529		$ 718	*
Deletions:					
Total deletions for Non-Movable Equipment		$		$	**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

301 Rope Ferry Road, LLC
d/b/a Bayview Health Care
9/30/2015

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Oct-14	LVO TS TF E545 Laptop-Therapy	$ 541	3	$ 90	
Oct-14	Hoyt Elevate w/monitor/slings (2)	$ 3,147	10	$ 157	
Nov-14	Toro Snow Blower	$ 605	5	$ 61	
Nov-14	Mattress with Bolsters	$ 1,611	5	$ 161	
Dec-14	Amana A/C Heater Unit	$ 824	5	$ 82	
Dec-14	15 CU Ft Refrigerator	$ 604	10	$ 30	
Feb-15	Mattress with Bolsters	$ 1,410	5	$ 141	
Mar-15	HP SB 215 Laptops (2) -Therapy	$ 1,058	3	$ 176	
Mar-15	LG 32" HDTV's with tilt mounts (2)	$ 827	5	$ 83	
Mar-15	HP SB 350 Laptop with MS Office	$ 726	3	$ 121	
Apr-15	HP SB 215 Laptops (2) -Admissions	$ 557	3	$ 93	
May-15	Amana A/C Heater Unit	$ 761	5	$ 76	
Jun-15	Mattress - 300 Wound Surface (2)	$ 2,819	5	$ 282	
Sep-15	Mattress - 300 Wound Surface (2)	$ 2,838	5	$ 284	
Total additions for Movable Equipment		$ 18,326		$ 1,837	*
Deletions:					
Total deletions for Movable Equipment		$		$	**

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
		$		$	
Total additions for Leasehold Improvements		$		$	*
Deletions:					
Total deletions for Leasehold Improvements		$		$	**

*Ties to Page 24, Line C3
**Ties to Page 24, Line C2

BAYVIEW
FIXED ASSET ROLLOVER SCHEDULE
FY 2015

Asset Class	Land Improvements	Building Improvements	Fixed Equipment	Leasehold Improvements	Furniture & Equipment	Total Capital Assets
	1905	1922	1932	1942	1952	
Cost Basis, 10/1/2014	$ 47,027.26	$ 840,643.65	$ 332,516.26	$ 52,953.47	$ 1,899,929.36	$ 3,173,070.00
Additions	-	-	3,998.06	-	13,011.30	17,009.36
Disposals						
Cost Basis, 9/30/2015	$ 47,027.26	$ 840,643.65	$ 336,514.32	$ 52,953.47	$ 1,912,940.66	$ 3,190,079.36
	1909	1929	1939	1949	1959	
Accum. Depreciation, 10/1/2014	$ 24,744.17	$ 460,058.18	$ 208,165.56	$ 3,471.59	$ 1,565,232.28	$ 2,261,671.78
Depreciation Expense	4,402.52	48,097.80	28,662.64	4,783.87	81,256.85	167,203.68
Disposals						
Accum. Depreciation, 9/30/2015	29,146.69	508,155.98	236,828.20	8,255.46	1,646,489.13	2,428,875.46
Net Book Values	$ 17,880.57	$ 332,487.67	$ 99,686.12	$ 44,698.01	$ 266,451.53	$ 761,203.90

301 Rope Ferry Rd
Capital Assets
FYE 12/31/15

Date	Vendor	Description	Amount
1/31/2015	CDW Government	Phone System Equipment	$779.18
2/28/2015	Hill-Rom	Mattress with bolsters	1,409.52
3/31/2015	T B & A Hospital Television,	LG 32" HDTV's (2) with tilt mounts	827.00
	CDW Government	HP SB 215 Laptops (2) for therapy	1,058.12
	CDW Government	HP SB 350 Laptop with MS Office	725.77
4/30/2015	CDW Government	HP SB 215 Laptops (2) for Admissions	556.96
5/31/2015	Direct Supply	Amana Air Conditioner/Heat Unit	760.60
6/30/2015	Hill-Rom	Mattress -300 Wound Surface (2)	2,819.04
7/31/2015	No additions		-
8/31/2015	No additions		-
9/30/2015	Hill-Rom	Mattress -300 Wound Surface (2)	2,838.18
	Modern Mechanical	A/C Unit motors	3,218.88
10/31/2015	No additions		
11/30/2015	CDW Government	HP SB 350 G2 500 GB Computer	501.28
	Direct Supply	Amana Air Conditioner/Heat Unit	706.15
12/31/2015	CDW Government	HP SB 250 G4 I3 500 GB Laptop-Therapy	808.68
Total Additions 01/01-12/31/15			$17,009.36
Budget Thru 12/31/15			95,244.00
Over (Under) Budget 12/31/15			**($78,234.64)**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	24	37

Item	Date of Acquisition Month	Date of Acquisition Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal.....									
B. **Mortgage Expense**									
1. **Deferred Finance Fees-Refinance**									
2. **Deferred Finance Fees-Refinance**	Var	Var	5	286,028	230,184				
3. **Deferred Finance Fees-Refinance**									
B-4. Subtotal.....									
C. **Leasehold Improvements and Other** (Specify)									
1. Acquired prior to this report period		2014	Various	3,188,703			Var		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2015	Various				Var		
C-4. Subtotal.....									
D. *Total Amortization*									

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	24A	37

C. **Leasehold Improvements** (Specify)								
1. Acquired prior to this report period		2014	Various					
2. Disposals (attach schedule)								
3. Acquired during this report period		2015	Various					
C-4. Subtotal.....								
C. **Other** (Specify)								
1. Goodwill	7	1997	None	3,188,703		None	None	
2.								
C-4. Subtotal.....								
Total Acquired prior to this report period		2014	Various	3,188,703			Var	
Total Disposals								
Total Acquired during this report period		2015	Various				Var	

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	25 | 37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party*? ☑ Yes ☐ No

If "Yes," complete Part B.
If "No," complete Part C.

*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	07/12/06
4. Date of Initial Licensure	06/09/86
5. Total Licensed Bed Capacity	127
6. Square Footage	
7. Acquisition Cost	
a. Land	217,747
b. Building	5,032,701

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD/KeyBank			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%/6.91%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	9,944,000			
f. Principal balance outstanding as of 9/30/2015	9,389,260			
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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	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.

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage..... $					
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage..... $					
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage..... $					
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage..... $					
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount..... $					
2. Loan Origination Date.....					
3. Interest Rate %.....					
4. Term.....					
5. CHEFA Interest Expense.....					
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5) $					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	27 | 37

Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment 1. Automotive Equipment..... $						
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (*Specify*)..... $						
A. Item	Rate	Amount -				
Lender						
Address of Lender						
B. Item	Rate	Amount -				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)..... $						
12. D. Other Interest Expense (*Specify*)..... $ **Vender Interest = $1,438; Mortgage Bond Fees = $4,257; Key Term Loan Interest = $66,723; Line of Credit Interest = $18,925**			91,343	91,343		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D).....$			91,343	91,343		
14. Insurance a. Insurance on Property (buildings only)..... $			105,847	105,847		
b. Insurance on Automobiles..... $						
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*)..... $						
2. Fire and Extended Coverage..... $						
3. Other (*Specify*)..... $						
14d. ***Total Insurance Expenditures*** (14a + b + c)... $			105,847	105,847		
15. ***Total All Expenditures (A-13 thru C-14)***..... $			13,182,441	13,182,441		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs..... $				
2.			Salaries not related to Resident Care.... $				
3.	10	A12g	Occupational Therapy..... $	294,953	294,953		
4.	Var	Var	Other - See attached Schedule..... $	60,806	60,806		
Page 13 - Professional Fees							
5.			Resident Care Physicians **..... $				
6.			Occupational Therapy..... $				
7.			Other - See attached Schedule..... $				
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits..... $				
9.	15	1c	Bad Debts..... $	19,922	19,922		
10.	15	1d&e	Accounting & Legal..... $	51,052	51,052		
11.			Telephone..... $				
12.	15	1h2	Cellular Telephone..... $	3,365	3,365		
13.			Life insurance premiums on the life of Owners, Partners, Operators..... $				
14.	16	l3	Gifts, flowers and coffee shops..... $	30,372	30,372		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees..... $	386	386		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative.... $				
17.			Automobile Expense (e.g. personal use). $				
18.	16	m2&3	Unallowable Advertising *..... $	34,968	34,968		
19.	15	1j&kl &2	Income Tax / Corporate Business Tax... $	250	250		
20.			Fund Raising / Contributions..... $				
21.	16	m12	Unallowable Management Fees..... $	250,409	250,409		
	18	2c	$	60,705	60,705		
	20	5j	$	68,293	68,293		
22.			Barber and Beauty..... $				
23.	Var	Var	Other - See attached Schedule..... $	78,513	78,513		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents..... $				
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents..... $				
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents..... $				
			Subtotal (Items 1 - 26) $	953,994	953,994		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12M	Community Coordinator & Marketing Salaries and Benefits	60,806		
Total Other Salaries Adjustment			$ 60,806	$	$

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			$	$	$

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	10,644		
16	M13	Lobbying Fees	4,233		
16	M13	Penalties	5,040		
16	M13	Compliance Consulting-Harmony Healthcare	58,676		
Total Other A&G Adjustments			$ 78,513	$	$

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	29 of 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	953,994	953,994		
*Page 20 - Resident Care Supplies****							
27.	20	5a1&2	Prescription Drugs..... $	265,498	265,498		
28.	20	5d	Ambulance/Limousine..... $	7,897	7,897		
29.	20	5f	X-rays, etc..... $	25,024	25,024		
30.	20	5h	Laboratory..... $	37,192	37,192		
31.	20	5c	Medical Supplies..... $	29,203	29,203		
32.	20	5e2	Oxygen (non emergency)..... $	41,618	41,618		
33.	20	5j	Occupational Therapy..... $	3	3		
34.	Var	Var	Other - See Attached Schedule..... $	1,828	1,828		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule..... $	2,759	2,759		
36.			Depreciation on Unallowable Motor Vehicles..... $				
37.			Unallowable Property and Real Estate Taxes..... $				
38.			Rental of Building Space or Rooms..... $				
39.			Other - See Attached Schedule..... $				
Page 27 - Insurance							
40.			Mortgage Insurance..... $				
41.			Property Insurance..... $				
Other - Miscellaneous							
42.			Research or Experimental Activities..... $				
43.	20	5j	Radio and Television Revenue..... $	6,837	6,837		
44.	30	IV1	Vending Machine Revenue..... $				
45.			Purchase Discounts and Allowances..... $				
46.			Duplications of functions or services.... $				
47.			Expenditures made for the protection, enhancement or promotion of the providers interest..... $				
48.	30	IV5	Interest Income on Accounts Rec..... $	574	574		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule..... $				
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule..... $				
51.			*Total Amount of Decrease (Items 1 - 50)* ..... $	1,372,427	1,372,427		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5	Medical Equipment Rental-Other	1,828		
Total Other Ancillary Costs			$ 1,828	$	$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Dep carryforward	2,759		
Total Excess Movable Equipment Depreciation			2,759		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments					

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			$	$	$

Bayview Moveable Equipment Carryforward Schedule

Cost Year		Amount 1998 Adj	Amount 2000 Adj	Amount 1999 Bed Addition Adj	Amount 2001 Adj #1	Amount 2001 Adj #2	Amount 2007 Heritage	2007 Heritage	2007 Heritage	2008 Heritage	2008 Heritage	TV's 2014 cost report	2015 TV's cost report	Totals **		
	Cost	$ 3,567	$ 68	$ 10,906	$ (1,206)	$ (4,708)	$ 2,225	$ 11,974	$ 11,267	$ 381	$ 2,471	$ 2,406	$ 827	$ 40,178		
	Term	$ 10	$ 5	$ 10	$ 5	$ 10	$ 5	$ 10	$ 15	$ 5	$ 10	$ 5	$ 5			
					ADD BACK	ADD BACK										
1998	Deprec	$ 357												$ 357		
1998	Book Value	$ 3,210												$ 3,210		
1999	Deprec	$ 357		$ 1,091										$ 1,448		
1999	Book Value	$ 2,853		$ 9,815										$ 12,668		
2000	Deprec	$ 357	$ 14	$ 1,091										$ 1,462		
2000	Book Value	$ 2,497	$ 54	$ 8,725										$ 11,276		
2001	Deprec	$ 357	$ 14	$ 1,091	$ (121)	$ (235)								$ 1,106		
2001	Book Value	$ 2,140	$ 41	$ 7,634	$ (1,086)	$ (4,473)								$ 4,256		
2002	Deprec	$ 357	$ 14	$ 1,091	$ (241)	$ (471)								$ 750		
2002	Book Value	$ 1,783	$ 27	$ 6,543	$ (844)	$ (4,002)								$ 3,507		
2003	Deprec	$ 357	$ 14	$ 1,091	$ (241)	$ (471)								$ 750		
2003	Book Value	$ 1,427	$ 14	$ 5,453	$ (603)	$ (3,531)								$ 2,760		
2004	Deprec	$ 357	$ 14	$ 1,091	$ (241)	$ (471)								$ 750		
2004	Book Value	$ 1,070	$ -	$ 4,362	$ (362)	$ (3,060)								$ 2,010		
2005	Deprec	$ 357		$ 1,091	$ (241)	$ (471)								$ 736		
2005	Book Value	$ 713		$ 3,272	$ (121)	$ (2,589)								$ 1,275	Old BV	New BV
2006	Deprec	$ 357		$ 1,091	$ (121)	$ (471)								$ 856	$ 713	$ 143
2006	Book Value	$ 357		$ 2,181	$ -	$ (2,119)								$ 419	$ 562	$ 419
2007	Deprec	$ 357		$ 1,091		$ (471)	$ 223	$ 599	$ 376					$ 2,174		
2007	Book Value	$ -		$ 1,091		$ (1,648)	$ 2,003	$ 11,376	$ 10,892					$ 23,713		
2008	Deprec			$ 1,091		$ (471)	$ 445	$ 1,197	$ 751	$ 38	$ 124			$ 3,175		
2008	Book Value			$ -		$ (1,177)	$ 1,558	$ 10,179	$ 10,141	$ 343	$ 2,348			$ 23,390		
2009	Deprec					$ (471)	$ 445	$ 1,197	$ 751	$ 76	$ 247			$ 2,245		
2009	Book Value					$ (706)	$ 1,113	$ 8,982	$ 9,390	$ 267	$ 2,101			$ 21,145		
2010	Deprec					$ (471)	$ 445	$ 1,197	$ 751	$ 76	$ 247			$ 2,245		
2010	Book Value					$ (235)	$ 668	$ 7,785	$ 8,639	$ 191	$ 1,854			$ 18,900		
2011	Deprec					$ (235)	$ 445	$ 1,197	$ 751	$ 76	$ 247			$ 2,481		
2011	Book Value					$ -	$ 223	$ 5,588	$ 7,888	$ 115	$ 1,607			$ 16,419		
2012	Deprec						$ 223	$ 1,197	$ 751	$ 76	$ 247			$ 2,494		
2012	Book Value						$ (1)	$ 5,391	$ 7,137	$ 39	$ 1,360			$ 13,925		
2013	Deprec							$ 1,197	$ 751	$ 39	$ 247			$ 2,234		
2013	Book Value							$ 4,194	$ 6,386	$ -	$ 1,113			$ 11,692		
2014	Deprec							$ 1,197	$ 751		$ 247	$ 241		$ 2,436		
2014	Book Value							$ 2,997	$ 5,635		$ 866	$ 2,166		$ 11,662		
2015	Deprec							$ 1,197	$ 751		$ 247	$ 481	$ 83	$ 2,759		
2015	Book Value							$ 1,800	$ 4,884		$ 619	$ 1,685	$ 745	$ 9,731		
2016	Deprec							$ 1,197	$ 751		$ 247	$ 481	$ 165	$ 2,841		
2016	Book Value							$ 603	$ 4,133		$ 372	$ 1,204	$ 580	$ 6,890		
2017	Deprec							$ 603	$ 751		$ 247	$ 481	$ 165	$ 2,247		
2017	Book Value							$ (1)	$ 3,382		$ 125	$ 723	$ 415	$ 4,643		
2018	Deprec								$ 751		$ 125	$ 481	$ 165	$ 1,522		
2018	Book Value								$ 2,631		$ -	$ 242	$ 250	$ 3,122		
2019	Deprec								$ 751			$ 242	$ 165	$ 1,158		
2019	Book Value								$ 1,880			$ -	$ 85	$ 1,964		
2020	Deprec								$ 751				$ 85	$ 836		
2020	Book Value								$ 1,129				$ -	$ 1,129		
2021	Deprec								$ 751					$ 751		
2021	Book Value								$ 378					$ 378		
2022	Deprec								$ 378					$ 378		
2022	Book Value								$ -					$ -		

** NOTE: NEGATIVE TOTALS ARE ADD BACKS TO MOVEABLE EQUIPMENT

Schedule of Unallowable Building Interest

Page Ref.	Line Ref.	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			$	$	$

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	16,280,460	16,280,460		
b. Medicaid Room and Board Contractual Allowance **	$	(8,120,591)	(8,120,591)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents (*all inclusive*)	$	2,188,545	2,188,545		
b. Medicare Room and Board Contractual Allowance **	$	515,524	515,524		
4. a. Private-Pay Residents and Other	$	2,332,702	2,332,702		
b. Private-Pay Room and Board Contractual Allowance **	$	(68,598)	(68,598)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	226,921	226,921		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(226,921)	(226,921)		
c. Prescription Drugs - Non-Medicare	$	75,195	75,195		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(75,122)	(75,122)		
2. a. Medical Supplies - Medicare	$	16,503	16,503		
b. Medical Supplies - Medicare Contractual Allowance **	$	(12,250)	(12,250)		
c. Medical Supplies - Non-Medicare	$	47,838	47,838		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(45,125)	(45,125)		
3. a. Physical Therapy - Medicare	$	1,155,672	1,155,672		
b. Physical Therapy - Medicare Contractual Allowance **	$	(865,864)	(865,864)		
c. Physical Therapy - Non-Medicare	$	207,380	207,380		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(205,480)	(205,480)		
4. a. Speech Therapy - Medicare	$	233,092	233,092		
b. Speech Therapy - Medicare Contractual Allowance **	$	(181,074)	(181,074)		
c. Speech Therapy - Non-Medicare	$	46,932	46,932		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(46,932)	(46,932)		
5. a. Occupational Therapy - Medicare	$	920,928	920,928		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(737,337)	(737,337)		
c. Occupational Therapy - Non-Medicare	$	184,023	184,023		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(182,723)	(182,723)		
6. a. Other (*Specify*) - Medicare	$				
b. Other (*Specify*) - Non-Medicare	$	(4,404)	(4,404)		
III *Total Resident Revenue* (Section I.thru Section II.)	$	13,659,294	13,659,294		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income (*Specify*)	$	574	574		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	999	999		
V. Total Other Revenue (1 thru 8)	$	1,573	1,573		
VI. Total All Revenue (III + V)	$	13,660,867	13,660,867		

* *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

Page Ref	Related Exp Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		$	$	$

Schedule of Other Non-Medicare Resident Revenue

Page Ref	Related Exp Description	CCNH	RHNS	(Specify)
N/A	Retroactives	$ (4,404)		
Total Other Resident Revenue		$ (4,404)	$	$

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
PB 01 LA2	Interest on A/R	N/A	$ 574		
Total Interest Income			$ 574	$	$

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	$ 999		
Total Other Revenue		$ 999	$	$

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	31 | 37

Account			Amount
Assets			
A. Current Assets			
1. Cash (*on hand and in banks*)			$ 123,561
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			$ 918,902
3. Other Accounts Receivable (Excluding Owners or Related Parties)			$ 2,597
4 Inventories			$ 38,615
5. Prepaid Expenses			$ 191,498
a. Prepaid Insurance		188,333	
b. Ppd Expenses ????		3,165	
c.			
d.			
6. Interest Receivable			$
7. Medicare Final Settlement Receivable			$
8. Other Current Assets (*itemize*)			$ 22,950
Due From Related Party		22,950	
A-9. ***Total Current Assets*** (Lines A1 thru 8)			$ 1,298,123
B. Fixed Assets			
1. Land			$
2. Land Improvements	*Historical Cost	47,027	$ 18,980
	Accum. Depreciation	(28,047) Net	
3. Buildings	*Historical Cost	890,181	$ 386,739
	Accum. Depreciation	(503,442) Net	
4. Leasehold Improvements	*Historical Cost		$
	Accum. Depreciation	Net	
5. Non-Movable Equipment	*Historical Cost	338,953	$ 109,331
	Accum. Depreciation	(229,622) Net	
6. Movable Equipment	*Historical Cost	1,914,130	$ 287,605
	Accum. Depreciation	(1,626,525) Net	
7. Motor Vehicles	*Historical Cost		$
	Accum. Depreciation	Net	
8. Minor Equipment-Not Depreciable			$
9. Other Fixed Assets (*itemize*)			$ (6,218)
Excluded Movable Equipment Carryforward		9,731	
Fixed Asset Difference to Books		(15,949)	
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)			$ 796,437

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

(*Carry Total forward to next page*)

Bayview Moveable Equipment Carryforward Schedule

Cost Year		Amount 1998 Adj	Amount 2000 Adj	Amount 1999 Bed Addition Adj	Amount 2001 Adj #1	Amount 2001 Adj #2	Amount 2007 Heritage	2007 Heritage	2007 Heritage	2008 Heritage	2008 Heritage	TV's 2014 cost report	2015 TV's cost report	Totals **		
	Cost	$ 3,567	$ 68	$ 10,906	$ (1,206)	$ (4,708)	$ 2,225	$ 11,974	$ 11,267	$ 381	$ 2,471	$ 2,406	$ 827	$ 40,178		
	Term	$ 10	$ 5	$ 10	$ 5	$ 10	$ 5	$ 10	$ 15	$ 5	$ 10	$ 5	$ 5			
					ADD BACK	ADD BACK										
1998	Deprec	$ 357												$ 357		
1998	Book Value	$ 3,210												$ 3,210		
1999	Deprec	$ 357		$ 1,091										$ 1,448		
1999	Book Value	$ 2,853		$ 9,815										$ 12,668		
2000	Deprec	$ 357	$ 14	$ 1,091										$ 1,462		
2000	Book Value	$ 2,497	$ 54	$ 8,725										$ 11,276		
2001	Deprec	$ 357	$ 14	$ 1,091	$ (121)	$ (235)								$ 1,106		
2001	Book Value	$ 2,140	$ 41	$ 7,634	$ (1,086)	$ (4,473)								$ 4,256		
2002	Deprec	$ 357	$ 14	$ 1,091	$ (241)	$ (471)								$ 750		
2002	Book Value	$ 1,783	$ 27	$ 6,543	$ (844)	$ (4,002)								$ 3,507		
2003	Deprec	$ 357	$ 14	$ 1,091	$ (241)	$ (471)								$ 750		
2003	Book Value	$ 1,427	$ 14	$ 5,453	$ (603)	$ (3,531)								$ 2,760		
2004	Deprec	$ 357	$ 14	$ 1,091	$ (241)	$ (471)								$ 750		
2004	Book Value	$ 1,070	$ -	$ 4,362	$ (362)	$ (3,060)								$ 2,010		
2005	Deprec	$ 357		$ 1,091	$ (241)	$ (471)								$ 736		
2005	Book Value	$ 713		$ 3,272	$ (121)	$ (2,589)								$ 1,275	Old BV	New BV
2006	Deprec	$ 357		$ 1,091	$ (121)	$ (471)								$ 856	$ 713	$ 143
2006	Book Value	$ 357		$ 2,181	$ -	$ (2,119)								$ 419	$ 562	$ 419
2007	Deprec	$ 357		$ 1,091		$ (471)	$ 223	$ 599	$ 376					$ 2,174		
2007	Book Value	$ -		$ 1,091		$ (1,648)	$ 2,003	$ 11,376	$ 10,892					$ 23,713		
2008	Deprec			$ 1,091		$ (471)	$ 445	$ 1,197	$ 751	$ 38	$ 124			$ 3,175		
2008	Book Value			$ -		$ (1,177)	$ 1,558	$ 10,179	$ 10,141	$ 343	$ 2,348			$ 23,390		
2009	Deprec					$ (471)	$ 445	$ 1,197	$ 751	$ 76	$ 247			$ 2,245		
2009	Book Value					$ (706)	$ 1,113	$ 8,982	$ 9,390	$ 267	$ 2,101			$ 21,145		
2010	Deprec					$ (471)	$ 445	$ 1,197	$ 751	$ 76	$ 247			$ 2,245		
2010	Book Value					$ (235)	$ 668	$ 7,785	$ 8,639	$ 191	$ 1,854			$ 18,900		
2011	Deprec					$ (235)	$ 445	$ 1,197	$ 751	$ 76	$ 247			$ 2,481		
2011	Book Value					$ -	$ 223	$ 6,588	$ 7,888	$ 115	$ 1,607			$ 16,419		
2012	Deprec						$ 223	$ 1,197	$ 751	$ 76	$ 247			$ 2,494		
2012	Book Value						$ (1)	$ 5,391	$ 7,137	$ 39	$ 1,360			$ 13,925		
2013	Deprec							$ 1,197	$ 751	$ 39	$ 247			$ 2,234		
2013	Book Value							$ 4,194	$ 6,386	$ -	$ 1,113			$ 11,692		
2014	Deprec							$ 1,197	$ 751		$ 247	$ 241		$ 2,436		
2014	Book Value							$ 2,997	$ 5,635		$ 866	$ 2,166		$ 11,662		
2015	Deprec							$ 1,197	$ 751		$ 247	$ 481	$ 83	$ 2,759		
2015	Book Value							$ 1,800	$ 4,884		$ 619	$ 1,685	$ 745	$ 9,731		
2016	Deprec							$ 1,197	$ 751		$ 247	$ 481	$ 165	$ 2,841		
2016	Book Value							$ 603	$ 4,133		$ 372	$ 1,204	$ 580	$ 6,890		
2017	Deprec							$ 603	$ 751		$ 247	$ 481	$ 165	$ 2,247		
2017	Book Value							$ (1)	$ 3,382		$ 125	$ 723	$ 415	$ 4,643		
2018	Deprec								$ 751		$ 125	$ 481	$ 165	$ 1,522		
2018	Book Value								$ 2,631		$ -	$ 242	$ 250	$ 3,122		
2019	Deprec								$ 751			$ 242	$ 165	$ 1,158		
2019	Book Value								$ 1,880			$ -	$ 85	$ 1,964		
2020	Deprec								$ 751				$ 85	$ 835		
2020	Book Value								$ 1,129				$ -	$ 1,129		
2021	Deprec								$ 751					$ 751		
2021	Book Value								$ 378					$ 378		
2022	Deprec								$ 378					$ 378		
2022	Book Value								$ -					$ -		

** NOTE: NEGATIVE TOTALS ARE ADD BACKS TO MOVEABLE EQUIPMENT

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	32	37

Account			Amount
		Total Brought Forward:	$ 2,094,560
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			$ 390,340
2. Land Improvements	*Historical Cost.....		
	Accum. Depreciation	Net.....	$
3. Buildings	*Historical Cost.....	7,019,660	
	Accum. Depreciation	(1,403,932) Net.....	$ 5,615,728
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.....	$
7. Minor Equipment-Not Depreciable			$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)			$ 6,006,068
D. Investment and Other Assets			
1. Deferred Deposits			$
2. Escrow Deposits			$
3. Organization Expense	*Historical Cost.....		
	Accum. Depreciation	Net.....	$
4. Goodwill (Purchased Only)			$ 3,360,483
5. Investments Related to Resident Care (*itemize*)			$
6. Loans to Owners or Related Parties (*itemize*)			$ (3,802,307)
Name and Address	Amount	Loan Date	
Related Party	(3,802,307)	3/29/2012	
7. Other Assets (*itemize*)			$ 10,379
Deposits-Security Deposits Leased Equip.		6,930	
Project Development		3,449	
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)			$ (431,445)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)			$ 7,669,183

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2015	33 | 37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 706,088
2. Notes Payable (*itemize*)				$ 160,845
Due from Related Party		(60,000)		
Line of Credit-KeyBank		220,845		
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 238,090
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$ 6,888
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*)				$ 512
11. Accrued Income Taxes*				$
12. Other Current Liabilities (*itemize*)				$ 263,361
Acc'd Operating Expenses		50,858		
Provider Taxes Due		217,200		
Acc'd Expense Property Taxes		(4,880)		
Acc'd Expenses Sales Tax		183		
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 1,375,784

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

** Interest Bearing - Do Not Include in Return on Equity Calculation.

(Carry Total forward to next page)

301 Rope Ferry Rd
Affiliate Loans-Acct 2308
December 31, 2015

	YTD
Abbott Terrace	60,000.00
Balance due to Bayview as of 12/31/15	$ 60,000

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	34 of 37

Account				Amount
			Total Brought Forward:	1,375,784
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				$
3. Loans from Owners or Related Parties (*itemize*)				$ 597,209
Name and Address of Lender	Amount	Loan Date		
Working Capital Reserve	**597,209**			
4. Other Long-Term Liabilities (*itemize*)				$ (1,174,241)
Due from Related Landlord		**(1,763,785)**		
Key Bank Term Loan		**581,237**		
SWAP Value		**8,307**		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ (577,032)
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ 798,752

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	35 | 37

	Account	Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$ 390,340
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$ 5,615,728
	3. Reserve for depreciation value of leased personal property (*Equity*)	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$ 6,006,068
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$ (1,391,468)
	4. Treasury Stock	$
	5. Cumulated Earnings	$ 1,777,405
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	$ 478,426
	7. Total Net Worth	$ 864,363
C.	***Total Reserves and Net Worth***	$ 6,870,431
D.	***Total Liabilities, Reserves, and Net Worth***	$ 7,669,183

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	36 | 37

	Account	Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2014	$ 366,824
B.	Total Revenue (*From Statement of Revenue Page 30*)	$ 13,660,867
C.	Total Expenditures (*From Statement of Expenditures Page 27*)	$ 13,182,441
D.	Net Income or Deficit	$ 478,426
E.	Balance	$ 845,250
F.	Additions	
	1. Additional Capital Contributed (*itemize*)	
	Change in SWAP value **18,255**	
	Rent Adjustment **68,253**	
	(60,000)	
	Difference c/r profit 9/30/2014 to Actual **(7,679)**	
	2. Other (*itemize*)	
	Prior year adjustment **284**	
F-3.	Total Additions	$ 19,113
G.	Deductions	
	1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

	2. Other Withdrawings (Specify)	$

Purpose	Amount

	3. Total Deductions	$
H.	***Balance at End of Period*** 09/30/15	$ 864,363

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	**2318**	**9/30/2015**	37	37

Check appropriate category

CCNH	RHNS	Other (*Specify*)
☑	☐	☐

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 appplicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
	CFO	2/12/16

Printed Name of Preparer

Athena Health Care Associates, Inc

Address	Phone Number
135 South Road Farmington, CT 06032	(860) 751-3900

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.