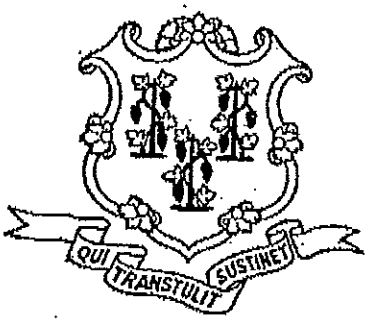
State of Connecticut



15-62

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) Abbott Terrace Health Center	
Address (No. & Street, City, State, Zip Code) 44 Abbott Terrace Waterbury, CT 06702	
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.
	1089C			07-5351

Medicaid Provider Numbers:	CCNH	RHNS	ICF-MR
	1089C		

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

DEDICATED TO GOVERNMENT HEALTH PROGRAMS
7 Waterside Crossing, Ste 202 | Windsor, CT 06095
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810
www.msllc.com

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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 Abbott Terrace Health 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
Thomas Walkuski	2/10/16		2/10/16
Printed Name (Administrator) **Thomas Walkuski**		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 **Abbott Terrace Health Center**	Period Covered:	From **10/1/2014**	To **9/30/2015**
Address of Facility **44 Abbott Terrace** **Waterbury, CT 06702**			
Report Prepared By **Athena Health Care Associates, Inc**	Phone Number **(860) 751-3900**	Date **2/10/2016**	

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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CSP-2 Rev. 10/2005

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
(203) 755-4870	09/30/15	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Abbott Terrace Health Center	44 Abbott Terrace Waterbury, CT 06702

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	1089C			07-5351

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.:
Thomas Walkuski	1812

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
Abbott Terrace Health Center	**1089C**	**9/30/2015**	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
Not Applicable			

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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
Abbott Terrace Health Center	**1089C**	**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
Abbott Terrace Health Center, Inc.	**44 Abbott Terrace, Waterbury, CT 06702**	**CT**

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Lawrence G. Santilli	**135 South Road, Farmington, CT 06032**	**President**	**383.516**
Michael E. Mosier	**135 South Road, Farmington, CT 06032**	**Treasurer**	**10**
Debra M. Soucey	**135 South Road, Farmington, CT 06032**	**Secretary**	
Names of Stockholders Owning at Least 10% of Shares			
Lawrence G. Santilli	**135 South Road, Farmington, CT 06032**		**383.516**
Alan Loveridge	**135 South Road, Farmington, CT 06032**		**120**
John B. Nocera	**135 South Road, Farmington, CT 06032**		**120**

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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
Abbott Terrace Health Center	**1089C**	**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

State of Connecticut
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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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	%**				
Waterbury Health Care Associates	135 South Road, Farmington, CT 06032	☐	☑		Lease of Facility & Equipment	Pg 22, Ln 9 & 10b, Pg 27 Ln 14a	$1,425,058	$1,425,058
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	☑	☐	>98%	Bank Fees	Pg 16, Ln m13	$7,769	$7,769
Athena Health Care See Attached		☑	☐	<50%				
Wadsworth Glen Health Care Center	30 Boston Rd Middletown, CT	☑	☐	>98%	Reimbursement Pension Plan Fee	Pg 15 Ln 1a7	$75	$75
Litchfield Woods Health Care Center	255 Roberts St Torrington, CT	☑	☐	>98%	Legal Fees	Pg 15 Ln 1e	$5,077	$5,077
Shady Knoll Health Care Center	41 Skokorat Street	☑	☐	>98%	Interest	Pg 34 Line 3	$3,638	$3,638
See Attached		☑	☐	>98%				
		☐	☐					
		☐	☐					

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

Abbott Terrace Health Center
RELATED PARTIES QUESTIONNAIRE
PAGE 4

Report for FYE 9/30/2015

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No.	%**				
Athena Health Care	135 South Rd Farmington, CT 06032	X		<50%	Management Fees, Legal, Accounting Lobby, marketing, Bank Fees, Admin Fill-in, Social Service Fill-in	Pg. 16 Ln 12,Pg 27 Ln 14, Pg. 15 Ln 1a e and d Pg. 16 ln M 13, Pg. 15 Ln ag, Pg. 16 Ln m13	$1,074,961	$582,748
					Consulting, Equipment rental, Payroll, MIS, Education	pg. 16 ln m13, pg. 22 Ln 6e, Pg. 16 Ln M13, Pg. 16 ln 1 5		
					Gift Card, Maintenance, Painters	Pg. 16 Ln 1 3, Pg. 16 Ln 1 2, Pg. 22 6a 7 6 f		
					Health Insurance	PG 15 Ln 1a5	$1,482,756	
Athena Health Care Assoc 401K Plan	135 South Rd Farmington, CT 06032				Facility participates in group 401k plan			
Athena Captive LLC	135 South Rd Farmington, CT 06032	X		<50%	Workers Comp Captive	pg. 15 a1	$612,147	$612,147
Litchfield Wood Health Care	255 Roberts St Torrington, CT 06790	X		>98%	Interfacility Loan Payable $449,000	Pg. 34 Ln 3	$0	$0
Glastonbury Health Care	1175 Hebron Ave Glastonbury, Ct 06033	X		>98%	Interfacility Loan Payable $110,000	Pg. 34 Ln 3	$0	$0
Valerie Manor	1360 Torringford Rd Torrington, CT 06790	X		>98%	Interfacility Loan Payable $98,000	Pg. 34 Ln 3	$0	$0
Bayview Health Care Center	301 Rope Ferry Rd Waterford, CT 06385	X		>98%	Interfacility Loan payable $60,000	Pg. 34 Ln 3	$0	$0

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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.

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CSP-6 Rev. 9/2002

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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
Pitney Bowes P.O. Box 856390, Louisville, KY 40285	☐	☑	Postal Equipment	12/09/10	66 Months	$1,212	$1,090
Leaf, PO Box 644006 Cincinnati OH 45264	☐	☑	Copier Rental	06/17/13	44 Months	$807	$807
BPS Waterbury Holding, 119-15 27th Ave., Flushing, NY 11354	☐	☑	Parking Spaces	03/01/10	Month to Month	$5,760	$5,760
Leaf, PO Box 644006 Cincinnati OH 45264	☐	☑	Copier Rental	02/14/13	48 Months	$19,421	$19,421
HP Financial Services, PO Box 402582, Atlanta GA 30384	☐	☑	PPC	08/13/13	60 Months	$9,306	$7,750
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					
	☐	☐					

Is a Mileage Log Book Maintained for All Leased Vehicles ? **Not Applicable - No Vehicles** ☐ Yes ☐ No **Total ***** $34,828

* 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
Abbott Terrace Health Center	1089C	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 Dworken, Hillman, LaMorte & Sterczala, PC	Four Corporate Drive, Ste 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive 12th Floor New Haven Ct 06511
3 Dopkins & Co	200 International Drive Buffalo New York 14221
4	

Services Provided by This Firm (*describe fully*)

1	Audit and Tax Return	$ 14,000
2	Medicare Cost Report (Disallowed)	$ 2,650
3	Key Bank Audit (disallowed)	$ 1,912
4		$ -
	Charge for Services Provided	$18,562

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 Mitchell Sheahan, PC	203-873-0240
2 Murtha Cullina LLP	860-240-6000
3 Shipman & Goodwin	860-251-5000
4	
5 See Attached	

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

1 80 Ferry Boulevard Suite 216 Stratford CT 06615
2 185 Asylum St Hartford, CT 06103
3 One Constiturion Plaza, Htfd, CT 06103
4
5 See Attached

Services Provided by This Firm (*describe fully*)

1	Employee Issues : Disallowed	$ 7,500
2	Audit Letter $641(Allowed); Annual Report $57 (Allowed);Refinance/DPH $8,065(Disallowed)	$ 8,763
3	Financing: $5077 (Disallowed); Employee Issues $9560 (Disallowed)	$ 14,637
4		
5	Accounts Receivable: Disallowed	$ 22,920
	Charge for Services Provided	$53,820

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

☑ Yes ☐ No Pg 15, Line 1e

Abbott Terrace Health Center
Legal
PAGE 7

Report for FYE 9/30/2015

Vendor NAME	ADDRESS	Phone Number	Description of Services Provided	Charge
Frank Pilicy	365 Main St Watertown, CT 06795	860-274-0018	A/R (Disallow)	$7,322.20
Goldman, Gruder & Woods	200 Connecticut Ave Norwalk CT 06854	203-899-8900	A/R (Disallow)	$13,234.36
Treasurer State of CT/ State Marshall	49 Leavenworth St Waterbury CT 06702		A/R (Disallow)	$2,363.44
				$22,920.00

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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.....	205	205			205	205			205	205		
B. On last day of THIS report period.....	205	205			205	205			205	205		
2. Number of Residents												
A. As of midnight of PREVIOUS report period.....	187	187			188	188			187	187		
B. As of midnight of THIS report period.....	190	190			181	181			190	190		
3. Total Number of Days Care Provided During Period												
A. Medicare.....	9,492	9,492			7,313	7,313			2,179	2,179		
B. Medicaid (Conn.).....	56,409	56,409			41,716	41,716			14,693	14,693		
C. Medicaid (other states).....												
D. Private Pay.....	2,087	2,087			1,819	1,819			268	268		
E. State SSI for RCH.....												
F. Other (Specify) Managed Care	839	839			735	735			104	104		
G. Total Care Days During Period (3A thru F).....	68,827	68,827			51,583	51,583			17,244	17,244		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days.....	200	200			200	200						
B. Other Bed Reserve Days.....	20	20			14	14			6	6		
5. *Total Resident Days* (3G + 4A + 4B).....	69,047	69,047			51,797	51,797			17,250	17,250		

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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	10	169		1		10		
Per Diem Rate								
a. One bed rm.	529.28	217.78		492.00		435.96		
b. Two bed rms.	529.28	217.78		472.00		435.96		
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	13,063	13,063		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	3,665	3,665		
2. Restorative Treatments				
C. Other	24,805	24,805		
D. *Total Physical Therapy Treatments*	41,533	41,533		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	1,099	1,099		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	207	207		
2. Restorative Treatments				
C. Other	2,080	2,080		
D. *Total Speech Therapy Treatments*	3,386	3,386		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	10,563	10,563		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	2,980	2,980		
2. Restorative Treatments				
C. Other	22,896	22,896		
D. *Total Occupational Therapy Treatments*	36,439	36,439		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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)	168,815	2,150				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	387,582	16,333				
5. Dietary Service						
a. Head Dietitian	74,477	2,115				
b. Food Service Supervisor	67,742	2,123				
c. Dietary Workers	521,024	34,749				
6. Housekeeping Service						
a. Head Housekeeper	37,062	1,589				
b. Other Housekeeping Workers	425,807	30,868				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,806	2,193				
b. Other Maintenance Workers	89,312	4,361				
8. Laundry Service						
a. Supervisor	43,117	2,096				
b. Other Laundry Workers	188,932	12,844				
9. Barber and Beautician Services						
10. Protective Services	46,067	2,305				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	326,577	6,275				
b. RN						
1. Direct Care	701,108	20,824				
2. Administrative**	775,401	27,535				
c. LPN						
1. Direct Care	1,636,580	61,199				
2. Administrative**						
d. Aides and Attendants	2,339,130	184,382				
e. Physical Therapists	606,436	17,134				
f. Speech Therapists	178,534	4,301				
g. Occupational Therapists	562,234	15,069				
h. Recreation Workers	265,546	12,960				
i. Physicians						
1. Medical Director	48,135	2,503				
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	354,984	11,876				
n. Marketing						
o. Other (Specify) See Attached Schedule	330,312	19,795				
A-13. Total Salary Expenditures	10,236,720	497,579				

* 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)
Adult Day Care Director	$ 57,741	1,950				
Adult Day Care Staff	$ 83,022	5,160				
Child Day Care Staff	$ 135,889	2,079				
Child Day Care Supervisor	$ 53,660	10,603				
Total	$ 330,312	19,795	$		$	

Schedule of Physician: Other Fees (Page 13)

Service	$ CCNH	Hours CCNH	$ RHNS	Hours RHNS	$ (Specify)	Hours (Specify)
Medical Staff Meetings	$ 750	7				
Total	$ 750	7	$		$	

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
Abbott Terrace Health Center	1089C	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
Abbott Terrace Health Center	1089C	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* **										
Thomas Walkuski (9/4/2015-9/30/15)	17,107			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	201	A2	Athena Health Care 135 South Rd Farmington, CT 06032		
Andrew Steiner (10/1/14-9/4/15)	143,631			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,949	A2			
Richard Slutsky (Severance pay no dates of service)	8,077			Severance pay	Day to day operations of the nursing home facility.		A2			
Section IV - Assistant Administrators										

* 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.

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CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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						
2. Dentist	15,375	67				
3. Pharmacist	14,914	312				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	266,048	4,336				
b. Other						
6. Social Worker	7,848	96				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,231	269				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	5,294					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	750	7				
9. Speech Therapist						
a. Resident Care	15,509	43				
b. Other						
10. Occupational Therapist						
a. Resident Care	85,568	1,246				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	6,813	110				
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	451,350	6,486				

* 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
Abbott Terrace Health Center	1089C	9/30/2015	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Gordon O. Holder, DDS, 971 Marshall Phelps Rd, Windsor, CT 06095	Dental	☐	☑	
Dr. Kanagarantnam Jega, MD, 2271 East Main Street, Waterbury, CT 06705	Medical Director	☐	☑	
Omnicare, PO Box 740391, Cincinnati, OH 45274	Pharmacy Services	☐	☑	
Joseph Deluca, 9 Cottontail Lane Brookfield CT 06804	Medical Director	☐	☑	
Access Therapies PO Box 823461, Phildeliphia PA 19182	Physical Therapy and Occupational Therapy	☐	☑	
Onward Healthcare, Inc, PO Box 27421, New York, NY 10087	Physical Therapist, Occupational Therapist	☐	☑	
Neurosurgery Orthopaedics, PO Box 507 Windsor, CT 06095	Physician	☐	☑	
Northeast Orthopaedic Hand, 60 Westworr Ave Waterbury, CT 06708	Physician	☐	☑	
Active Ortho, 1579 Straits Turnpike, Middlebury CT 06762	Physican	☐	☑	
Waterbury Hopsital, 64 Robbins St Waterbury, CT 06708	Physician	☐	☑	
Eye Care Center of Waterbury, 625 Wolcott St, Waterbury CT 06705	Physician	☐	☑	
St. Mary's Hospital 56 Franklin Street Waterbury, CT	Physician	☐	☑	
Cardiology Assoc of Wtby 455 Chase Pkwy Waterbury, CT 06708	Physician	☐	☑	
Waterbury Orthopedic Assoc 455 Chase Parkway Waterbury, CT 06708	Physician	☐	☑	
Southern CT Vascular Center, 999 Silver Lane, Trumbull, CT 06611	Physician	☐	☑	
Naugatuck Valley Cardiovascular Assoc, 1625 Straits Tpke, Ste 209, Middlebury, CT 06762	Physician	☐	☑	
Quality Cardiovascular Care, 4 South Pomperaug Avenue, Woodbury, CT 06798	Physician / Diagnostic Services	☐	☑	
Diagnostic Imagin Assoc, PO Box 688 Southbury, CT 06488	Physician	☐	☑	
Franklin Medical Group, 56 Franklin St Waterbury, CT 06706	Physician	☐	☑	
Waterbury Pulmonary Assoc, 170 Grandview Ave Waterbury, CT 06708	Physician	☐	☑	
Swallowing Diagnostic, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	☐	☑	
Athena Health Care, 135 South Rd Farmington, CT 06032	Social Service Fill-In and MDS Fill in	☑	☐	Common Owners

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

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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
Abbott Terrace Health Center	1089C	9/30/2015	14A	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Health Drive Audiology, 888 Worcester St, Wellesley, MA 02482	Physician	☐	☑	
Mark Schoenfeld, MD, 330 Orchard St, Suite 210 New Haven, CT 06511	Physician	☐	☑	
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*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
Abbott Terrace Health Center	1089C	9/30/2015	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	$	612,147	612,147		
2. Disability Insurance.....	$				
3. Unemployment Insurance.....	$	310,370	310,370		
4. Social Security (F.I.C.A.).....	$	764,429	764,429		
5. Health Insurance.....	$	1,336,456	1,336,456		
6. Life Insurance (employees only) (not-owners and not-operators).....	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	$	32,754	32,754		
8. Uniform Allowance.....	$				
9. Other (*Specify*)..... See Attached Schedule	$	6,634	6,634		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*.....	$	98,506	98,506		
d. Accounting and Auditing.....	$	18,562	18,562		
e. Legal (*Services should be fully described on Page 7*)	$	53,820	53,820		
f. Insurance on Lives of Owners and Operators (*Specify*)*.....	$				
g. Office Supplies.....	$	63,885	63,885		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	$	64,497	64,497		
2. Cellular Phones.....	$	1,270	1,270		
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*.....	$	500	500		
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	1,252,834	1,252,834		
Subtotal	$	4,616,664	4,616,664		

* 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)
Child Day Care Supplies	$ 6,634		
Total	$ 6,634	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	$ -	$	$

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CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2015	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		4,616,664	4,616,664		
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	$				
2. Holiday Parties for Staff.....	$	9,650	9,650		
3. Gifts to Staff and Residents.....	$	12,362	12,362		
4. Employee Travel.....	$	2,051	2,051		
5. Education Expenses Related to Seminars and Conventions	$	13,598	13,598		
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*).....	$	6,975	6,975		
2. Advertising Telephone Directory (*all such expenses*)***	$	887	887		
3. Advertising Other (*Specify*)***..... See Attached Schedule	$	27,900	27,900		
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.....	$	9,356	9,356		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	12,742	12,742		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions.....	$	421	421		
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**.....	$	605,622	605,622		
13. Other (*Specify*) See Attached Schedule	$	135,517	135,517		
C-14 Total Administrative & General Expenditures	$	5,453,745	5,453,745		

* 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)
Promotion	$ 27,900		
Total Other Advertising	$ 27,900	$	$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	$ 80		
CAHCF	$ 12,662		
Total Dues	$ 12,742	$	$

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	$	$	$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	$ 6,865		
Employee Physicals & Background Checks	$ 22,087		
Bank Charges	$ 12,081		
Payroll Processing Fees	$ 32,315		
Data Processing Fees	$ 22,107		
Licenses	$ 1,789		
CMS Citation 2015-01-LTC-024	$ 1,300		
CMS Citation 2015-01-LTC-145	$ 1,300		
State of CT Citation 2014-016	$ 1,580		
State of CT Citation 2015-038	$ 1,510		
Compliance Consulting	$ 32,573		
Total Other Administrative and General	$ 135,517	$	$

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CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	**1089C**	**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	$818,999	Contract Attached to a Prior Year	See Below
Allocation of the above	$540,539 $131,040 $147,420	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	$65,083	Admin/gen-Other exp	Pg 16, Line 12

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

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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
Abbott Terrace Health Center	1089C	9/30/2015	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	$	420,979	420,979		
2. Non-Food Supplies.....	$	51,773	51,773		
3. Other (*Specify*)_____	$	392	392		
Dishes = $392					
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**.....	$	131,040	131,040		
d. Other (*Specify*)_____	$				
2E. *Total Dietary Expenditures* (2a + b + c + d)	$	604,184	604,184		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		566	566		

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. = $934
L.	Is any revenue collected from these people?	☑ Yes	☐ No	If yes, specify amount. = $2861
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			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
Abbott Terrace Health Center	**1089C**	**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. $	24,228	24,228		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**.....	$				
d. Other (*Specify*) **Supplies = $10,409**	$	10,409	10,409		
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	34,637	34,637		

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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CSP-20 Rev. 9/2002

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
Abbott Terrace Health Center	1089C	9/30/2015	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	67,002	67,002		
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)		$	67,002	67,002		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from Omnicare		$	492,138	492,138		
b. Medicine Cabinet Drugs		$	7,951	7,951		
c. Medical and Therapeutic Supplies		$	469,857	469,857		
d. Ambulance/Limousine***		$	1,800	1,800		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	71,936	71,936		
f. X-rays and Related Radiological Procedures***		$	27,771	27,771		
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***		$	32,583	32,583		
i. Recreation		$	14,898	14,898		
j. Other (Specify)**** See Attached Schedule		$	390,314	390,314		
5K. *Total Resident Care Expenditures* (5a - 5j)		$	1,509,248	1,509,248		

* 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	$ 147,420		
Adult Day Care Supplies	$ 3,698		
Adult Day Care Travel	$ 71,400		
Medical Equip Rentals Other	$ 53,079		
Physical Therapy Supplies	$ 42,573		
Occupational Therapy Supplies	$ 761		
Cable TV Services	$ 14,733		
Speech Therapy Supplies	$ 1,185		
Medical Equip Rentals Medicaid	$ 55,465		
Total Other Resident Care	$ 390,314	$ -	$ -

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CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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	Hartford Region Richmond, VA	☐	☑		Payroll Processing	30,115			16	m13
CT Waste Processing	414-420 New Britain Ave Plainville, CT 06062	☐	☑		Rubbish Removal	44,243			22	6f
Omnicare	525 Kotter Drive, Cheshire Ct 06410	☐	☑		Pharmacy Serrvices	547,884			20	5a2
Daddona Construction	969 W Main St. Suite 2C Waterbury, CT 06708	☐	☑		Snow Removal	29,991			20	6f
Harmony Health	430 Boston St Suite 104 Topsfield, MA 01983	☐	☑		Compliance Consulting	32,573			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
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Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance..... $	261,223	261,223		
b. Heat..... $	98,717	98,717		
c. Light & Power..... $	171,420	171,420		
d. Water..... $	75,521	75,521		
e. Equipment Lease (*Provide detail on page 6*)..... $	34,828	34,828		
f. Other (*itemize*)..... $	127,566	127,566		
See Attached Schedule				
6g. ***Total Maint. & Operating Expense*** (6a - 6f)..... $	769,275	769,275		
7. Depreciation (*complete schedule page 23**)				
a. Land Improvements..... $				
b. Building & Building Improvements..... $				
c. Non-Movable Equipment..... $	53,083	53,083		
d. Movable Equipment..... $	124,083	124,083		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)..... $	177,166	177,166		
8. Amortization (*Complete att. Schedule Page 24**)				
a. Organization Expense..... $				
b. Mortgage Expense..... $				
c. Leasehold Improvements..... $	113,396	113,396		
d. Other (*Specify*)..... $				
*8e. ***Total Amortization Costs*** (8a + b + c + d)..... $	113,396	113,396		
9. Rental payments on leased real property less real estate taxes included in item 10b..... $	929,872	929,872		
10. Property Taxes				
a. Real estate taxes paid by owner..... $				
b. Real estate taxes paid by lessor..... $	350,585	350,585		
c. Personal property taxes..... $	34,163	34,163		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)..... $	1,605,182	1,605,182		

* 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	(Specify)
Groundskeeping	$ 7,388		
Rubbish Removal	$ 42,465		
Snow Removal	$ 29,991		
Supplies	$ 45,522		
Security	$ 2,200		
Total Other Repairs and Maintenance	$ 127,566	$	$

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
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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								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	1,402,871		1,402,871	1,137,661	SL	Various	53,083	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)					SL	Various		
C-4. Subtotal								53,083

	Is a mileage logbook maintained? Yes	No	Date of Acquisition Month	Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			9	2011	1,667,421		1,667,421	1,067,783	S/L	Various	112,181	
b. Disposals (attach schedule)			VAR	VAR								
c. Acquired during this report period (attach schedule)			9	2013	187,302		187,302		S/L	Various	11,902	
D-3. Subtotal												124,083
E. *Total Depreciation*												177,166

Abbott Terrace Health
Center
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:					
Total additions for Building Improvements		$		$	*
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:					
		$			
Total additions for Non-Movable Equipment		$		$	*
Deletions:					
Total deletions for Non-Movable Equipment		$		$	**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Abbott Terrace Health Center

9/30/2015

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-14	Laptop - CDW	$ 508	3	$ 85
Oct-14	T.V. Common Area - Direct Supply	$ 1,424	5	$ 142
Oct-14	Desk, Chair, Lateral File - Discount Desk	$ 933	20	$ 23
Nov-14	Server - CDW	$ 639	5	$ 64
Nov-14	Hamper w/foot pedal - Direct Supply	$ 748	5	$ 75
Nov-14	Laptop - CDW	$ 526	3	$ 88
Dec-14	4 TV's resident rooms - Mike Brown	$ 887	15	$ 89
Dec-14	5 TV's resident rooms - Direct Supply	$ 1,707	5	$ 171
Dec-14	Convection Oven - May Foodservice	$ 8,317	10	$ 416
Dec-14	Washer - Daniels Equipment	$ 21,992	15	$ 733
Jan-15	3 TV's resident rooms - Direct Supply	$ 1,217	5	$ 122
Jan-15	Gas range - May Foodservice	$ 7,648	10	$ 382
Feb-15	4 TV's resident rooms - Direct Supply	$ 1,437	5	$ 144
Feb-15	Bladder Scanner - Mckesson	$ 6,731	7	$ 481
Mar-15	Starter for generator - Weld Electrical	$ 2,234	5	$ 223
Mar-15	Framed Artwork - Global Art Prints	$ 1,278	10	$ 64
Apr-15	4 TV's resident rooms - Direct Supply	$ 1,769	5	$ 177
Apr-15	Mattress - Hill Rom	$ 9,402	5	$ 940
Apr-15	Utility Cart - AAA Supplies	$ 1,501	10	$ 75
May-15	Laptop - CDW	$ 570	3	$ 95
May-15	Binary Conversion - Athena/Cal	$ 906	3	$ 151
Jun-15	Steamer - Kittredge	$ 4,573	10	$ 229
Jun-15	Binary Conversion - Athena/Cal	$ 1,050	3	$ 175
Jun-15	Portable A/C Units - Spot Coolers	$ 10,269	5	$ 1,027
Jun-15	3 TV's resident rooms - Direct Supply	$ 1,332	5	$ 133
Jun-15	Hoyer Slings - Joerns	$ 9,359	5	$ 936
Jun-15	Cubicle Curtains - James Hardy	$ 1,597	10	$ 77
Jun-15	Parallel Bars - Patterson	$ 1,743	15	$ 58
Jul-15	Slings, scales, monitors, standing aids - Joerns	$ 77,216	10	$ 3,861
Aug-15	Water Heater - Kittredge	$ 2,508	10	$ 125
Aug-15	Slicer - Kittredge	$ 1,491	10	$ 75
Sep-15	Binary Conversion - Athena/Cal	$ 1,245	3	$ 208
Sep-15	6 TV's resident rooms - Direct Supply	$ 2,608	5	$ 261
Total additions for Movable Equipment		$ 187,302		$ 11,902 *
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:					
See Attached:	5 Year Assets	$ 1,572	5	$ 157	
	8 Year Assets	$ 859	8	$ 54	
	10 Year Assets	$ 74,583	10	$ 3,729	
	15 Year Assets	$ 16,678	15	$ 556	
	20 Year Assets	$ 226,060	20	$ 5,652	
	25 Year Assets	$ 5,335	25	$ 107	
Total additions for Leasehold Improvements		$ 325,087		$ 10,254	*
Deletions:					
Total deletions for Leasehold Improvements		$ -		$ -	**

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

Abbott Terrace
LEASEHOLD IMPROVMENTS
FYE 9/30/15

Date	Vendor	Description	Asset ID	Depreciation	Amount	
Balance Brought Forward					$2,227,109.71	
6/31/2015	James Hardy Linens	Cubicle Curtains	102-001221	5	$1,571.87	$1,571.87
3/31/2015	Kamco	Ceiling tile	102-001090	8	$858.93	$858.93
10/1/2014	Carpetworks	Wood Floor 2E & 2W Lounge	102-001060	10	$5,955.69	
10/1/2014	Carpetworks	Wood Floor 2nd Floor Dining Room	102-001064	10	$19,249.35	
11/30/2014	LeClaire Heating	2 Ductless split A/C Systems	102-001067	10	$11,495.82	
3/31/2015	Fire Control Services	Smoke Detectors	102-001085	10	$2,531.13	
3/31/2015	LeClaire Heating	Repiped gas line for steam oven	102-001089	10	$867.82	
4/30/2015	Carpetworks	Vinyl Flooring	102-001093	10	$2,127.00	
4/30/2015	Carpetworks	Vinyl Flooring	102-001094	10	$1,095.41	
5/31/2015	Inpro	Wall Guards	102-001099	10	$8,006.91	
6/30/2015	Weld Power	Water Separator	102-001205	10	$3,621.86	
8/31/2015	Carpetworks	Vinyl Flooring	102-001219	10	$9,204.59	
8/31/2015	Rose Tiso	Design plans for Gazebo	102-001220	10	$1,800.00	
9/30/2015	CDW	Wall Mounted Rack	102-001222	10	$927.72	
9/30/2015	Rose Tiso	Design Plans for Renovations of West Wing	102-001226	10	$7,700.00	$74,583.21
10/1/2014	Shalom Sahar	Construction Office	102-001053	15	$1,946.20	
1/31/2015	LeClaire Heating	New Motor - Dining	102-001076	15	$1,422.01	
3/31/2015	LeClaire Heating	New Motor - dryer	102-001086	15	$2,016.89	
3/31/2015	LeClaire Heating	Installed 3 motors in exhaust	102-001091	15	$792.31	
7/31/2015	LeClaire Heating	A/C for Laundry Room	102-001210	15	$6,140.52	
9/30/2015	Shalom Sahar	4th floor counter top	102-001225	15	$4,360.35	$16,678.28
10/1/2014	Shalom Sahar	Patio	102-001055	20	$1,488.90	
10/1/2014	Shalom Sahar	Patio	102-001057	20	$2,541.77	
10/1/2014	Carpetworks	Stone Floor 2nd Floor Svc Elevator Vestibule	102-001061	20	$1,276.20	
10/1/2014	Carpetworks	Stone Floor 2nd Floor Elevator Vestibule	102-001062	20	$1,350.65	
10/1/2014	Carpetworks	Stone Floor 2W Nurse	102-001063	20	$9,465.15	
10/1/2014	Carpetworks	Stone Floor 2 E Nurse	102-001065	20	$9,465.15	
10/1/2014	Carpetworks	Stone Floor 2nd Floor Middle Hall	102-001066	20	$10,620.65	
12/31/2014	Shalom Sahar	Curtains for Outside Smoking Area	102-001074	20	$4,307.17	
2/28/2015	ThyssenKrupp Elevator	Wander guard Wiring	102-001079	20	$10,803.03	
2/28/2015	Otis Elevator	Power Unit	102-001082	20	$27,935.61	
2/28/2015	Shalom Sahar	Patio	102-001083	20	$5,366.49	
6/30/2015	Allied Electrical	Circuits for AC	102-001201	20	$920.00	
6/30/2015	Shalom Sahar	Metal Door	102-001203	20	$2,233.45	
8/31/2015	Otis Elevator	New Elevator	102-001216	20	$115,213.21	
8/31/2015	Fire Control Services	Fire Alarm for New Elevator	102-001217	20	$11,964.38	
8/31/2015	Allied Electrical	Electrical for New Elevator	102-001218	20	$11,200.00	$226,059.81
7/31/2015	Modern Mechanical Services	Piping	102-001211	25	$5,335.01	$5,335.01
TOTAL additions					$325,087.11	
Balance @ 9/30/15					$2,552,196.82	

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
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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.									
2. **Transferred to Landlord**									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other** (Specify)									
1. Acquired prior to this report period	9	2014	Various	2,752,110	2,036,608	SL	Var	103,142	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2015	Various	325,087		SL	Var	10,254	
C-4. Subtotal									113,396
D. *Total Amortization*									113,396

* 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.

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Supplemental Page

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
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C. **Leasehold Improvements** (Specify)									
1. Acquired prior to this report period	9	2014	Various	2,227,110	1,689,258	SL	VAR	103,142	
2. Disposals (attach schedule)									
3. Acquired during this report period	9	2015	Various	325,087		SL	VAR	10,254	
C-4. Subtotal.....									113,396
C. **Other** (Specify)									
1.		1997							
2. Intangible Asset - Bed Purchase	Various	Various	None	525,000	347,350	SL	0		
C-4. Subtotal.....									
Total Acquired prior to this report period	9	2014	Various	2,752,110	2,036,608	SL	Var	103,142	
Total Disposals									
Total Acquired during this report period	9	2015	Various	325,087		SL	Var	10,254	

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

Name of Facility	License No.	Report for Year Ended	Page of
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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	1985
2. Date Structure Completed	1986
3. If NOT Original Owner, Date of Purchase	N/A
4. Date of Initial Licensure	04/20/86
5. Total Licensed Bed Capacity	205
6. Square Footage	
7. Acquisition Cost	
a. Land	74,800
b. Building	7,871,030

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			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	12,752,000			
f. Principal balance outstanding as of 9/30/2015	11,840,114			
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
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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
Abbott Terrace Health Center	1089C	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*).....			$	111,469	111,469		
Vender Interest = $5,558; Line of Credit Interest = $68,886; Note Payable Interest = $22,430; = ; Mortgage Bond Fees = $14,595							
13. *Total All Interest Expense* (12B7 + 12C3 + 12D).....$				111,469	111,469		
14. Insurance a. Insurance on Property (buildings only).....			$	144,601	144,601		
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)...			$	144,601	144,601		
15. *Total All Expenditures (A-13 thru C-14)*.....			$	20,987,413	20,987,413		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	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..... $	562,234	562,234		
4.	Var	Var	Other - See attached Schedule..... $	118,280	118,280		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **..... $	5,294	5,294		
6.	13	B10a	Occupational Therapy..... $	85,568	85,568		
7.			Other - See attached Schedule..... $				
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits..... $				
9.	15	1c	Bad Debts..... $	98,506	98,506		
10.	15	1d&e	Accounting & Legal..... $	57,684	57,684		
11.			Telephone..... $				
12.			Cellular Telephone..... $				
13.			Life insurance premiums on the life of Owners, Partners, Operators..... $				
14.	16	L3	Gifts, flowers and coffee shops..... $	12,362	12,362		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees..... $	2,500	2,500		
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 *..... $	28,787	28,787		
19.	15	1j&k1 &2	Income Tax / Corporate Business Tax... $	500	500		
20.			Fund Raising / Contributions..... $				
21.	16	m12	Unallowable Management Fees..... $	324,860	324,860		
	18	2e	$	78,754	78,754		
	20	5j	$	88,598	88,598		
22.	30	IV7	Barber and Beauty..... $	200	200		
23.	Var	Var	Other - See attached Schedule..... $	72,247	72,247		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents..... $	3,760	3,760		
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) $	1,540,134	1,540,134		

(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)
30	IV8	Child Day Care Revenue; Fringes	118,280		
Total Other Salaries Adjustment			$ 118,280	$	$

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	12,081		
16	M13	Lobbying Fees	6,865		
Various	Various	ADC A&G Cost Center	15,038		
16	M13	Fines - Federal & State	5,690		
16	M13	Compliance Consulting	32,573		
Total Other A&G Adjustments			$ 72,247	$	$

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

Name of Facility	License No.	Report for Year Ended	Page of
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Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	1,540,134	1,540,134		
*Page 20 - Resident Care Supplies****							
27.	20	5a1&2	Prescription Drugs..... $	492,138	492,138		
28.	20	5d	Ambulance/Limousine..... $	1,800	1,800		
29.	20	5f	X-rays, etc..... $	27,771	27,771		
30.	20	5h	Laboratory..... $	32,583	32,583		
31.	20	5c	Medical Supplies..... $	30,572	30,572		
32.	20	5e2	Oxygen (non emergency)..... $	71,936	71,936		
33.	20	5j	Occupational Therapy..... $	761	761		
34.	Var	Var	Other - See Attached Schedule..... $	356,118	356,118		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule..... $	6,337	6,337		
36.			Depreciation on Unallowable Motor Vehicles..... $				
37.			Unallowable Property and Real Estate Taxes..... $				
38.	30	IV2	Rental of Building Space or Rooms..... $				
39.	Var	Var	Other - See Attached Schedule..... $	23,968	23,968		
Page 27 - Insurance							
40.			Mortgage Insurance..... $				
41.			Property Insurance..... $				
Other - Miscellaneous							
42.			Research or Experimental Activities..... $				
43.	20	5j	Radio and Television Revenue..... $	11,133	11,133		
44.			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..... $	73	73		
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)* ..... $	2,595,324	2,595,324		

*** 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	5j	ADC Indirect Costs	303,039		
20	5j	Medical Equipment Rental	53,079		
Total Other Ancillary Costs			$ 356,118	$	$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	6,337		
Total Excess Movable Equipment Depreciation			6,337		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Various	Various	ADC Capital Costs	8,000		
22	7b	ADC Lease Rent	15,968		
Total Other Property Adjustments			23,968		

Schedule of Other Adjustments

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

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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
Abbott Terrace Health Center	1089C	9/30/2015	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	26,610,753	26,610,753		
b. Medicaid Room and Board Contractual Allowance **	$	(14,296,571)	(14,296,571)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents (*all inclusive*)	$	3,022,536	3,022,536		
b. Medicare Room and Board Contractual Allowance **	$	591,474	591,474		
4. a. Private-Pay Residents and Other	$	2,804,667	2,804,667		
b. Private-Pay Room and Board Contractual Allowance **	$	(141,230)	(141,230)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	345,860	345,860		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(345,860)	(345,860)		
c. Prescription Drugs - Non-Medicare	$	247,171	247,171		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(247,171)	(247,171)		
2. a. Medical Supplies - Medicare	$	10,072	10,072		
b. Medical Supplies - Medicare Contractual Allowance **	$	(6,596)	(6,596)		
c. Medical Supplies - Non-Medicare	$	18,291	18,291		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(18,291)	(18,291)		
3. a. Physical Therapy - Medicare	$	1,324,969	1,324,969		
b. Physical Therapy - Medicare Contractual Allowance **	$	(989,772)	(989,772)		
c. Physical Therapy - Non-Medicare	$	545,823	545,823		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(545,823)	(545,823)		
4. a. Speech Therapy - Medicare	$	207,961	207,961		
b. Speech Therapy - Medicare Contractual Allowance **	$	(166,229)	(166,229)		
c. Speech Therapy - Non-Medicare	$	99,265	99,265		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(99,265)	(99,265)		
5. a. Occupational Therapy - Medicare	$	1,217,566	1,217,566		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(944,085)	(944,085)		
c. Occupational Therapy - Non-Medicare	$	515,855	515,855		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(515,855)	(515,855)		
6. a. Other (*Specify*) - Medicare	$	485	485		
b. Other (*Specify*) - Non-Medicare	$	6,450	6,450		
III *Total Resident Revenue* (Section I.thru Section II.)	$	19,252,450	19,252,450		
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*)	$	148,498	148,498		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$	200	200		
8. Other (*Specify*)	$	318,342	318,342		
V. Total Other Revenue (1 thru 8)	$	467,040	467,040		
VI. Total All Revenue (III + V)	$	19,719,490	19,719,490		

* *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..*

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Schedule of Other Resident Revenue - Medicare

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
20, 5li	Lab - Part B	$ 485		
Total Other Resident Revenue - Medicare		$ 485	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	$ 6,450		
Total Other Resident Revenue		$ 6,450	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on Related Party Note	N/A	$ 148,425		
pg	Interest on A/R		$ 73		
Total Interest Income			$ 148,498	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Child Day Care Income	$ 118,280		
n/a	Adult Day Care Income	$ 195,685		
n/a	Bad Debt Recovery	$ 4,377		
Total Other Revenue		$ 318,342	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2015	31 | 37

Account		Amount
Assets		
A. Current Assets		
1. Cash (*on hand and in banks*)		$ 224,049
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		$ 1,465,716
3. Other Accounts Receivable (Excluding Owners or Related Parties)		$
4 Inventories		$ 18,527
5. Prepaid Expenses		$ 198,721
a. Prepaid Insurance	198,721	
b.		
c.		
d.		
6. Interest Receivable		$ 90,957
7. Medicare Final Settlement Receivable		$
8. Other Current Assets (*itemize*)		$ 186,898
Due to Medicaid	152	
A/R Adult Day Care	42,157	
Due from Related Parties	144,589	
A-9. ***Total Current Assets*** (Lines A1 thru 8)		$ 2,184,868
B. Fixed Assets		
1. Land		$
2. Land Improvements	*Historical Cost.....	$
	Accum. Depreciation Net.....	
3. Buildings	*Historical Cost.....	$
	Accum. Depreciation Net.....	
4. Leasehold Improvements	*Historical Cost..... 2,552,197	$ 749,543
	Accum. Depreciation (1,802,654) Net.....	
5. Non-Movable Equipment	*Historical Cost..... 1,402,871	$ 212,127
	Accum. Depreciation (1,190,744) Net.....	
6. Movable Equipment	*Historical Cost..... 1,889,987	$ 698,120
	Accum. Depreciation (1,191,867) Net.....	
7. Motor Vehicles	*Historical Cost.....	$
	Accum. Depreciation Net.....	
8. Minor Equipment-Not Depreciable		$
9. Other Fixed Assets (*itemize*)		$ (35,263)
Movable Equipment Carryforward	(35,263)	
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)		$ 1,624,527

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

(*Carry Total forward to next page*)

Abbott Terrace Moveable Equipment Carryforward Schedule

Cost Year		Amount 1996 Field Audit Adj 1	Amount 1996 Field Audit Adj 2	Amount 1996 Field Audit Adj 3	Amount 1996 Field Audit Adj 4	Amount 1996 Field Audit Adj 5	Amount 1996 Field Audit Adj 6	Amount 1996 Bed Addition Adj 1	Amount 1996 Bed Addition Adj 2	Amount 1997 Bed Addition	Amount 2000 Bed Addition	Amount 2000 Audit Heritage Furniture 9/30/1998	Amount 2000 Audit Heritage Furniture 9/30/1998	Amount 2000 Audit Heritage Furniture 9/30/1998	Amount 2000 Audit Heritage Furniture 9/30/1999	Amount 2000 Audit Heritage Furniture 9/30/2000
	Cost	$ 1,284	$ 1,953	$ 192	$ 3,356	$ 730	$ 601	$ 12,044	$ 113,837	$ 35,185	$ 121,627	$ 62	$ 222	$ 3,277	$ 1,371	$ 154
	Term	$ 5	$ 15	$ 5	$ 5	$ 8	$ 15	$ 10	$ 15	$ 10	$ 10	$ 5	$ 10	$ 15	$ 10	$ 10
1993	Deprec	$ 257	$ 130													
1993	Book Value	$ 1,027	$ 1,823													
1994	Deprec	$ 257	$ 130	$ 38												
1994	Book Value	$ 770	$ 1,693	$ 154												
1995	Deprec	$ 257	$ 130	$ 38	$ 671	$ 91										
1995	Book Value	$ 514	$ 1,562	$ 115	$ 2,685	$ 639										
1996	Deprec	$ 257	$ 130	$ 38	$ 671	$ 91	$ 40	$ 1,204	$ 7,589							
1996	Book Value	$ 257	$ 1,432	$ 77	$ 2,014	$ 548	$ 561	$ 10,840	$ 106,248							
1997	Deprec	$ 257	$ 130	$ 38	$ 671	$ 91	$ 40	$ 1,204	$ 7,589	$ 3,519						
1997	Book Value	$ -	$ 1,302	$ 38	$ 1,342	$ 456	$ 521	$ 9,635	$ 98,659	$ 31,666						
1998	Deprec		$ 130	$ 38	$ 671	$ 91	$ 40	$ 1,204	$ 7,589	$ 3,519		$ 12	$ 22	$ 218		
1998	Book Value		$ 1,172	$ -	$ 671	$ 365	$ 481	$ 8,431	$ 91,070	$ 28,147		$ 50	$ 200	$ 3,059		
1999	Deprec		$ 130		$ 671	$ 91	$ 40	$ 1,204	$ 7,589	$ 3,519		$ 13	$ 23	$ 219	$ 137	
1999	Book Value		$ 1,042		$ -	$ 274	$ 441	$ 7,226	$ 83,480	$ 24,628		$ 37	$ 177	$ 2,840	$ 1,234	
2000	Deprec		$ 130			$ 91	$ 40	$ 1,204	$ 7,589	$ 3,519	$ 12,163	$ 12	$ 22	$ 218	$ 137	$ 16
2000	Book Value		$ 911			$ 183	$ 401	$ 6,022	$ 75,891	$ 21,109	$ 109,464	$ 25	$ 155	$ 2,622	$ 1,097	$ 138
2001	Deprec		$ 130			$ 91	$ 40	$ 1,204	$ 7,589	$ 3,519	$ 12,163	$ 13	$ 23	$ 219	$ 137	$ 15
2001	Book Value		$ 781			$ 91	$ 361	$ 4,818	$ 68,302	$ 17,590	$ 97,301	$ 12	$ 132	$ 2,403	$ 960	$ 123
2002	Deprec		$ 130			$ 91	$ 40	$ 1,204	$ 7,589	$ 3,519	$ 12,163	$ 12	$ 22	$ 218	$ 137	$ 15
2002	Book Value		$ 651			$ -	$ 321	$ 3,613	$ 60,713	$ 14,071	$ 85,138	$ -	$ 110	$ 2,185	$ 823	$ 108
2003	Deprec		$ 130				$ 40	$ 1,204	$ 7,589	$ 3,519	$ 12,163		$ 22	$ 219	$ 137	$ 16
2003	Book Value		$ 521				$ 280	$ 2,409	$ 53,124	$ 10,552	$ 72,975		$ 88	$ 1,966	$ 686	$ 92
2004	Deprec		$ 130				$ 40	$ 1,204	$ 7,589	$ 3,519	$ 12,163		$ 22	$ 218	$ 138	$ 15
2004	Book Value		$ 391				$ 240	$ 1,204	$ 45,535	$ 7,033	$ 60,812		$ 66	$ 1,748	$ 548	$ 77
2005	Deprec		$ 130				$ 40	$ 1,204	$ 7,589	$ 3,519	$ 12,163		$ 22	$ 219	$ 137	$ 15
2005	Book Value		$ 260				$ 200	$ -	$ 37,946	$ 3,514	$ 48,649		$ 44	$ 1,529	$ 411	$ 62
2006	Deprec		$ 130				$ 40		$ 7,589	$ 3,514	$ 12,163		$ 22	$ 218	$ 137	$ 16
2006	Book Value		$ 130				$ 160		$ 30,357	$ -	$ 36,486		$ 22	$ 1,311	$ 274	$ 46
2007	Deprec		$ 130				$ 40		$ 7,589		$ 12,163		$ 22	$ 219	$ 137	$ 15
2007	Book Value		$ -				$ 120		$ 22,767		$ 24,323		$ -	$ 1,092	$ 137	$ 31
2008	Deprec						$ 40		$ 7,589		$ 12,160			$ 218	$ 137	$ 16
2008	Book Value						$ 80		$ 15,178		$ 12,160			$ 874	$ -	$ 15
2009	Deprec						$ 40		$ 7,589		$ 12,160			$ 219		$ 15
2009	Book Value						$ 40		$ 7,589		$ -			$ 655		$ -
2010	Deprec						$ 40		$ 7,589					$ 218		
2010	Book Value						$ -		$ -					$ 437		
2011	Deprec													$ 219		
2011	Book Value													$ 218		
2012	Deprec													$ 218		
2012	Book Value													$ -		
2013	Deprec															
2013	Book Value															
2014	Deprec															
2014	Book Value															
2015	Deprec															
2015	Book Value															
2016	Deprec															
2016	Book Value															
2017	Deprec															
2017	Book Value															
2018	Deprec															
2018	Book Value															
2019	Deprec															
2019	Book Value															
2020	Deprec															
2020	Book Value															
2021	Deprec															
2021	Book Value															
2022	Deprec															
2022	Book Value															
2023	Deprec															
2023	Book Value															
2024	Deprec															

Abbott Terrace Moveable Equipment Carryforward Schedule

Cost Year		Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
		2000 Audit Heritage Furniture 9/30/2000	2000 Audit Heritage Furniture 9/30/2001	2000 Audit Heritage Furniture 9/30/2001	2000 Audit Heritage Furniture 9/30/2002	2000 Audit Heritage Furniture 9/30/2002	2000 Audit Heritage Furniture 9/30/2002	2000 Audit Heritage Furniture 9/30/2003	2000 Audit Heritage Furniture 9/30/2003	2000 Audit Heritage Furniture 9/30/2003	2000 Audit Heritage Furniture 9/30/2004	2000 Audit Heritage Furniture 9/30/2004	2000 Audit Heritage Furniture 9/30/2004	2000 Audit WP 13.3 9/30/1999	2000 Audit Heritage Furniture 9/30/2002
	Cost	$ 212	$ 219	$ 42	$ 146	$ 485	$ 115	$ 56	$ 151	$ 151	$ 315	$ 971	$ 217	$ 4,686	$ 5,320
	Term	$ 15	$ 10	$ 15	$ 5	$ 12	$ 15	$ 5	$ 10	$ 12	$ 5	$ 10	$ 15	$ 10	$ 5
1993	Deprec														
1993	Book Value														
1994	Deprec														
1994	Book Value														
1995	Deprec														
1995	Book Value														
1996	Deprec														
1996	Book Value														
1997	Deprec														
1997	Book Value														
1998	Deprec														
1998	Book Value													$ 469	
1999	Deprec													$ 4,217	
1999	Book Value													$ 468	
2000	Deprec	$ 14												$ 3,749	
2000	Book Value	$ 198												$ 469	
2001	Deprec	$ 14	$ 22	$ 3										$ 3,280	
2001	Book Value	$ 184	$ 197	$ 39										$ 468	$ 1,064
2002	Deprec	$ 14	$ 22	$ 3	$ 29	$ 40	$ 8							$ 2,812	$ 4,256
2002	Book Value	$ 170	$ 175	$ 36	$ 117	$ 445	$ 107							$ 469	$ 1,064
2003	Deprec	$ 15	$ 22	$ 3	$ 29	$ 41	$ 7	$ 11	$ 15	$ 13				$ 2,343	$ 3,192
2003	Book Value	$ 155	$ 153	$ 33	$ 88	$ 404	$ 100	$ 45	$ 136	$ 138				$ 469	$ 1,064
2004	Deprec	$ 14	$ 22	$ 2	$ 30	$ 40	$ 8	$ 11	$ 15	$ 12	$ 63	$ 97	$ 14	$ 1,874	$ 2,128
2004	Book Value	$ 141	$ 131	$ 31	$ 58	$ 364	$ 92	$ 34	$ 121	$ 126	$ 252	$ 874	$ 203	$ 468	$ 1,064
2005	Deprec	$ 14	$ 21	$ 3	$ 29	$ 41	$ 8	$ 11	$ 15	$ 13	$ 63	$ 97	$ 15	$ 1,405	$ 1,064
2005	Book Value	$ 127	$ 110	$ 28	$ 29	$ 323	$ 84	$ 23	$ 106	$ 113	$ 189	$ 777	$ 188	$ 469	$ 1,064
2006	Deprec	$ 14	$ 22	$ 3	$ 29	$ 40	$ 7	$ 12	$ 15	$ 12	$ 63	$ 97	$ 14	$ 937	$ -
2006	Book Value	$ 113	$ 88	$ 25	$ -	$ 283	$ 77	$ 11	$ 91	$ 101	$ 126	$ 680	$ 174	$ 469	
2007	Deprec	$ 14	$ 22	$ 3		$ 40	$ 8	$ 11	$ 15	$ 13	$ 63	$ 97	$ 15	$ 468	
2007	Book Value	$ 99	$ 66	$ 22		$ 243	$ 69	$ -	$ 76	$ 88	$ 63	$ 583	$ 159	$ 468	
2008	Deprec	$ 14	$ 22	$ 2		$ 41	$ 8		$ 16	$ 12	$ 63	$ 97	$ 14	$ -	
2008	Book Value	$ 85	$ 44	$ 20		$ 202	$ 61		$ 60	$ 76	$ -	$ 486	$ 145		
2009	Deprec	$ 14	$ 22	$ 3		$ 40	$ 7		$ 15	$ 13		$ 98	$ 15		
2009	Book Value	$ 71	$ 22	$ 17		$ 162	$ 54		$ 45	$ 63		$ 388	$ 130		
2010	Deprec	$ 14	$ 22	$ 3		$ 41	$ 8		$ 15	$ 13		$ 97	$ 14		
2010	Book Value	$ 57	$ -	$ 14		$ 121	$ 46		$ 30	$ 50		$ 291	$ 116		
2011	Deprec	$ 15		$ 3		$ 40	$ 8		$ 15	$ 12		$ 97	$ 15		
2011	Book Value	$ 42		$ 11		$ 81	$ 38		$ 15	$ 38		$ 194	$ 101		
2012	Deprec	$ 14		$ 3		$ 41	$ 7		$ 15	$ 13		$ 97	$ 14		
2012	Book Value	$ 28		$ 8		$ 40	$ 31		$ -	$ 25		$ 97	$ 87		
2013	Deprec	$ 14		$ 2		$ 40	$ 8			$ 12		$ 97	$ 15		
2013	Book Value	$ 14		$ 6		$ -	$ 23			$ 13		$ -	$ 72		
2014	Deprec	$ 14		$ 3			$ 8			$ 13			$ 14		
2014	Book Value	$ -		$ 3			$ 15			$ -			$ 58		
2015	Deprec			$ 3			$ 7						$ 15		
2015	Book Value			$ -			$ 8						$ 43		
2016	Deprec						$ 8						$ 14		
2016	Book Value						$ -						$ 29		
2017	Deprec												$ 15		
2017	Book Value												$ 14		
2018	Deprec												$ 14		
2018	Book Value												$ -		
2019	Deprec														
2019	Book Value														
2020	Deprec														
2020	Book Value														
2021	Deprec														
2021	Book Value														
2022	Deprec														
2022	Book Value														
2023	Deprec														
2023	Book Value														
2024	Deprec														

Abbott Terrace Moveable Equipment Carryforward Schedule

Cost Year		Amount	Amount	Amount	Amount	Amount	Disallowance 2003 Audit	Disallowance 2003 Audit	Disallowance 2003 Audit	Allowance 2003 Audit	2003 Audit	2003 Audit	2003 Audit	
		2000 Audit Heritage Furniture 9/30/2002	2000 Audit Heritage Furniture 9/30/2004	2006 Cost Report 9/30/2006	Heritage 2007 Cost Report 9/30/2007	Heritage 2007 Cost Report 9/30/2007	2005 Equipment Disallowance	2005 Equipment Disallowance	2006 Equipment Disallowance	Capitalize Software	2005 Heritage Furniture	2005 Heritage Furniture	2006 Heritage Furniture	Heritage 2008 Cost Report
	Cost	$ 1,105	$ 48,859	$ 91	$ 4,751	$ 40,084	$ 800	$ 1,315	$ 33	$ (5,797)	$ 44	$ 1,565	$ 3,236	$ 55
	Term	$ 15	$ 5	$ 15	$ 5	$ 15	10.00	15.00	15.00	3.00	5.00	10.00	15.00	5.00
										WP 18.3	WP 13.1	WP 13.1	WP 13.1	
1993	Deprec													
1993	Book Value													
1994	Deprec													
1994	Book Value													
1995	Deprec													
1995	Book Value													
1996	Deprec													
1996	Book Value													
1997	Deprec													
1997	Book Value													
1998	Deprec													
1998	Book Value													
1999	Deprec													
1999	Book Value													
2000	Deprec													
2000	Book Value													
2001	Deprec													
2001	Book Value													
2002	Deprec	$ 74												
2002	Book Value	$ 1,031								$ (1,932)				
2003	Deprec	$ 73								$ (3,865)				
2003	Book Value	$ 958								$ (1,932)				
2004	Deprec	$ 74	$ 9,772							$ (1,933)				
2004	Book Value	$ 884	$ 39,087				$ 80	$ 86		$ (1,933)	$ 9	$ 157	$ 216	
2005	Deprec	$ 74	$ 9,772				$ 720	$ 1,227		$ -	$ 35	$ 1,408	$ 3,020	
2005	Book Value	$ 810	$ 29,315				$ 80	$ 88	$ 2		$ 9	$ 157	$ 216	
2006	Deprec	$ 73	$ 9,771	$ 6			$ 640	$ 1,139	$ 31		$ 26	$ 1,251	$ 2,804	
2006	Book Value	$ 737	$ 19,544	$ 85			$ 80	$ 88	$ 2		$ 9	$ 157	$ 216	
2007	Deprec	$ 74	$ 9,772	$ 6	$ 475	$ 1,336	$ 560	$ 1,051	$ 29		$ 17	$ 1,094	$ 2,588	
2007	Book Value	$ 663	$ 9,772	$ 79	$ 4,276	$ 38,748	$ 80	$ 88	$ 2		$ 9	$ 157	$ 216	$ 6
2008	Deprec	$ 74	$ 9,772	$ 5	$ 950	$ 2,672	$ 480	$ 963	$ 27		$ 8	$ 937	$ 2,372	$ 49
2008	Book Value	$ 589	$ -	$ 74	$ 3,325	$ 36,076	$ 80	$ 88	$ 2		$ 8	$ 157	$ 216	$ 11
2009	Deprec	$ 73		$ 6	$ 950	$ 2,672	$ 400	$ 875	$ 25		$ -	$ 780	$ 2,156	$ 38
2009	Book Value	$ 516		$ 68	$ 2,376	$ 33,404	$ 80	$ 88	$ 2			$ 157	$ 216	$ 11
2010	Deprec	$ 74		$ 6	$ 950	$ 2,672	$ 320	$ 787	$ 23			$ 623	$ 1,940	$ 27
2010	Book Value	$ 442		$ 62	$ 1,426	$ 30,732	$ 80	$ 88	$ 2			$ 157	$ 216	$ 11
2011	Deprec	$ 74		$ 6	$ 951	$ 2,672	$ 240	$ 699	$ 21			$ 466	$ 1,724	$ 16
2011	Book Value	$ 368		$ 56	$ 475	$ 28,060	$ 80	$ 88	$ 2			$ 157	$ 216	$ 11
2012	Deprec	$ 73		$ 6	$ 475	$ 2,672	$ 160	$ 611	$ 19			$ 309	$ 1,508	$ 5
2012	Book Value	$ 295		$ 50	$ -	$ 25,388	$ 80	$ 88	$ 2			$ 157	$ 216	$ 5
2013	Deprec	$ 74		$ 6		$ 2,672	$ 80	$ 523	$ 17			$ 152	$ 1,292	$ -
2013	Book Value	$ 221		$ 44		$ 22,716	$ 80	$ 88	$ 2			$ 152	$ 216	
2014	Deprec	$ 74		$ 6		$ 2,672	$ -	$ 435	$ 15			$ -	$ 1,076	
2014	Book Value	$ 147		$ 38		$ 20,044		$ 88	$ 2				$ 216	
2015	Deprec	$ 73		$ 6		$ 2,672		$ 347	$ 13				$ 860	
2015	Book Value	$ 74		$ 32		$ 17,372		$ 88	$ 2				$ 216	
2016	Deprec	$ 74		$ 6		$ 2,672		$ 269	$ 11				$ 644	
2016	Book Value	$ -		$ 26		$ 14,700		$ 88	$ 2				$ 216	
2017	Deprec			$ 6		$ 2,672		$ 171	$ 9				$ 428	
2017	Book Value			$ 20		$ 12,028		$ 88	$ 2				$ 216	
2018	Deprec			$ 6		$ 2,672		$ 83	$ 7				$ 212	
2018	Book Value			$ 14		$ 9,356		$ 83	$ 2				$ 212	
2019	Deprec			$ 6		$ 2,672		$ -	$ 5				$ -	
2019	Book Value			$ 8		$ 6,684			$ 2					
2020	Deprec			$ 8		$ 2,672			$ 3					
2020	Book Value			$ -		$ 4,012			$ 3					
2021	Deprec					$ 2,676			$ -					
2021	Book Value					$ 1,336								
2022	Deprec					$ 1,336								
2022	Book Value					$ -								
2023	Deprec													
2023	Book Value													
2024	Deprec													

Abbott Terrace Moveable Equipment Carryforward Schedule

Cost Year		Heritage 2008 Cost Report	Heritage 2008 Cost Report	Heritage 2009 Cost Report	Heritage 2009 Cost Report	TVS 2013 Cost Report	TVS 2014 Cost Report	TVS 2015 Cost Report	Totals
	Cost	$ 3,068	$ 1,192	$ 351	$ (21)	$ 4,576	$ 4,298	$ 10,957	$ 429,543
	Term	10.00	15.00	5.00	10.00	5.00	5.00	5.00	
1993	Deprec								$ 387
1993	Book Value								$ 2,850
1994	Deprec								$ 425
1994	Book Value								$ 2,617
1995	Deprec								$ 1,187
1995	Book Value								$ 5,515
1996	Deprec								$ 10,020
1996	Book Value								$ 121,977
1997	Deprec								$ 13,539
1997	Book Value								$ 143,619
1998	Deprec								$ 13,534
1998	Book Value								$ 133,646
1999	Deprec								$ 14,105
1999	Book Value								$ 125,596
2000	Deprec								$ 25,623
2000	Book Value								$ 221,965
2001	Deprec								$ 25,651
2001	Book Value								$ 196,574
2002	Deprec								$ 26,862
2002	Book Value								$ 176,882
2003	Deprec								$ 24,869
2003	Book Value								$ 146,573
2004	Deprec								$ 34,813
2004	Book Value								$ 162,121
2005	Deprec								$ 35,363
2005	Book Value								$ 133,717
2006	Deprec								$ 36,092
2006	Book Value								$ 97,749
2007	Deprec								$ 33,300
2007	Book Value								$ 109,283
2008	Deprec	$ 153	$ 40						$ 35,141
2008	Book Value	$ 2,915	$ 1,152						$ 78,454
2009	Deprec	$ 307	$ 79	$ 35	$ (1)				$ 24,933
2009	Book Value	$ 2,608	$ 1,073	$ 316	$ (20)				$ 53,851
2010	Deprec	$ 307	$ 79	$ 70	$ (2)				$ 12,784
2010	Book Value	$ 2,301	$ 994	$ 246	$ (18)				$ 41,067
2011	Deprec	$ 307	$ 79	$ 70	$ (2)				$ 5,135
2011	Book Value	$ 1,994	$ 915	$ 176	$ (16)				$ 35,932
2012	Deprec	$ 307	$ 79	$ 70	$ (2)				$ 4,656
2012	Book Value	$ 1,687	$ 836	$ 106	$ (14)				$ 31,276
2013	Deprec	$ 307	$ 79	$ 70	$ (2)	$ 458			$ 4,400
2013	Book Value	$ 1,380	$ 757	$ 36	$ (12)	$ 4,118			$ 31,452
2014	Deprec	$ 307	$ 79	$ 34	$ (2)	$ 915	$ 430		$ 5,105
2014	Book Value	$ 1,073	$ 678	$ 2	$ (10)	$ 3,203	$ 3,868		$ 30,645
2015	Deprec	$ 307	$ 79		$ (2)	$ 915	$ 860	$ 1,096	$ 6,337
2015	Book Value	$ 766	$ 599		$ (8)	$ 2,288	$ 3,008	$ 9,861	$ 35,263
2016	Deprec	$ 307	$ 79		$ (2)	$ 915	$ 860	$ 2,191	$ 7,430
2016	Book Value	$ 459	$ 520		$ (6)	$ 1,373	$ 2,148	$ 7,670	$ 27,833
2017	Deprec	$ 307	$ 79		$ (2)	$ 915	$ 860	$ 2,191	$ 7,349
2017	Book Value	$ 152	$ 441		$ (4)	$ 458	$ 1,288	$ 5,479	$ 20,484
2018	Deprec	$ 152	$ 79		$ (2)	$ 458	$ 860	$ 2,191	$ 6,736
2018	Book Value	$ -	$ 362		$ (2)	$ -	$ 428	$ 3,288	$ 13,748
2019	Deprec		$ 79		$ (2)		$ 428	$ 2,191	$ 5,671
2019	Book Value		$ 283		$ -		$ -	$ 1,097	$ 8,077
2020	Deprec		$ 79					$ 1,096	$ 3,857
2020	Book Value		$ 204					$ 2	$ 4,221
2021	Deprec		$ 79						$ 2,758
2021	Book Value		$ 125						$ 1,461
2022	Deprec		$ 79						$ 1,415
2022	Book Value		$ 46						$ 46
2023	Deprec		$ 46						$ 46
2023	Book Value		$ -						$ -
2024	Deprec								$ -

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2015	32 | 37

Account		Amount
	Total Brought Forward:	$ 3,809,395
C. Leasehold or like property recorded for Equity Purposes.		
1. Land		$
2. Land Improvements	*Historical Cost..... Accum. Depreciation Net.....	$
3. Buildings	*Historical Cost..... Accum. Depreciation Net.....	$
4. Non-Movable Equipment	*Historical Cost..... Accum. Depreciation Net.....	$
5. Movable Equipment	*Historical Cost..... Accum. Depreciation Net.....	$
6. Motor Vehicles	*Historical Cost..... Accum. Depreciation Net.....	$
7. Minor Equipment-Not Depreciable		$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)		$
D. Investment and Other Assets		
1. Deferred Deposits		$
2. Escrow Deposits		$
3. Organization Expense	*Historical Cost..... Accum. Depreciation Net.....	$
4. Goodwill (Purchased Only)		$ 212,650
5. Investments Related to Resident Care (*itemize*)		$
6. Loans to Owners or Related Parties (*itemize*)		$

Name and Address	Amount	Loan Date

7. Other Assets (*itemize*)		$ 98,250
Project Development	82,379	
Deposits IRS	15,871	
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)		$ 310,900
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)		$ 4,120,295

* 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
Abbott Terrace Health Center	1089C	9/30/2015	33 | 37

Account	Amount
Liabilities	
A. Current Liabilities	
1. Trade Accounts Payable	$ 1,775,573
2. Notes Payable (*itemize*)	$ 1,650,000
Line of Credit 1,650,000	
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*)	$ 350,771
5. Accrued Payroll (*Owners and/or Stockholders only*)	$
6. Accrued Payroll Taxes Payable	$ 10,033
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*)	$ 5,205
11. Accrued Income Taxes*	$
12. Other Current Liabilities (*itemize*)	$ 382,268
Acc'd Operating Expenses 54,222	
Acc'd Expense - CT State Sales Tax 9,971	
Provider Taxes Due 318,075	
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)	$ 4,173,850

* 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)

ABBOTT TERRACE HEALTH CARE CENTER
Affiliate Loans
September 30, 2015

ACCT. # 2308

Litchfield Woods	($449,000.00)
Glastonbury Health	($110,000.00)
Valerie Manor	($98,000.00)
Bayview Health	($60,000.00)
Balance @ 9/30/15	($717,000.00)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2015	34	37

Account	Amount
Total Brought Forward:	4,173,850
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*)	$ 2,094,823

Name and Address of Lender	Amount	Loan Date
Due to Partnership	**1,774,219**	
Due to Related Parties	**(396,396)**	**03/29/12**
See Attached	**717,000**	

4. Other Long-Term Liabilities (*itemize*)	$ 470,676
Key Bank Notes Payable 470,676	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$ 2,565,499
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 6,739,349

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2015	35	37

Account	Amount
A. **Reserves**	
1. Reserve for value of leased land	$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
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	$
B. **Net Worth**	
1. Owner's Capital	$
2. Capital Stock	$ 1,000
3. Paid-in Surplus	$
4. Treasury Stock	$
5. Cumulated Earnings	$ (1,352,131)
6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	$ (1,267,923)
7. Total Net Worth	$ (2,619,054)
C. ***Total Reserves and Net Worth***	$ (2,619,054)
D. ***Total Liabilities, Reserves, and Net Worth***	$ 4,120,295

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2015	36	37

Account		Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2014		$ (1,361,156)
B. Total Revenue (*From Statement of Revenue Page 30*)		$ 19,719,490
C. Total Expenditures (*From Statement of Expenditures Page 27*)		$ 20,987,413
D. Net Income or Deficit		$ (1,267,923)
E. Balance		$ (2,629,079)
F. Additions		
1. Additional Capital Contributed (*itemize*)		
SWAP Adjustment	(6,632)	
Depreciation Adjustment	(625)	
	(103,877)	
Rent Adjustment	121,159	
2. Other (*itemize*)		
F-3. Total Additions		$ 10,025
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	$ (2,619,054)

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	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.