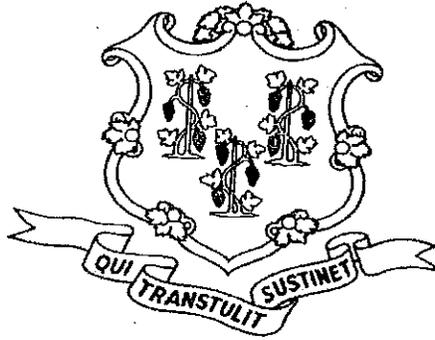


# State of Connecticut



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

Name of Facility (as licensed) East Ridge Manor, Inc.	
Address (No. & Street, City, State, Zip Code) 43 Preston Ave. Meriden, CT 06450	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH	RHNS	Residential Care Home 928	Medicare Provider
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 1	of 37
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**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 East Ridge Manor, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Gabriela Conroy			Printed Name (Owner) Doreen Z. Conroy		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility East Ridge Manor, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 43 Preston Ave. Meriden, CT 06450				
Report Prepared By Brodeur & Co. CPA, P.C.		Phone Number 860-388-4627	Date 2/6/2016	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 30,717			30,717
2. Laundry wages paid	\$ 2,302			2,302
3. Housekeeping wages paid	\$ 9,165			9,165
4. Nursing wages paid	\$			
5. All other wages paid	\$ 203,037			203,037
6. <b>Total Wages Paid</b>	<b>\$ 245,221</b>			<b>245,221</b>
7. Total salaries paid	\$ 53,533			53,533
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$ 298,754</b>			<b>298,754</b>

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-630-6432		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) East Ridge Manor, Inc.		Address (No. & Street, City, State, Zip) 43 Preston Ave. Meriden, CT 06450		
License Numbers:	CCNH	RHNS	Residential Care Home 928	Medicare Provider No.
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Gabriela Conroy		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 3A	of 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		
East Ridge Manor, Inc.	43 Preston Ave. Meriden, CT 06450	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Doreen Z. Conroy	841 Norwich-New London Tpke Uncasville, CT 06382	President	1	
Names of Stockholders Owning at Least 10% of Shares				
Doreen Z. Conroy	841 Norwich-New London Tpke Uncasville, CT 06382		1	



## General Information and Questionnaire Related Parties\*

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> 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 %**				
Preston Real Estate/Doreen Z. Conroy	43 Preston Ave. Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Rental of Real Estate	P 22, Line 9	66,000	66,000
Doreen Z. Conroy	841 Norwich-New London Tpke. Uncasville, CCT 06382	<input type="radio"/>	<input checked="" type="radio"/>	Loaning of Funds	P 34, B 3	42,690	42,690
Gabriela Conroy	43 Preston Ave. Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Administrator	P 10, A 2	53,533	53,533
Gabriela Conroy	43 Preston Ave. Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Employee Loan	P 32, D 6	51,991	51,991
Timothy Conroy Jr.	P O Box 239 Middlefield, CT. 06455	<input type="radio"/>	<input checked="" type="radio"/>	Loan from Related Party	P 34, B 3	3,189	3,189
Timothy Conroy Jr.	43 Preston Ave. Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Maintenance Wages	P 10, 7b/ P 28 a	35,496	35,496
IGC, Inc. dba Caroline Manor	37 Clark Ave. E Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Loan to Related Party	P 32, D 6/ P 15 1h	22,072	22,072
Houghton Cove Manor, Inc. Preston Real Estate/Doreen Z. Conroy	841 Norwich-New London Tpke. Uncasville, CCT 06382	<input type="radio"/>	<input checked="" type="radio"/>	Loan to Related Party/Share Insurance	P 32, D 6/ P 15, P 17	76,942	76,942
Z. Conroy	43 Preston Ave. Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Loan from Related Party	P 34, B 4	110,916	110,916

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 5	of 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 ( <i>See listing page 13</i> )		
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? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. Property and Gen Liability insurance costs are allocated based on the total licensed beds at the two facilities with common ownership: Haughton Cove Manor - 19 beds=43%; East Ridge Manor - 25 beds=57%. Auto insurance is based on actual premiums incurred for the facility vehicle.				
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.)  <input type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2015		Page 6	of 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Apple Financial Services, 300 E John Carpenter Freeway, Suite 204 Irving, TX 75062-2712	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	12/31/12	48 months	4,065	4,065	
Wells Fargo Financial Leasing, Inc. Des Moines, IA	<input type="radio"/>	<input checked="" type="radio"/>	Copier/Scan/Fax	12/31/12	60 months	2,119	2,119	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<b>Total ***</b>	6,184
				<input type="radio"/> Yes	<input type="radio"/> No			

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

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No            If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 Brodeur & Co., CPA, P.C. 2 3 4		Address (No. & Street, City, State, Zip Code) P O Box 164, 10 Springbrook Rd. Old Saybrook, CT 06475		
Services Provided by This Firm ( <i>describe fully</i> )				
1	YE Trial Balance, Cost Report, Tax Return, Reimbursement Advice, Accounting & Audit Support			\$ 11,135
2				\$
3				\$
4				\$
				Charge for Services Provided \$ 11,135
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No            P 15, 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 2 3 4 5			Telephone Number	
Address (No. & Street, City, State, Zip Code) 1 2 3 4 5				
Services Provided by This Firm ( <i>describe fully</i> )				
1				\$
2				\$
3				\$
4				\$
5				\$
				Charge for Services Provided \$
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input type="radio"/> Yes <input type="radio"/> No				

**Schedule of Resident Statistics**

Name of Facility East Ridge Manor, Inc.	License No. 928		Report for Year Ended 9/30/2015				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30	
					Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	25			25			25	25
B. On last day of THIS report period	25			25			25	25
2. Number of Residents								
A. As of midnight of PREVIOUS report period	25			25			25	25
B. As of midnight of THIS report period	25			25			25	25
3. Total Number of Days Care Provided During Period								
A. Medicare								
B. Medicaid (Conn.)	9,067			9,067	6,794		6,794	2,273
C. Medicaid (other states)								
D. Private Pay	30			30			30	
E. State SSI for RCH								
F. Other (Specify)								
G. Total Care Days During Period (3A thru F)	9,097			9,097	6,824		6,824	2,273
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days								
B. Other Bed Reserve Days								
5. Total Resident Days (3G + 4A + 4B)	9,097			9,097	6,824		6,824	2,273

**Schedule of Resident Statistics (Cont'd)**

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 9	of 37
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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
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(1)	(2)	(3)	(1)	(2)	(3)				

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	Residential Care Home
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	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents									25
Per Diem Rate									
a. One bed rm.							100.00	75.27	
b. Two bed rms.									
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. <i>Total Physical Therapy Treatments</i>				

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. <i>Total Speech Therapy Treatments</i>				

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. <i>Total Occupational Therapy Treatments</i>				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
East Ridge Manor, Inc.	928	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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)					53,533	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					15,834	792
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					30,717	2,127
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					9,165	834
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					74,285	4,243
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					2,302	209
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					89,451	7,689
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					23,467	1,268
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					298,754	19,242

\* 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.



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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
East Ridge Manor, Inc.		928		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							
<b>Section I - Operators/Owners</b>									
<b>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).</b>									
Timothy Conroy, Jr				Maintenance	2,088	7b	TGC Inc. DBA Caroline Manor Administrator	2,080	52,163

\* 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.

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

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	of
	CCNH	RHNS	Residential Care Home							
<b>Section III - Administrators***</b>										37
Gabriela Conroy			53,533		Administrator	2,080		None		
<b>Section IV - Assistant Administrators</b>										

\*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.

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
East Ridge Manor, Inc.	928	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>						

\* 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.



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2015	15	37
Item	Total	CCNH	RHNS	Residential Care Home
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 5,252			5,252
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 11,542			11,542
4. Social Security (F.I.C.A.)	\$ 22,855			22,855
5. Health Insurance	\$ 67,044			67,044
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$			
<b>d. Accounting and Auditing</b>	\$ 11,135			11,135
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$			
<b>f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*</b>	\$			
<b>g. Office Supplies</b>	\$ 4,460			4,460
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 4,327			4,327
2. Cellular Phones	\$ 2,131			2,131
<b>i. Appraisal (<i>Specify purpose and attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 250			250
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
<b>Subtotal</b>	\$ 128,996			128,996

*capped already*  
750

✓

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
East Ridge Manor, Inc.	928	9/30/2015		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>Subtotals Brought Forward:</b>	128,996			128,996	
<b>I. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 322			322	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 5,518			5,518	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 140			140	
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	\$ 89			89	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 210			210	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 280			280	
9. Subscriptions	\$ 10			10	
10. Contributions*** See Attached Schedule	\$ 35			35	
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 4,454			4,454	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 140,054			140,054	

d 3417 ✓  
d  
recross ✓  
d  
d  
✓

\* Do not include Subscriptions, which should go in item 9.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Go Daddy.com			\$ 30
Twist/WYSL Ad in Program			\$ 110
<b>Total Other Advertising</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 140</b>

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Costco Membership			\$ 110
BJs Membership			\$ 100
<b>Total Dues</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 210</b>

*reverses ✓*

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Meriden Kiwanis Club			\$ 35
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 35</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Bank Service Fees			\$ 761
Meriden Health Dept - Food Service Permit			\$ 175
Payroll Service - Software Hosting			\$ 2,538
Internet Service			\$ 804
Miscellaneous			\$ 176
<b>Total Other Administrative and General</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,454</b>

*d*

**Schedule C-1 - Management Services\***

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 17	of 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 #	

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

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

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1.	Raw Food	\$ 33,131			33,131
2.	Non-Food Supplies	\$ 2,244			2,244
3.	Other ( <i>Specify</i> ) _____	\$			
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>		\$			
<b>c. Management Services**</b>		\$			
<b>d. Other (<i>Specify</i>) _____</b>		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 35,375			35,375
<b>2F. Dietary Questionnaire</b>		<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
<b>G.</b>	<b>Resident Meals: Total no. of meals served per day:*</b>	75			75
<b>H.</b>	<b>Is cost of employee meals included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
<b>I.</b>	<b>Did you receive revenue from employees?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>K.</b>	<b>Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
<b>L.</b>	<b>Is any revenue collected from these people?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>N.</b>	<b>Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
<b>O.</b>	<b>Is any revenue collected from employees?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					

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

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

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

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	1,027		1,027
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. \$	366		366
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	1,393		1,393
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

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

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2015		Page 20	of 37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	4,055			4,055
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	4,055			4,055
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	725			725
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	2,949			2,949
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	3,674			3,674

\* 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.



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

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 21	of 37	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			Pg Line	
					Yes	No			CCNH	RHNS	Residential Care Home		
Name of Individual or Company	Address	Yes	No										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										
		<input type="radio"/>	<input type="radio"/>										

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 27,707			27,707
b. Heat	\$ 27,878			27,878
c. Light & Power	\$ 15,442			15,442
d. Water	\$ 5,643			5,643
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 6,184			6,184
f. Other ( <i>itemize</i> )	\$ 4,416			4,416
See Attached Schedule				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 87,270</b>			<b>87,270</b>
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$ 4,014			4,014
b. Building & Building Improvements	\$ 23,455			23,455
c. Non-Movable Equipment	\$ 3,680			3,680
d. Movable Equipment	\$ 18,264			18,264
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 49,413</b>			<b>49,413</b>
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 2,109			2,109
d. Other ( <i>Specify</i> )	\$			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 2,109</b>			<b>2,109</b>
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 66,000			66,000
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 15,124			15,124
c. Personal property taxes	\$ 2,918			2,918
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 135,564</b>			<b>135,564</b>

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



**Depreciation Schedule**

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2015				Page 23	of 37	
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>A. Land Improvements</b>									
1. Acquired prior to this report period		46,424		44,924	9,121	S/L	various	4,014	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									4,014
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period		337,150		337,150	48,863	S/L	various	23,455	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									23,455
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period		205,802		205,802	173,832	S/L	various	3,680	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									3,680
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 2011 VW Routan		29,044		29,044	21,467	S/L	4	1,750	
b. 2015 Acaadia Denali		50,905		50,905		S/L	4	9,545	
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)		67,242		67,242	14,590	S/L	various	6,969	
c. Acquired during this report period (attach schedule)		(2,636)		(2,636)	(2,636)	S/L	various		
D-3. Subtotal									18,264
<b>E. Total Depreciation</b>									49,413

3 mos dep.  
 9 mos dep.  
 personal use amt before  
 12/15/09





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

**Amortization Schedule\***

Name of Facility		License No.		Report for Year Ended		Page	of		
East Ridge Manor, Inc.		928		9/30/2015		24	37		
Item	Date of Acquisition		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
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
<b>A-4. Subtotal</b>									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
<b>B-4. Subtotal</b>									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	various		various	115,255	89,819	S/L	various	2,109	
2. Disposals (attach schedule)	various		various	(8,123)	(8,123)	S/L	various		
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>									
<b>D. Total Amortization</b>									2,109
									2,109

\* 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.

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

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	04/01/73			
4. Date of Initial Licensure	04/01/73			
5. Total Licensed Bed Capacity	25			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	<b>1st Mortgage</b>	<b>2nd Mortgage</b>	<b>3rd Mortgage</b>	<b>4th Mortgage</b>
1. Financing				
a. Type of Financing (e.g., fixed, variable)	variable	Fixed		
b. Date Mortgage Obtained	03/30/12	04/17/13		
c. Interest Rate for the Cost Year	variable	212.00%		
d. Term of Mortgage (number of years)	20	20		
e. Amount of Principal Borrowed	431,279	270,000		
f. Principal balance outstanding as of 9/30/15	389,554	242,882		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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.

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

Name of Facility		License No.	Report for Year Ended		Page	of
East Ridge Manor, Inc.		928	9/30/2015		26	37
Item			Total	CCNH	RHNS	Residential Care Home
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)

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

Name of Facility		License No.		Report for Year Ended		Page of	
East Ridge Manor, Inc.		928		9/30/2015		27   37	
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 1,450			1,450
A. Item		Rate	Amount				
2011 VW Routan		3.64%	149				
Lender							
Bank of America							
Address of Lender							
P O Box 45224 Jacksonville, FL 32232-5224							
2. Other (Specify)				\$ 1,637			1,637
A. Item		Rate	Amount				
Automotive Equipment/2015		3.94%	1,301				
Lender							
ALLY Bank							
Address of Lender							
P O Box 78234 Phoenix, AZ 85062-8234							
B. Item		Rate	Amount				
Furniture			1,637				
Lender							
First Federal Leasing							
Address of Lender							
31 N 9th St Richmond, VA 47375							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 3,087			3,087
12. D. Other Interest Expense (Specify)				\$ 1,890			1,890
Fin Chg/Late Fees							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 4,977			4,977
14. Insurance							
a. Insurance on Property (buildings only)				\$ 7,405			7,405
b. Insurance on Automobiles				\$ 1,958			1,958
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 2,446			2,446
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$ 11,809			11,809
15. Total All Expenditures (A-13 thru C-14)				\$ 722,925			722,925

76 pers use  
 and 898  
 9/30

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
East Ridge Manor, Inc.			928	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	A 7b	Salaries not related to Resident Care	\$ 35,496			35,496
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 1,411			1,411
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
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.	16	2	Automobile Expense (e.g. personal use)	\$ 3,417			3,417
18.	16	m3	Unallowable Advertising *	\$ 140			140
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 35			35
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 5,928			5,928
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 46,427			46,427

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m8a	Chamber of Commerce Dues			\$ 280 ✓
16	m13	Unallowable Bank Service Charges			\$ 761 ✓
16	m13	Miscellaneous Expense			\$ 176 ✓
		Fringe Benefits on disallowed Maint Wages (pg 28a)			4711 q6 ✓
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ 5,928

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

Name of Facility				License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.				928	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 46,427			46,427
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,942			1,942
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 2,395			2,395
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,890			1,890
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 52,654			52,654

✓ 61,930 gb  
 portion properly done.  
 excess pers.  
 ✓  
 gb

\*\*\* 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.

East Ridge Manor, Inc.  
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7.d	11 VW Routan - see pg 29a			\$ 93
22	7.d	15 Acadia Denali - see pg 29a			\$ 1,849
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ 1,942

jb ✓  
 excess  
 only with  
 12/31/15

Schedule of Other Property Adjustments

Page Ref	Line Ref	Auto	CCNH	RHNS	Residential Care Home
22	10c	PP Taxes - Auto Personal Use (pg 29a)			\$ 284
27	14b	Auto Insurance - Personal Use (pg 29a)			\$ 1,213
27	12c	Interest Expense - Personal Use (pg 29a)			\$ 898
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ 2,395

reclass ✓  
 reclass ✓  
 jb ✓

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12D	Finance Charges & Late Fees			\$ 1,890
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ 1,890

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
East Ridge Manor, Inc.	928	9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 682,900			682,900		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 4,300			4,300		
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 687,200			687,200		
<b>IV. Other Revenue*</b>						
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)	\$ 227			227		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 22,496			22,496		
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 22,723			22,723		
<b>VI. Total All Revenue (III +V)</b>	\$ 709,923			709,923		

\* 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.



**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	273
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	36,421
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	1,325
5. Prepaid Expenses			\$	3,553
a. Prepaid Insurance	2,519			
b. Prepaid Lease - First Federal	1,034	<i>per usd provision</i>		
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	6,134
Payroll Taxes for 10/1/15 checks	6,134			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	47,706
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 107,132		\$	23,327
	Accum. Depreciation 83,805	Net		
5. Non-Movable Equipment	*Historical Cost 164,986		\$	
	Accum. Depreciation 164,986	Net		
6. Movable Equipment	*Historical Cost 64,606		\$	45,683
	Accum. Depreciation 18,923	Net		
7. Motor Vehicles	*Historical Cost 50,905		\$	41,360
	Accum. Depreciation 9,545	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	110,370

*after post only*

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	158,076
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	46,424		
	Accum. Depreciation	13,135	Net	\$ 33,289
3. Buildings				
	*Historical Cost	337,150		
	Accum. Depreciation	72,318	Net	\$ 264,832
4. Non-Movable Equipment				
	*Historical Cost	40,816		
	Accum. Depreciation	12,526	Net	\$ 28,290
5. Movable Equipment				
	*Historical Cost			
	Accum. Depreciation		Net	\$
6. Motor Vehicles				
	*Historical Cost			
	Accum. Depreciation		Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$ 326,411	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost			
	Accum. Depreciation		Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$ 51,991	
Name and Address		Amount	Loan Date	
Gabriela Conroy		51,991	various	
7. Other Assets ( <i>itemize</i> )			\$ 99,014	
Due from TGC, Inc. d/b/a Caroline Manor		22,072		
Due from Haughton Cove Manor, Inc.		76,942		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$ 151,005	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$ 635,492	

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

**G. Balance Sheet (cont'd)**

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	77,469
2. Notes Payable ( <i>itemize</i> )				\$	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	13,838
Name of Lender		Purpose	Amount	Date Due	
Ally Bank		Acadia Auto Loan	7,734	various	
First Federal Leasing		Furniture	6,104	various	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	7,312
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	1,374
6. Accrued Payroll Taxes Payable				\$	664
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	12,728
* Credit Cards Payable		6,368	Cash Overdraft	1,168	
Accrued Accounting Fees		3,435			
Accrued Water/Sewer		1,678			
* Accrued Auto Expense		79			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>113,385</b>

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				113,385	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	46,833
Name of Lender	Purpose	Amount	Date Due		
Ally Bank	Acadia Auto Loan	37,226	various		
First Federal Leasing	Furniture	9,607	various		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	45,879
Name and Address of Lender	Amount	Loan Date			
Doreen Conroy	42,690	various			
Timothy Conroy, Jr.	3,189	various			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	163,875
Due to Preston Real Estate, LLC.		110,916			
Due to DSS		52,959			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	256,587
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	369,972

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

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	33,289
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	264,832
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	28,290
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			\$	326,411
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	20,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(99,039)
6. Gain or Loss for Period	10/1/2014	thru 9/30/2015	\$	18,148
7. Total Net Worth			\$	(60,891)
<b>C. Total Reserves and Net Worth</b>			\$	265,520
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	635,492

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(82,698)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	709,923
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	691,775
D. Net Income or Deficit			\$	18,148
E. Balance			\$	(64,550)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
pr yr adj - repairs (Home Depot)			3,925	
pr yr adj - Business Entity Tax			250	
pr yr adj - Liab Ins (48) Prop Ins (428)			(476)	
pr yr adj - Telephone (Cox)			(40)	
F-3. Total Additions			\$	3,659
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(60,891)
				09/30/15

### I. Preparer's/Reviewer's Certification

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Michael J. Michaud, CPA				
Address Address			Phone Number	
P O Box 164 Old Saybrook, CT 06475			860-388-4627 Ext 226	