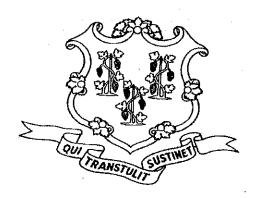
State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2015

Name of Facility (as	licensed)	·		···				
BACON & HINKL		7.						
Address (No. & Stre								
581 PEQUOT AVE			5320					
Type of Facility		,						
Chronic and (□ Nursing Hom (CCNH)			Rest Home wi Supervision of (RHNS)	-		Residentia	l Ca	re Home
Report for Year Beg 10/1/2014	•		Report for Yes 9/30/2015		***			
License Numbers:		CCNH	RHNS	Reside	ential Care I 1821-HA	Home	Me	dicare Provider
Medicaid Provider N	umbers:	CC	NH	RH	INS		ICI	F-IID
For Department Us	e Only	****	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u> _			
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign		Signed a	nd Notarize	d	Date Received
		·					-	
					! 			

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
BACON & HINKLEY HOME, INC	1821-HA	9/30/2015	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for BACON & HINKLEY HOME, 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) BRENDA TOMPKINS			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				/ /

(Notary Seal)

State of Connecticut **Annual Report of Long-Term Care Facility**CSP-1A Rev. 6/95

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
BACON & HINKLEY HOME, INC				10/1/2014	9/30/2015
Address of Facility 581 PEQUOT AVENUE NEW LONDON, CT 06320					
Report Prepared By		Phone Num		Date	
DOHERTY, BEALS & BANKS, P.C.		860 - 443-20	33	1/28/2015	
Item		Total	CCNH	RHNS	Residentia I Care Home
Dietary wages paid	\$	102,396	001111		102,396
Laundry wages paid	\$	18,327			18,327
3. Housekeeping wages paid	\$	31,200			31,200
4. Nursing wages paid	\$				
5. All other wages paid	\$	22,650		ļ	22,650
6. Total Wages Paid	\$	174,573			174,573
7. Total salaries paid	\$	127,648			127,648
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	302,221			302,221

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

Type of Facility - Organization Structure

		Pho	ne No. of Fac	cility	Report for Ye	ear Ended	Page	of
			443-8624	•	9/30/2015		2	37
Name of Facility (as shown on license)			Address (No	o. & S	Street, City, Sto	ate, Zip)		
BACON & HINKLEY HOME, INC					VENUE NEW		N, CT 06320)
	CCNH		RHNS	Resid	dential Care H	ome	Medicare P	rovider No
License Numbers:				1821	l-HA			
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)	Li		Home with ervision only			Residenti	ial Care Hon	ne
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O	Partnership	0	Profit Corp.		Non-Profit Co	-	Government	O Trus
If this facility opened or closed during repo	rt year provide	e:		Date	Opened	Date Clo	sed	
Has there been any change in ownership								
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain fully	7.
·								
Administrator								
Name of Administrator			-		Nursing He	ome		
BRENDA TOMPKINS					Administra			
					License 1	No.:		
Other Operators/Owners who are assistant	administrators	(full	or part time) of tl				
Name					License 1	No.:		
				·	*****			
				•				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility BACON & HINKLEY HOME, I	INC	License No. 1821-HA	Report for Y 9/30/2015		Page of 3 37
Legal Name of Partne		Business 2	Address		or Town(s) in egistered
Name of Partners/Members	Business Ac	ldress		Title	% Owned

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Ended	Page of
BACON & HINKLEY HOME, INC	1821-HA	9/30/2015		3A 37
If this facility is owned or operated as a corp	poration, provide	the following infor	mation:	1. 1
Legal Name of Corporation	Busin	ess Address	State(s) in Whi	ch Incorporated
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Each
GLENNA M. MOALLI	581 PEQUOT A LONDON, CT	AVENUE NEW 06320	PRESIDENT	
CAROLINE DRISCOLL	581 PEQUOT A	AVENUE NEW 06320	TREASURER	
CHRISTINE CRAWFORD	581 PEQUOT A	AVENUE NEW 06320	V. PRESIDENT	
DANIEL MOALLI	581 PEQUOT A LONDON, CT	AVENUE NEW 06320	SECRETARY	
Names of Stockholders Owning at Least 10% of Shares				

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Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended		of
BACON & HINKLEY HOME, INC	1821-HA	9/30/2015		7
If this facility is owned or operated as an indiv	idual proprietorship,	provide the following inform	ation:	
	Owner(s) of Facility			

	· · · · · · · · · · · · · · · · · · ·			
			***************************************	*********
			•	

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

General Information and Questionnaire Related Parties*

Name of Facility BACON & HINKLEY HOME, INC	IOME, INC	License No. 1821-	e No. 1821-HA	5	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece marriage, ability to conti	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	acility re	lated thr	1	Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	ie Name/Adı	dress and ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	s or servi	ces,		1 Part 1	, , , , , , , , , , , , , , , , , , ,		T
including the rental of prelated through family a association to any of the	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?	to this fa , control, of this fa	scility, or busin	ness	O Yes © No	If "Ves " provide the following information:	following	information.
			,			The section 1 (1) (1)	0	ALL CALLES OF THE CALLS
		Als	Also Provides	es	- Option rest	Indicate Where		
Name of Related	Business	Non-R	Goods/Services to Non-Related Parties	es to	Description of Goods/Services	Costs are Included in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	**%	Provided	Page # / Line #	Reported	Related Party
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					***
		0	0					
		0	0					
		0	0					and the same of th
		0	0					

* Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	OI
BACON & HINKLEY HOME, INC	1821-H		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TB	services with special Medicai	d rates,	costs
must be allocated to CCNH and RHNS as follo-					
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry			pounds processed		
Housekeeping			square feet serviced		
		Number of	hours of routine care provided	by EA	CH
Nursing			classification, i.e., Director (or		
		_	Nurses, Licensed Practical Nu	rses, Ai	des and
		Attendants			
Direct Resident Care Consultants			hours of resident care provide	d by EA	'CH
			(See listing page 13)		
Maintenance and operation of plant		Square fee			
Property costs (depreciation)		Square fee			
Employee health and welfare		Gross salaı			
Management services			e cost center involved		
All other General Administrative expenses			irect and Allocated Costs		
The preparer of this report must answer the foll	owing ques	tions applic	able to the cost information pro	ovided.	
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why suc	h alloca	ation was
costs allocated as required?	O 103	- 110	not made.		
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting data	a.	
3. Did the Facility appropriately allocate and s	elf-disallow	direct and	indirect costs to non-nursing h	ome cos	st centers?
(e.g., Assisted Living, Home Health, Outpat	ient Service	s, Adult Da	y Care Services, etc.)		
	⊙ Yes	O No	If "No," explain fully why such not made.	ch alloca	ation was
	· · · · · · · · · · · · · · · · · · ·				

State of Connecticut

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

General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
BACON & HINKLEY HOME, INC			1821-HA	9/30/2015			6 37
	Related * to	d * to					
	Owners,	ers,					
	Operators, Officers	tors,		Date of	Term of	Annual	Amount
Name and Address of Lessor	Yes	ž	Description of Items Leased	Lease**	Lease	ofLease	Claimed
	0	0					
	0	0					-
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	eased V	shicles,	O Yes	0	oN O	Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

Total ***

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility License N	lo.	Report for Year Ended		Page	of
BACON & HINKLEY HOME, IN 18	21-HA	9/30/2015		7	37
The records of this facility for the period cove	ered by this report v	vere maintained on the following basis:			
	Cash				
Is the accounting basis for this period the same as for the • Yes		If "No," explain.			
previous period? O No					
I. A					
Independent Accounting Firm Name of Accounting Firm		Address (No. & Street, City, State, Zip Co	ode)		
1 DOHERTY, BEALS & BANKS, P.C.		187 WILLIAMS ST NEW LONDON	I, CT 06320		
2					
3					
4					
Services Provided by This Firm (describe full					
1 PREPARATION OF ANNUAL REPORT FOR T			<u> </u>		
2 PREPARE QUARTERLY REVIEW REPORTS		T			
3 RECONCILE CASH INVESTMENT ACCOUNT	TS QUARTERLY		- 9		
4 PREPARE FEDERAL FORM 990PF			101		da d
			1	for Services Pa	rovided
		0 10 7	\$	16,782	
Are These Charges Reflected in the Expenditure Portion	on of This Report? If Y 5, LINE 1d	es, Specify Expense Classification and Line No.			
O Yes O No PAGE 15 Legal Services Information	J, LH413 TG		***		
Name of Legal Firm or Independent Attorney	/			ne Number	
1 KERIN WOODS	•		860-442	-0367	
2					
3					
4					
5	`				
Address (No. & Street, City, State, Zip Code) 1 52 EUGENE O'NEILL DRIVE)				
2 NEW LONDON, CT 06320 3					
4					
5					
Services Provided by This Firm (describe ful	(ly)			<u> </u>	
1 LEGAL SERVICES AS NEEDED				\$	
2				\$	
3				\$	
4				\$	
5				\$	
			Charge	for Services P	rovided
				\$	
Are These Charges Reflected in the Expenditure Porti	ion of This Report? If	Yes, Specify Expense Classification and Line No.			
PAGE 1	5, LINE 1e				
⊙ Yes O No					

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

Schedule of Resident Statistics

Name of Facility BACON & HINKLEY HOME, INC			License No 1821-	ie No. 1821-HA			Report for 9/30/2015	Report for Year Ended 9/30/2015	q		Page 8	of 37
					I	eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1	Thru 9/30	30
	Total All	Total	Total RHNS	Total Residential				Residential		1	,	Residential
	Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHINS	Care Home
1. Certified Bed Capacity												
 A. On last day of PREVIOUS report period 	14			14	14			. 14	14			14
B. On last day of THIS report period	14			14	14			14	14			14
2. Number of Residents												
A. As of midnight of PREVIOUS report period	11			<u></u>	11			11	11			П
B. As of midnight of THIS report period	10			10	10			10	10			10
3. Total Number of Days Care Provided During Period	T											
A. Medicare												-
B. Medicaid (Conn.)			·									
C. Medicaid (other states)												
D. Private Pay	1,778			1,778	1,299			1,299	479			479
E. State SSI for RCH	1,746			1,746	1,349			1,349	397			397
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	3,524			3,524	2,648			2,648	876			876
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved	Ð		-									"
Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	210			210	165			165	45			45
5. Total Resident Days (3G + 4A + 4B)	3,734			3,734	2,813			2,813	921			921

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	ise No.				Report	for Year	Ended		Page	of
BACON & H	INKLE	Y HOM	E, INC	18	21-HA					9/30/201	5		9	37
			in the certified b		pacity du	ring t	he repo	ort yea	ır?	0	Yes	•	No	
II I LO			f Change	11011.	Cl	20000	in Bed	r		Cor	agity Aft	er Change	I	
		riace o	Residential		CI	lange	III Deu	8		Ca	Dacity Air	er Change		
Date of	CCNH	RHNS	Care Home		Lost		(Gaine	đ				İ	
OI												Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
								<u> </u>						
5. If there v	vas any	change i	in certified bed o	apaci	ty during	the re	eport y	ear (as	s report	ed in item	4 above)	provide the nur	nber of	
		_	90 days followin	-	-			,	•		·	-		
			•				,					ľ	Residen	tial Care
			Change in Re	esider	t Davs					cc	NH	RHNS		me
1st chang	ge				,-									
2nd chan														
3rd chan	ge													
4th chan														
6. Number	of Resid	lents and	d Rates on Septe	mber			ar							
		ļ	Medicare		Medi	caid				Se	lf-Pay	I	Other Sta	te Assisted
	_			_								Residential		
N . CD	Item		CCNH	С	CNH	RI	INS	CC	CNII	RI:	NS	Care Home	R,C,H,	ICF-MR
No. of Re Per Dien								W/////////////////////////////////////	######################################			5	5	
a. One b												166.85	129.22	
b. Two l												100.03	127.22	
c. Three		. 1												
bed r			ĺ											
														Residential
			ıl Therapy Treatı	ments	1					TO	ΓAL	CCNH	RHNS	Care Home
	Medica									Vederación		Waliston in the state of the st		
			usive of Part B)											
			Treatments Treatments											
	Other	Oracive	i reatments											
		Invsical	Therapy Treatn	ients										
			Therapy Treatm			-								
	Medica									<i>ponominament</i>	(m) to a live person of the live in			51001111101000000000000000000000000000
В.	Medica	id (Excl	usive of Part B)											
			e Treatments											
		orative '	Treatments											
	Other	1 77	75											
			herapy Treatme											
	muer oz Medica		tional Therapy	reatr	nents									
			usive of Part B)	· · · · · · · · · · · · · · · · · · ·										
			e Treatments											
			Treatments											
	Other													
		ccupati	onal Therapy T	reatn	ents									

Report of Expenditures - Salaries & Wages

Report of Ex		- Saları				
Name of Facility	License No.		Report for Yea	r Ended	Page	of
BACON & HINKLEY HOME, INC	1821-HA		9/30/2015	···	10	37
Are time records maintained by all individuals receiving co	mpensation?	0	Yes	0	No	
			Total Cost a	ınd Hours		
	2					
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1) 2. Administrator(s) (Complete also Sec. III						
of Schedule A1)			######################################		79,044	4,598
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)		9)1000000000000000000000000000000000000	2 99410199			
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)						
5. Dietary Service	1000					
a. Head Dietitian		 	-		31,216	1,946
b. Food Service Supervisor c. Dietary Workers		<u>.</u>	 		75,599	5,871
6. Housekeeping Service						
a. Head Housekeeper					18,268	
b. Other Housekeeping Workers				a (magazini kanananan 1460)	12,932	983
7. Repairs & Maintenance Services					22.002	2.076
a. Engineer or Chief of Maintenance		 	****		22,093	2,076
b. Other Maintenance Workers 8. Laundry Service						
a. Supervisor					18,268	1,143
b. Other Laundry Workers					59	5
9. Barber and Beautician Services				ļ		
10. Protective Services						
11. Accounting Services						
a. Head Accountant b. Other Accountants	 -	<u> </u>			****	
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
Direct Care				<u> </u>		ļ
2. Administrative**						
c. LPN						
Direct Care Administrative**		+	*****			
d. Aides and Attendants					44,188	3,925
e. Physical Therapists				_[
f. Speech Therapists					<u> </u>	
g. Occupational Therapists	.		<u>- </u>		554	40
h. Recreation Workers i. Physicians					33	
Medical Director				20 100000000000000000000000000000000000		
2. Utilization Review						
3. Resident Care***		en leavoble (Aditoryanaspanas	Academic communication (Academic Communication)			
4. Other (Specify)						
j. Dentists						
k. Pharmacists 1. Podiatrists		-		-		
m. Social Workers/Case Management		1	T			
n. Marketing						III married and the second
o. Other (Specify)						
See Attached Schedule	_		ļ <u>.</u>		302,22	21,730
A-13. Total Salary Expenditures			1	1	302,22.	21,13

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	Residential	Care Home
Position	\$	Hours	\$	Hours	\$	Hours
USHIOU						
		2010/03/1955 1950/036				
				A (12.75)		100 000 000 00
	20 10 10 10	153 (153 (154 (155 (154 (155 (154 (155 (155 (155				
			050 (180 (160 (160 (160 (160			18 PM 18 18 18
				203 (2003)		
			1 2000 000 000 000 000			20.030.000.000
		200				
				5 (5) (5) (5) (6)		
		324 (125) (125) (125)	n 1951 (1951	10 00 00 00 00		
				100 100 100 100 100 100 100 100 100 100	v (A-2 (00) (00) (00)
		(3) (4) (4) (3)				
					A	
Total	\$ -	•	\$ -	2 (0) (0) (4)	\$ -	

Schedule of Other Fees (Page 13)

	CC	NII	RH	NS	Residential	
Service	S	Hours	S	Hours	\$	Hours
SCIFIC						
		8 10 (8 8)			(2, 31, 22, 35, 32, 3)	
	(1)					60 (20 (20 (20 (
		5 80 50 8 60 S				
		3 (3) (3) (3) (3)				
	7 (00) (00) (00) (00)			50 (6) (6) (6)		
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						30.00
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				. (ac. 30 (c. 1881))		
					i.	
				97.00		900000000000000000000000000000000000000
					1.00 00 00 00 00	
Total	\$ -	uga eroga Aus	\$ -		\$ -	100 100 100 100 100 100 100 100 100 100

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*

77,000		7	ASSISTABLE	Auministra License No	ASSISTANT AUTHINISTICATORS AND REPORT for Very Ended	Report for	Negation Failes		Page	Jo	
Name of Facility	- [Licelise 140.		מון זוסקסעי	r cen rounce			3.7	
BACON & HINKLEY HOME, INC	ر ا			1821-FA		5/02/05/6			TT	10	
		Salary Paid	d								
				Fringe Benefits and/or Other		Total	Line Where		Total		
Name	CCNH	RHINS	Residential Care Home	\sim	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received	
Section I - Operators/Owners											
										-	
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).					·						
	-										

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

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

State of Connecticut

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

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

Assistant Administrators and Other Related Parties*

	-	Ţ	เรรโรเฉมเ	AUITIIISII a	Assistant Auministrators and Other Related Farnes	nelaled	rarues			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	of
BACON & HINKLEY HOME, INC	. c			1821-HA		9/30/2015			12	37
		Salary Paid	ď							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked		Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***								1.1.1.1		
#REF!										
BRENDA TOMPKINS			1434 79,044 INS.	14348 HEALTH HOME INS. ADMIN	HOME ADMINISTRATOR	4,598 A-2	A-2			
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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	05 110	Report for Y		Page	of
BACON & HINKLEY HOME, INC	1821	-HA	9/30/2015	cai Ended	13	37
The state of the s	1021	A11 1	Total Cost	and Hours	1 12	J ,
	š .	l	1 Otal COSt	and 110uis	T	
					 Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee				225010		
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	and the second s					
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)		Politicas por leto pos				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting			<u> </u>			
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)						
Pharmaceutical Committee						
(Quarterly meetings)						
Staff Development Committee						
(Once annually)						
e. Other (Specify)		10 10 10 14 N				
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					1,015	29
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries					1,015	29

^{*} Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility BACON & HINKLEY HOME, INC	License No. 1821-HA		Report for \ 9/30/2015	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No	Expla	nation of Rel	ationship
VISITING NURSES ASSOC. PO BOX 264 WATERFORD, CT 06385	HEALTH AIDES	0	0	NONE		
JUDY HALL 2 CANONCHET RD HOPE VALLEY, RI 02832	ENTERTAINMENT-SINGER	0	•	NONE		
CLAYTON ALLEN 826A PLEASANT VALLEY RD NORTH, GROTON, CT 06340	ENTERTAINMENT-SINGER	0	0	NONE		
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0			

^{*} Use additional sheets if necessary.

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

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	- 1	Report for Y	ear Ended	Page	of
BACON & HINKLEY HOME, INC	1821-HA]:	9/30/2015		15	37
		Ĩ				
						Residential
Item			Total	CCNH	RHNS	Care Home
1. Administrative and General						
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	9,162_			9,162
Disability Insurance		\$				
Unemployment Insurance		\$	6,560			6,560
4. Social Security (F.I.C.A.)		\$	21,983			21,983
5. Health Insurance		\$	40,553			40,553
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	7,736			7,736
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (Specify)		\$	583	AND THE PROPERTY OF THE PROPER		583
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
c. Bad Debts*		\$				
d. Accounting and Auditing		\$	16,782			16,782
e. Legal (Services should be fully described	on Page 7)	\$				
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	1,948	533333		1,948
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	1,634			1,634
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$		The state of the s		
attach copy)*						
j. Corporation Business Taxes (franchise to		\$				
k. Other Taxes (Not related to property - Se	ee Page 22)	-				
1. Income*		\$				
2. Other (Specify)		\$	34	Wester Straight of Grand Connect Connection		34
See Attached Schedule						
3. Resident Day User Fee		\$				
Subtotal		\$	106,974			106,974

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

(Carry Subtotals forward to next page)

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

BACON & HINKLEY HOME, INC 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	lential Home
PAYMENTS IN LIEU OF HEALTH INSURANCE			\$ 583
		0.000	
			ng tinggan
		100	
Total	\$ -	\$ -	\$ 583

Schedule of Other Taxes

			Residential
Description	CCNH	RHNS	Care Home
SALES TAX			\$ 34
Total	\$ -	\$ -	\$ 34

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

Name of Facility Li	cense No.	Report for	Year Ended	Page	of	
BACON & HINKLEY HOME, INC	1821-HA	9/30/2015		16	37	
Item		Total	CCNH	RHNS	Residential Care Home	
	Brought Forward:	106,974			106,974	
Travel and Entertainment						
Resident Travel and Entertainment	\$	1,452			1,452	
2. Holiday Parties for Staff	\$					
3. Gifts to Staff and Residents	\$	862			862	
4. Employee Travel	\$]
5. Education Expenses Related to Seminars and G	Conventions \$	160	***		160	
6. Automobile Expense (not purchase or depreci		4,258			4,258	dδ
7. Other (Specify)	\$					
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses)	\$	265			265],
2. Advertising Telephone Directory (all such exp		1,109			1,109	d >
3. Advertising Other (Specify)***	\$	100			100	S.
See Attached Schedule						
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	\$	248			248	
* 8. Dues and Membership Fees to Professional	\$	1,300			1,300	
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-Allo	wable Org.*** \$					
9. Subscriptions	\$				289	
10. Contributions***	\$			24 FT - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		a:
See Attached Schedule						
11. Services Provided by Contract (Specify and Co	omplete \$	23,532			23,532	d
Schedule C-2, Page 21 for each firm or individ						
12. Administrative Management Services**	\$					
13. Other (Specify)	\$	6,471			6,471	,
See Attached Schedule						
C-14 Total Administrative & General Expenditures	\$	147,021			147,021	

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

4)[

^{**} 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
		200000000000000000000000000000000000000	
	430.000.000.000	60,000,000,000	
			veganoggarden wegy
	100,000,000,000	Suggression	1000
	(500/2000)0000000000000000000000000000000		100 to
	5550 1550 1550 1560		
	16440000000000000	900000000000000000000000000000000000000	
Total Other Trayel and Entertainment	\$	s -	\$ -

Schedule of Other Advertising

			Residential
Description	CCNH	RHNS	Care Home
NEW LONDON FIREFIGHTERS		400000000000000000000000000000000000000	\$ 100
	950,691.0000.000		
	250,020,000		
Total Other Advertising	\$ -	\$ -	\$ 100

Schedule of Dues

			Residential
Description	CCNII	RHNS	Care Home
	10.000000000000000000000000000000000000	arrigings (college	######################################
C;A,R.C.H	\$24.000 000 Mg.		\$ 350
CBIA	100000000000000000000000000000000000000	5 (5) (5) (6)	\$ 350
LEDGE LIGHT HEALTH DISTRICT	(5) (4) (50) (6)	14,000	\$ 280
STATE OF CONNECTICUT			\$ 320
			1000 1 200 100 100 100 100 100 100 100 1
	100 (200 (200 (200)		
Total Dues	\$ -	s -	\$ 1,300

Schedule of Contributions

Description	CCNH	RIINS	Residential Care Home
23311 (100)			Security Vest dist
	1010.0007.0001.0007	100000000000000000000000000000000000000	2000
Total Contributions	\$ -	\$ -	3 -

Schedule of Other Administrative and General

Description	CCNII	RHNS	Residential Care Home	
TITLE XIX REPAYMENT		\$2000 E-1000	\$ 2,531	F 0 '
TB TESTNG			\$ 43	
PAYROLL SERVICE FEES		rensembasi pseud	\$ 2,969	
INSURANCE SERVICE FEES	di Alexandria di Adila di Sala		\$ 33	
RENT REFUND	e escala as occ		\$ 853	۰٫۱۰ سا
BANK CHARGES	90 (410) (50)		\$ 40	d
ROUNDING	os (385/055)//100/05/05/05	100000000000000000000000000000000000000	\$ 2	
				Į
		100000000000000000000000000000000000000		
Total Other Administrative and General	\$ -	\$	\$ 6,471	

State of Connecticut

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CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility BACON & HINKLEY HOME, INC	License No. 1821-HA	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

^{*} 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)

		Т.		u rage 5)			T_	
Nan	ne of Facility		License		Report for Y		Page	of
BA	CON & HINKLEY HOME, INC			821-HA	9/30/2015	5	18	37
							1	ntial Care
	Item			Total	CCNH	RHNS	Н	lome
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	48,540				48,540
	2. Non-Food Supplies		\$	4,464				4,464
	3. Other (Specify)		\$	160			l:	160
	PRICE CLUB MEMBERSHIP							
	b. Purchased Services (by contract other		\$		<u>.</u>			
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$					
	d. Other (Specify)		\$]	
OT?	Total Dietary Expenditures (2a + b + c + d)		\$	53,164		18600.00		53,164
2E.	Total Dictary Experiments (24 to to ta)			33,104				
							1	ntial Care
2F.	Dietary Questionnaire			Total	CCNH	RHNS	H	lome
G.	Resident Meals: Total no. of meals served per	da	y:*	3			ļ	3
H.	Is cost of employee meals included in 2E?	•	Yes	0	No			
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)			
	Is cost of meals provided to persons other					TC		
K.		•	Yes	0	No	If yes, specify		
	Members, Guests) included in 2E?					cost.		
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.		
M.	Where is the revenue received reported in the	Со	st Repo	rt? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,							
N.	snacks at monthly staff meetings, board meetings) provided to employees included	0	Yes		No	If yes, specify cost.		
	in 2E?					If yes, specify		
O.	Is any revenue collected from employees?	0	Yes	•	No	amt.		
P.	Where is the revenue received reported in the	Со	st Repo	rt? (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.

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

Name of Facility		License		Report for		Page 19	of
BAG	BACON & HINKLEY HOME, INC		1821-HA		9/30/2015		37
	Item		Total	CCNH	RHNS		ntial Care ome
3.	Laundry						
	a. In-House Processing*1. Bed linens, cubicle curtains, draperies,	Lbs.	5,244				5,244
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	374				374
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.	845				845
	washed, ironed, and/or processed.***	Amt. \$	106				106
	4. Repair and/or purchase of linens.***	Lbs.					
		Amt. \$	235				235
	b. Purchased Services (by contract other	\$					
	than through Management Services)					-	
	(Complete Schedule C-2 att. Page 21)	\$					•
<u> </u>	c. Management Services**	\$					
	d. Other (Specify)	•	######################################				
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$	715				715
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.		
Н.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost	Report?	•	(Page/Line	e Item)		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	0	No	If yes, specify cost.		
K.	Did you receive revenue from these people? O	Yes	• • • • •	No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost	Report?)	(Page/Line	e Item)		

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

^{**} 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		License No.	Rep	ort for Year E	Ended	Page	of
BACON & HINKLEY HOME, INC 1821-HA			9/30/2015		20	37	
	Itam			Total	CCNH	RHNS	Residential Care Home
1	Item	0 22 0 1 1			CCNH	KHNS	<u> </u>
4.	Housekeeping a. In-House Care	Sq. Ft. Serviced		4,755			4,755
	1. Supplies - Cleaning (<i>Mops</i> ,	by Personnel	\$	4,309			4,309
	pails, brooms, etc.)	Amt.	Ф	4,309		_	4,509
	b. Purchased Services (by contract other	Sq. Ft. Serviced		4,755			4,755
	than through Management Services)	by Personnel		7,733			4,755
	(Complete Schedule C-2 att.	Amt.	\$	2,130	1. 25		2,130
	Page 21)	Zitiit,	Ψ	2,150	- reduse		2,130
	c. Management Services*		\$				
	d. Other (Specify)		\$				
			,				
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	6,439			6,439
5.	Resident Care (Supplies)**					7 × 3 × 5	
	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 (Not dentists who should be inc	tuded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	22.1	,		00.5
	i. Recreation		\$	236			236
	j. Other (Specify)****		\$	1,152			1,152
CTZ	See Attached Schedule	3)	ø	1.000			1 200
ŊŅ.	Total Resident Care Expenditures (5a - 5	<u>'J7</u>	\$	1,388			1,388

^{*} 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.

BACON & HINKLEY HOME, INC 9/30/2015

Schedule of Other Resident Care

Description	CCN	H RHNS	Residential Care Home
PERSONAL HYGEINE ITEMS			\$ 1,152
Total Other Resident Care	\$	- \$ -	\$ 1,152

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

Name of Facility BACON & HINKLEY HOME, INC	E, INC			License No. 1821-HA	Report for Year Ended 9/30/2015	7.			Page 21	of 37
		Related ** to Owners,	o Owners,			!	Č	\$		
		Operators, Officers	OIIICETS			- 	otal Cost/	1 otal Cost/Page Ref. * *		Τ
Name of Individual or	,			Explanation of	Full Explanation of			Residential		
Company	Address	Yes	°Z	Relationship	Service Provided*	CCNH	RHINS	Care Home	Pg	Line
BRAMAN TERMITE AND PEST		0	•		PEST CONTROL			1,056	20 4P	4
CWPM LLC	PLAINVILLE, CT 06062	0	•		GARBAGE COLLECTION			1.074	20 4b	<u> </u>
BANK OF AMERICA	PLAZA HARTFORD, CT 06103	0	•		INVESTMENT ADVISORS			23,532	191	16 m11
DOHERTY, BEALS & BANKS, P.C.	NEW LONDON, CT 06320	0	0	.	ACCOUNTING AND AUDITING SERVICES			16.787		7
		0	0							
		0	0			:				T
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^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

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

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Ye	ear Ended		Page of
BACON & HINKLEY HOME, INC	1821-HA	9/30/2015			22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	24,115			24,115
b. Heat	\$	8,692			8,692
c. Light & Power	\$	14,360			14,360
d. Water	\$	2,699			2,699
e. Equipment Lease (Provide detail on p	page 6) \$				
f. Other (itemize)	\$	2,569			2,569
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a	- 6f) \$	52,435			52,435
7. Depreciation (complete schedule page 23	3*)				
a. Land Improvements	\$				
b. Building & Building Improvements	\$	22,321			22,321
c. Non-Movable Equipment	\$	2,569			2,569
d. Movable Equipment	\$	1,010			1,010
*7e. Total Depreciation Costs (7a + b + c + d	l) \$	25,900			25,900
8. Amortization (Complete att. Schedule Pa	age 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a+b+c+c	d) \$				
9. Rental payments on leased real property	less				
real estate taxes included in item 10b	\$				
10. Property Taxes			:		
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 +	10) \$	25,900			25,900

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS		dential Home
SPRINKLER SYSTEM MAINTENANCE AND INSPECTION			\$	2,569
			10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
			1 50 50	
			1. 22	
		75 (S) (\$ \q	1.13	
Total Other Repairs and Maintenance	\$ -	\$ -	\$	2,569

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CSP-23 Rev. 10/2006

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	Deprec	Depreciation Schedule	negnie					
Name of Facility	License No.			Report for Year Ended	Sinded		Page	of
BACON & HINKLEY HOME, INC	1821-HA	HA		9/30/2015			23	37
	Historical	1984		Accumulated Depreciation to	Mathodof			
	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item	Land	Value	Depreciated	Year's Operations	Н	Life	for This Year	Totals
A. Land Improvements							100000	
 Acquired prior to this report period 								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)						ļ		
A-4. Subtotal								
B. Building and Building Improvements								
1. Acquired prior to this report period	902,193	·	902,193	591.684	591.684 VARIOUS	VARIOUS	22.054	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	4,811						267	
B-4. Subtotal								22 321
C. Non-Movable Equipment								1
I. Acquired prior to this report period	65,072		65.072	18,037	VARIOUS	VARIOUS	1 299	
2. Disposals (attach schedule)			,					
3. Acquired during this report period (attach schedule)	15,295			<u>;</u>			1.270	
C-4. Subtotal								2,569
	Historical	٠		Accumulated				
maintained? Acquisition	ts Cost	ress		Depreciation to	Method of			
Yes No Month	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Onerations	Computing Devreciation	Useful	Depreciation for This Vear	Totals
			J		29030	2000	The second second	Lytims
1. Motor Vehicles (Specify name, model								
and year of each vehicle)								
a. 1993 DODGE CARAVAN X 8 1993	18,315		18,315	18,315	MACRS SL	5	4	
b. 2006 GRAND CARAVAN X 12 2005	24,436		24,436	24,436	24,436 MACRS SL	5		
C.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period	139,927		139,927	74,090	74,090 VARIOUS	VARIOU	1.010	
b. Disposals (attach schedule)	(62,015)		(62,015)		Π			
c. Acquired during this report period								
(attach schedule)								
D-3. Subtotal								1,010
E. Total Depreciation								25.900

BACON & HINKLEY HOME, INC 9/30/2015

Schedule of Land Improvements Acquired during this report period

senedule of Eand Improvement	s Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			(A) (C) (B) (B) (C)	
			100000000000000000000000000000000000000	24 (1991)
				18.000 (20.000)
Total additions for Land Impro	vements	\$ -		\$.
Deletions:				
			10 x 100 (100 (100 (100 (100 (100 (100 (15
			65 56 65 60 50	
			6. 30. 60. 65. 69.	
TO SECURITION OF THE PARTY OF T				400000000000000000000000000000000000000
				8167 (81.95.46)
Total deletions for Land Impro		\$	Barbara Barbar	\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/14/2014	CEILING TILES	\$ 4,811	28	\$ 267
			25, 23, 68, 68, 68, 68, 68, 68, 68, 68, 68, 68	0.000
		32 33 / 33 / 33 / 34	61 (61 (62 (63 (68)	2015/2002/05/05/05/0
			50.00.00.00.00	
otal additions for	Building Improvements	\$ 4,811		\$ 267
Deletions:				
				900 100
		16.7	220000000000000000000000000000000000000	Secretary of American Confession (Confession Confession
		(200 000 000 000 000 000	65170300000000000000000000000000000000000	80 000 40 0000 (600
			45.000 80.00	
otal deletions for	Building Improvements	S -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

senedule of 11011-112	syable Equipment Acquited uning this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				georgia VIII (Comprehensation)
11/18/2014	GAS GENERATOR	\$ 6,313	15	\$ 1,127
10/30/2014	SPRINKLER SYSTEM FOR GENERATOR	\$ 2,097	15	and the second second second
6/20/2015	SPRINKLER SYSTEM	6885	27,5	73
		5 5 5 5 5	S FUEL FOR STUDY	100000000000000000000000000000000000000
Andreas Commission				
Total additions for	Non-Movable Equipment	\$ 15,295		\$ 1,270
Deletions:				
A 150 SA 550 CO 450 C				
		A 14 (18)		2000
		a facilità del carre	1000 300 000 000	100000000000000000000000000000000000000
				100 5000 700
Total deletions for	Non-Moyable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line C3

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

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

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			66 (56) (56) (50	60.000.000.002
			68.60 (88.60)	
			9810100 (80 (80 (8)	
Total additions for Movable E	Squipment	\$		\$ -
Deletions:				
				Name of the
			ristance believes	
				2011/2011/04
Fotal deletions for Movable E		s -	1950 100 100 100 100	\$ -

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

Schedule of Leasehold Improvements Acquired during this report period

	Description of Item	Cost	Useful Life	Depreciation
Acquisition Date	Description of field	Cost	77112	Depresion
Additions:				
			***************	76,000 0000000000000
		200000000000000000000000000000000000000	000,000,000,000,000	100000000000000000000000000000000000000
Total additions for I	Leasehold Improvement	\$ -		\$ -
Delctions:				
			Las esta de la vista de la composición	
0.000.0000.0000.0000.0000.0000.0000.0000		000000000000000000000000000000000000000	(0.00 (0.00 (0.00 (0.00))	200000000000000000000000000000000000000
			1551 (256) (150) (80) (100)	au district and an order
		100000000000000000000000000000000000000	A001/00/01/02/09/01/09/01	780 (200 HOS MINA)
			00/00/07/00/05	36.5500 (10.00)
				50.003,250,35
Total deletions for I	easehold Improvement	\$ -		\$

^{*}Ties to Page 24, Line C3

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

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	of
BACON & HINKLEY HOME, INC		1821-HA		9/30/2015			24	37
				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								
,								
2.								
E								
A-4. Subtotal								
B. Mortgage Expense								
· · · · · · · · · · · · · · · · · · ·								
2.								
·								
B-4. Subtotal								
C. Leasehold Improvements and Other	ler							
1. Acquired prior to this report period	od							
2. Disposals (attach schedule)								
3. Acquired during this report period	P(
(attach schedule)								
C-4. Subtotal								
D. Total Amortization								
* Straight-line method must be used								

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility BACON & HINKLEY HOME, INC	License No. 1821-HA	Report for Year En 9/30/2015	ded		Page 25	of 37
11. Property Questionnaire	***************************************	- 121				
Part A						
Is the property either owned by the or leased from a Related Party?*	ne Facility	O Yes	•	No	If "Yes," complete If "No," complete I	
*If any owner or operator of this father business association to any person a related party transaction.	cility is related by famil or organization from wh	y, marriage, ownership, abit nom buildings are leased, th	lity to control or en it is considered			
Description		Total				
Date Land Purchased		06/12/41				
2. Date Structure Completed		06/12/41				
3. If NOT Original Owner, Dat	e of Purchase	05/01/04				
4. Date of Initial Licensure		05/01/94				
5. Total Licensed Bed Capacity		4,755				
6. Square Footage7. Acquisition Cost		4,755				
a. Land		57,196				
b. Building		199,290				
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgag	ge
1. Financing						
a. Type of Financing (e.g., i	ixed, variable)					
b. Date Mortgage Obtained	X7					
c. Interest Rate for the Cost d. Term of Mortgage (numb						
d. Term of Mortgage (number e. Amount of Principal Born						
f. Principal balance outstan						
Complete if Mortgage was						
During Current Cost Y						
g. Type of Financing (e.g.,	fixed, variable)					
 Date of Refinancing 						
i. New Interest Rate					,	
j. Term of Mortgage (numb						
k. Amount of Principal Bor l. Principal Outstanding on						
Part C - Arms-Length Lea		ty Improvements Onl	v			
Name and Address of Less		Property Leased	Date of Lease	Term of Lease	Annual Amount o	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 Ye	ear Ended		Page of
BACON & HINKLEY HOME, INC 1821-H.	A	9/30/2015			26 37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest					
A. Building, Land Improvement & Non-N	Movable]			
Equipment 1. First Mortgage	\$				
Name of Lender	Rate				
	Taio				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
riddiess of Echica					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
	Tate				
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	± D5)	:			
12 D1. Town Duming Interest Expense (A1 - A4	+B5) \$	(С	Subtotals fo		

(Carry Subtotals forward to next page)

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

Name of Facility License	No.		Report for Y	ear Ended		Page	of
	1-HA		9/30/2015			27	37
				Reside	ential		
Item		Total	CCNH	RHNS	Care F	Iome	
Sub	totals Bro	ught Forward:					
12. C. Movable Equipment							
Automotive Equipment							
A. Item	Rate	Amount					
Lender							
Address of Lender							
2. Other (Specify)	<u> </u>	\$					
A. Item	Rate	Amount					
Lender							
Address of Lender							
Address of Bender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Inte	rest						
Expense (C1 + 2)		\$					
12. D. Other Interest Expense (Specify)		\$					
(1000 - 1000					4 / 4 / 4 /		
13. Total All Interest Expense (12B7 + 12	2C3 + 12L	9) \$					
14. Insurance	1.	Φ.	0.111				0.44.4
a. Insurance on Property (buildings of	only)	<u>\$</u>	8,414				8,414
b. Insurance on Automobiles	ified	Ψ	4,423				4,423
c. Insurance other than Property (as 1. Umbrella (<i>Blanket Coverage</i>)	specified a	above)	1,000				1,000
2. Fire and Extended Coverage					1,000		
	2. Fire and Extended Coverage \$ 3. Other (Specify) \$						2,351
D&O 2243, BOND 108	2,351				2,331		
220 2213, 2010 100							
14d. Total Insurance Expenditures (14a +	b+c)	\$					16,188
15. Total All Expenditures (A-13 thru C-	14)	\$	606,487			6	06,487

D. Adjustments to Statement of Expenditures

Item Page Line No. No. No. Item Description Decrease CCNH RHNS Residential C Decrease CCNH RHNS Home Page 10 - Salaries and Wages Salaries not related to Resident Care Salaries not related to Resident Care Physicians Salaries Salaries not related to Resident Care Physicians Salaries Salaries not related Salaries		Name of Facility			Lic		Report for Ye	Page	of	
Item Page Line No. No. No. Item Description Decrease CCNH RHNS Residential C Home Page 10 - Salaries and Wages 1. Outpatient Service Costs \$ \$ \$ \$ \$ \$ \$ \$ \$	BAC	ON &	HINE	KLEY HOME, INC	L_		9/30/2015		28	37
No. No. No. No. No. Item Description Decrease CCNH RHNS Home Page 10 - Salaries and Wages									L	
Page 10 - Salaries and Wages 1. Outpatient Service Costs \$ 2. Salaries not related to Resident Care \$ 3. Occupational Therapy \$ 4. Other - See attached Schedule \$ 57,316 57, Page 13 - Professional Fees \$ 5. Resident Care Physicians ** \$ 6. Occupational Therapy \$ 7. Other - See attached Schedule \$ 8. Discriminatory Benefits \$ 9. Bad Debts \$ 10. Accounting & Legal \$ 11. Telephone \$ 12. Cellular Telephone \$ 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 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lmt& Unallowable Advertising * \$ 1,209 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 \$ 5,480 Page 20 - Honsekeeping Expenditures \$ 1,209 10. Housekeeping Expenditures \$ 1,209 25. Housekeeping Expenditures \$ 1,209 26. Housekeeping Expenditures \$ 1,209 27.		-								
1.						Decrease	CCNH	RHNS	Ho	ome
2. Salaries not related to Resident Care \$ 3. Occupational Therapy \$ \$ \$ \$ \$ \$ \$ \$ \$	Page	<u> 10 - S</u>	alari							
3. Occupational Therapy \$ 4. Other - See attached Schedule \$ 57,316 57,										
A					_					
Fare 13 - Professional Fees S C								-		
5. Resident Care Physicians ** \$ 6. Occupational Therapy \$ 7. Other - See attached Schedule \$ Pages 15 & 16 - Administrative and General 8 8. Discriminatory Benefits \$ 9. Bad Debts \$ 10. Accounting & Legal \$ 11. Telephone \$ 12. Cellular Telephone \$ 12. Cellular Telephone \$ 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 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lmt& Unallowable Advertising * 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23. Page 18 - Dietary Expenditures 24. 18 2c Meals to employees, guests and others who are not residents \$ 25. Laundry Expenditures 26. Housekeeping Expenditures 26. Housekeeping services to employees, guests 16. Housekeeping Expenditures					<u>\$</u>	57,316				57,316
6. Occupational Therapy 7. Other - Sec attached Schedule 8. Discriminatory Benefits 8. Discriminatory Benefits 9. Bad Debts 10. Accounting & Legal 11. Telephone 12. Cellular Telephone 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 L7 Automobile Expense (e.g. personal use) 18. 16 Lm18 (Inallowable Advertising * \$ 1,209		13 - F	rofes.							V.
7. Other - See attached Schedule \$ Pages 15 & 16 - Administrative and General \$ 8. Discriminatory Benefits \$ 9. Bad Debts \$ 10. Accounting & Legal \$ 11. Telephone \$ 12. Cellular Telephone \$ 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 L7 Automobile Expense (e.g. personal use) \$ 18. 16 Lmt8 Unallowable Advertising * 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23. Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 26. Housekeeping Expenditures 26. Housekeeping Expenditures 26. Housekeeping Expenditures										
Pages 15 & 16 - Administrative and General										
8. Discriminatory Benefits \$ 9. Bad Debts \$ 10. Accounting & Legal \$ 11. Telephone \$ 12. Cellular Telephone \$ 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 L7 Automobile Expense (e.g. personal use) \$ 18. 16 Lm18 Unallowable Advertising \$ 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23. Other - See attached Schedule \$ 24. 18 2c Meals to employees, guests and others who are not residents \$ 26. Housekeeping Expenditures 26. Housekeeping Expenditures 26. Housekeeping Expenditures 26. Housekeeping services to employees, guests	L				\$					
9. Bad Debts \$ 10. Accounting & Legal \$ 11. Telephone \$ 12. Cellular Telephone \$ 12. Cellular Telephone \$ 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 L7 Automobile Expense (e.g. personal use) \$ 241 1. 18. 16 Lm1& Unallowable Advertising * \$ 1,209 1. 19. Income Tax / Corporate Business Tax \$ 1,209 1. Unallowable Advertising * \$ 1,209 1. Unallowable Management Fees \$ 1. Unallowable Managem		s 15 &	16 -							
10.										
Telephone S Cellular Telephone S									<u> </u>	
12.										
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 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lm1&Unallowable Advertising * \$ 1,209 \$ 1, 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 \$ 23. Page 18 - Dietary Expenditures 24. 18 2c Meals to employees, guests and others who are not residents \$ 25. Laundry Expenditures 26. Housekeeping Expenditures 26. Housekeeping Services to employees, guests Housekeeping Services to employees, guests										
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 L7 Automobile Expense (e.g. personal use) \$ 241					\$			7//		
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 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lm1& Unallowable Advertising * \$ 1,209 \$ 1, 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ \$ 23. Other - See attached Schedule \$ 23,606 \$ 23, Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 \$ 5, Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ 5,480 \$ 5, Page 20 - Housekeeping Expenditures 26. Housekeeping Expenditures	13.		:	-						
Education expenditures to colleges or universities for tuition and related costs for owners and employees \$										
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 L7 Automobile Expense (e.g. personal use) 18. 16 Lm1& Unallowable Advertising * \$ 1,209 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 23. Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 5, Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests	14.				\$					S002-500 H-2/4/5007-500
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 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lm1& Unallowable Advertising * \$ 1,209 \$ 1, 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 \$ 23, Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 \$ 5, Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ 5,480 \$ 5, Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests	15.			=						
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 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lm1& Unallowable Advertising * \$ 1,209 \$ 1; 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 \$ 23, Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 \$ 5, Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ \$ 1,480 \$ 1,4				universities for tuition and related costs						
conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. 16 L7 Automobile Expense (e.g. personal use) \$ 241 \$ 18. 16 Lm1& Unallowable Advertising * \$ 1,209 \$ 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 \$ 23. Other - See attached Schedule \$ 23,606 \$ 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 \$ 25. Laundry Expenditures 26. Housekeeping Expenditures 17. 16 L7 Automobile Expenditures \$ 241 \$ 24. 18 2e Meals to employees, guests and others \$ 5,480 \$ 25. Laundry Services to employees, guests and others \$ 5,480 \$ 26. Housekeeping Expenditures	.			for owners and employees	\$					
continental U.S. Other out-of-state travel in excess of one representative \$ 17. 16 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lm1& Unallowable Advertising * \$ 1,209 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests Housekeeping services to employees, guests	16.			Travel for purposes of attending						
travel in excess of one representative \$ 17. 16 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lm1& Unallowable Advertising * \$ 1,209 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				conferences or seminars outside the						
17. 16 L7 Automobile Expense (e.g. personal use) \$ 241 18. 16 Lm18 Unallowable Advertising * \$ 1,209 19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 23. Other - See attached Schedule \$ 23,606 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 25. Laundry Expenditures 26. Housekeeping Expenditures Housekeeping services to employees, guests Housekeeping services to employees, guests				continental U.S. Other out-of-state						
18. 16 Lm18 Unallowable Advertising * \$ 1,209				travel in excess of one representative	\$					
19. Income Tax / Corporate Business Tax \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 23,606 23,606 23,606 23,606 23,606 23,606 5,600 25,600	17.	16	L7	Automobile Expense (e.g. personal use)	\$	241				241
20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 \$	18.	16	Lm18	Unallowable Advertising *	\$	1,209				1,209
21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 23,606 \$	19.			Income Tax / Corporate Business Tax	\$					
22. Barber and Beauty \$ 23,606	20.			Fund Raising / Contributions	\$					
23. Other - See attached Schedule \$ 23,606 23,606 Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 5,480 25. Laundry Expenditures 26. Housekeeping Expenditures Housekeeping services to employees, guests	21.			Unallowable Management Fees						
Page 18 - Dietary Expenditures 24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 \$ 5,900 \$ 5,000	22.									
24. 18 2e Meals to employees, guests and others who are not residents \$ 5,480 \$ 5, Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests	23.			Other - See attached Schedule	\$	23,606				23,606
who are not residents \$ 5,480	Page	18 - I								
Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests	24.	18	2e	Meals to employees, guests and others						
25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests					\$	5,480				5,480
and others who are not residents	Page	19 - I	auna	ry Expenditures						
and others who are not residents										
26. Housekeeping services to employees, guests					\$					
26. Housekeeping services to employees, guests	Page	20 - I	Iouse	keeping Expenditures						
							100			
		İ			\$					
			I			87,852				87,852

* 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
15	1a9	CASH IN LIEU OF HEALTH INSURANCE\			\$ 583
15	1a7	PENSION EXPENSE			\$ 168
10	A-2	DISALLOWED ADMINISTRATOR COMPENSATION			\$ 27,462
15	1a5	DISALLOWED FRINGE BENEFITS	3 (4 (5 (5 (6) 3)		\$ 3,570
		SEE SCHEDULE ATTACHED			\$ 25,533
Total Othe	r Salaries	Adjustment	\$ -	\$ -	\$ 57,316

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	(.00 section s		6.064.064.081.004	1 (july 18 (18 a) 18 a)	
300000000000000000000000000000000000000			1 (2 (2) (1) (1)	1 0 0 10 N	
	10.025 (20.032.03				
		7.7. (1.1. 1.1. 1.1. 1.1. 1.1. 1.1. 1.1.			
			18.88.81	S 30 30 30 30	
	1 53 000 000				
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Ref Line R	ef Description	CCNH	RHNS	Care Home
15 k2	SALES TAX	the state of the state of	\$21,000,000,000	\$ 34 (6
16 m11 -	INVESTMENT ADVISORY FEES		: = 14 (\$) 40 40 40 c	\$ 23,532
16 m13	BANK FEES	1/2 (1) (2)	n68, e30 (i.e. 65 (5) (i	\$ 40
4 39 (31.8)			70 (3) (5) (5) (5) (6) (6)	
- 100 ST		000000000000000000000000000000000000000		
Other A R.C.	Adjustments	\$	\$ -	\$ 23.606

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Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

			D. Adjustments to Statemen						
Name	e of Fa	cility		Lic	ense No.	Report for Y	ear Ended	Page	of
BAC	ON &	HINK	CLEY HOME, INC	<u> </u>	1821-HA	9/30/2015	***************************************	29	37
					Total				
Item	Page	Line			Amount of			Reside	ential Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	ŀ	Iome
			Subtotals Brought Forward	\$	87,852				87,852
Page	20 - R	eside	nt Care Supplies***						
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	\$			material and the second and the seco		
Page	22 - N	<i>Lainte</i>	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					TANDER DE STATE DE LA CONTRACTOR DE LA C
36.	-		Depreciation on Unallowable						
			Motor Vehicles	\$				200 1000 1000	
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$		THE STREET AND THE ST		Termina vicine en anti-	MONTH OF THE PERSON OF THE PER
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$			STORES AND DESCRIPTION OF THE PROPERTY OF THE	Transconduction	
Othe	r - Mis	scella	neous						
42.			Research or Experimental Activities	\$				<u> </u>	
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					municipal de la companya de la companya de la companya de la companya de la companya de la companya de la comp
47.			Expenditures made for the protection,						
			enhancement or promotion of the						
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$		· · · · · · · · · · · · · · · · · · ·			/ST-02006/SD2495/DS1007/S
49.			Other (include personnel and other				100		
			costs unrelated to resident care) - See						
L	<u> </u>		Attached Schedule	\$					
Not I	For Pi	ofit P	roviders Only						
50.			Building/Non Movable Eq. Depreciation	_					
ı			Unallowable Building Interest -						
			See Attached Schedule	\$				<u> </u>	
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	87,852				87,852

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	100 ATT 100 ATT 100 ATT				
				40 00 00 00 00	
					100 6 6 6 6
				(50) (50) (50) (50)	
	68.68° W. (5)				
Total Othe	r Ancillary	Costs	\$ -	\$ -	

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
				10.00	
				105000000000000000000000000000000000000	
			100 200 000 000 000	38,000,000,00	
		11 PM 12 1			
(0) (3) (6) (5)			10.00		
(9), (3), (2), (2),	50.62.68.69			1.00	
Sec. (3) 83			42 (42 (2) (3)		8 (5) (2) (3) (3)
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
				- 611 - 65 - 56 - 16 - 15	10.000.000.000.000.000
			0.20000000	100000000000000000000000000000000000000	0.00.00.00.00
A	200		Estatement day dis	(1) (4/17 (4	2-15-3-051-52-15
					8 32 S S S S S
					6 60 00 00 00 00
	V9010000 (222, 039				37 37 35 35 36
(1877-1887-1887-1897) 1887-1888-1888-1888	067 (06) 1762 (18) 63 (46) (18)				
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			45 65 50 60		
				10 (30) (30) (40) (30)	
100.000.000					
			4.4501.000.000.000.000.000.000.000.000.000.	100000000000000000000000000000000000000	
	85.00 (0.00		000 64 66 600 68		
				1 6 4 6 6	
Total Othe	r Adjustm	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
verneralist	100				
00000000	51 (51 (51 (51			10 SE SE SE SE SE SE SE SE SE SE SE SE SE	
	(818/036/1990/AS		100 100 100 100 100 100 100 100 100 100		
			01/250/000000000000000000000000000000000		
	300000000000000000000000000000000000000		SUBSECTION AND ASSESSED.		
	100		5 5 6 6 6 6 6		
60.000	55 SE 75 K		0.0000000000000000000000000000000000000		
Total Unal	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

F. Statement of Re	ven				·	
Name of Facility BACON & HINKLEY HOME, INC License No. 1821-HA		Report for Y 9/30/2015	ear Ended		Page 30 1	of 37
ltem		Total	CCNH	RHNS	Residen Ho	tial Care
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	185,128				185,128
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	\$	222,881				222,881
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
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 **	\$			<u> </u>		
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				<u> </u>	
5. a. Occupational Therapy - Medicare	\$				<u> </u>	
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ \$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. <u>a. Other (Specify)</u> - Medicare b. Other (Specify) - Non-Medicare	<u>э</u> \$					
III. Total Resident Revenue (Section I. thru Section II.)	<u>\$</u>					400.000
IV. Other Revenue*	Ψ	408,009				408,009
	ø				14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Meals sold to guests, employees & others	<u> \$</u> \$					
2. Rental of rooms to non-residents	. . \$					<u></u>
Telephone Rental of Television and Cable Services	\$					
Remail of Television and Cable Services Interest Income (Specify)	<u> </u>	1,726				1,726
6. Private Duty Nurses' Fees	\$	1,720				1,120
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	_ \$	******				(23,017)
V. Total Other Revenue (1 thru 8)	\$					(21,291)
VI. Total All Revenue (III +V)	\$					
ri. Iona za kevenue (m + v)	Ф	386,718			<u> </u>	386,718

^{*} 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.

BACON & HINKLEY HOME, INC 9/30/2015

Schedule of Other Resident Revenue - Medicare

Related Exp

				Residential
Page Ref	Description	CCNII	RHNS	Care Home
				45 155 05 150 150
0.0000000000000000000000000000000000000				
A 10 (40 (10 (40 A))				731 (2000)
Total Oth	er Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RIINS	Residential Care Home
ASV 355 (ASS)		17/00/10/05/70/10		
250100000000000000000000000000000000000				
Section 1				
Total Oth	er Resident Revenue	\$ 3	\$ -	\$ -

Interest Income

Account

				Residential
Account	Balance	CCNH	RHNS	Care Home
US TRUST				\$ 1,726
rest Income	0.000	\$ -	\$ -	\$ 1,726
	US TRUST	US TRUST	US TRUST	US TRUST

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30	DONATION		(8) (8) (9) (8)	\$ 175
30	VOID CHECKS FROM PRIOR YEAR			\$. 307
32 D7	DIVIDEND INCOME			\$ 91,047
32 D7	CAPITAL GAIN DISTRIBUTION			\$ 31,256
and and the manager of the desired	REALIZED GAIN			\$ 12,433
	UNREALIZED LOSS			\$ (158,325)
and the second second second	LITIGATION SETTLEMENT		S. District	\$ 90
10.000.000		i colociali respondente		9 155 000 000 100
				(0),74,170,96,370
Total Othe	r Revenue	\$ -	\$ -	\$ (23,017)

G. Balance Sheet

Name of Facility	License No.	Report for Year I	Ended	Page 31	of 37
BACON & HINKLEY HOME, INC	1821-HA	9/30/2015			
	Account			Amo	ount
Assets					
A. Current Assets	,		\$		65,488
1. Cash (on hand and in banks	()	Con Ded Deleta	<u> </u>		13,678
2. Resident Accounts Receiva	ble (Less Allowance	Tor Bad Debts)	\$		13,070
3. Other Accounts Receivable	(Excluding Owners	or Related Parties)	\$		
4 Inventories			\$		3,517
5. Prepaid Expenses		2 517	Ψ		3,317
a. Prepaid Insurance		3,517			
b. c.					
d.			\$		
6. Interest Receivable	2 11		\$		
7. Medicare Final Settlement			\$		
8. Other Current Assets (itemi	ze)		φ		
		<u>, </u>			
					82,683
A-9. Total Current Assets (Lines A	1 thru 8)		\$		02,003
B. Fixed Assets					57 104
1. Land			\$		57,196
2. Land Improvements	*Historical Cost		\$		
	Accum. Deprecia		Net		202.000
3. Buildings	*Historical Cost	907,004	\$		292,999
	Accum. Deprecia	tion 614,005			,
 Leasehold Improvements 	*Historical Cost		. \$		
	Accum. Deprecia		Net		
Non-Movable Equipment	*Historical Cost	80,367	. \$		59,76
	Accum. Deprecia				0.01
6. Movable Equipment	*Historical Cost	77,912	. \$		2,81
	Accum. Deprecia				
7. Motor Vehicles	*Historical Cost	42,751	\$.		
	Accum. Deprecia	tion 42,751	Net		
8. Minor Equipment-Not Dep	reciable		\$		
9. Other Fixed Assets (itemize	e)		\$		
B-10. Total Fixed Assets (Lines	B1 thru 9)		\$		412,76

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year E	nded	Page	of
BAC	NO:	& HINKLEY HOME, INC	1821-HA	9/30/2015		32	37
			Account	70 x 1.D1x	T		mount 495,451
			1 10 70 1: 70	Total Brought	Forward:	D	493,431
C.		asehold or like property record	led for Equity Purpos	es.		5	
		Land	*****			Þ	
	2.	Land Improvements	*Historical Cost		Ta4 6	ኮ	
			Accum. Depreciation	on r	Vet S	\$	
	3.	Buildings	*Historical Cost	<u></u>	.Tot	\$	
			Accum. Depreciation	on i	Vet S	Þ	
	4.	Non-Movable Equipment	*Historical Cost		Vet S	\$	
			Accum. Depreciation)n I	vet t	Þ	
	5.	Movable Equipment	*Historical Cost		Net S	\$	
			Accum. Depreciation)[11	vet '	Φ	
	6.	Motor Vehicles	*Historical Cost		Tot (\$	
			Accum. Depreciation	on 1		\$ \$	
~ ~	<u>7.</u>	Minor Equipment-Not Depre	ciable			\$	
C-8		tal Leasehold or Like Propert	tes (CI thru 7)			Þ	
D.		vestment and Other Assets				<u></u>	
		Deferred Deposits				<u>\$</u> \$	
		Escrow Deposits	4yr 1.03			Ð	
	3.	Organization Expense	*Historical Cost		Tot 1	c r	
			Accum. Depreciation	on 1		<u>\$</u> \$	
		Goodwill (Purchased Only)				\$ \$	
	5.	Investments Related to Resid	ent Care (<i>itemize</i>))	
			5 (1			\$	
	6.	Loans to Owners or Related		L Day		D	
		Name and Address	Amount	Loan Dat	<u>e</u>		
İ					f		
						\$	3,933,408
	7.	Other Assets (itemize)		2 022 400	9	φ	3,933,400
		BONDS & EQUITES		3,933,408			
<u></u>		101		7)		c	3,933,408
D-8	10	otal Investments and Other As otal All Assets (Lines A9 + B1	Seis (Lines Di thru /)		<u>\$</u> \$	4,428,859
D-9	. 10	nai Ali Asseis (Lines A9 + B1	υ ι Co τ Do)			Φ .	4,420,033

^{*} 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 Fac		LEY HOME, INC	License No. 1821-HA	Report for Year I 9/30/2015	Ended	Page 33	of 37
BACON & I	. 111111	LET HOME, INC	Account	19/30/2013		Am	
Liabilities			Account			ZXIII	Juiit
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$! !	5,775
	2.	Notes Payable (itemize)			\$		
		•					
	3.	Loans Payable for Equipm			\$		
		Name of Lender	Purpose	Amount	Date Due		
			•				
	4.	Accrued Payroll (Exclusiv	e of Owners and/or i	Stockholders only)	\$	unawanig Karlamanakakasisis a banduka ra kisantar	21,842
	5.	Accrued Payroll (Owners	and/or Stockholders	only)	\$		
	6.	Accrued Payroll Taxes Pa	yable		\$		
	7.	Medicare Final Settlemen	t Payable		\$		2,531
	8.	Medicare Current Financi	ng Payable		\$		
:	9.	Mortgage Payable (Curren	nt Portion)		\$		
	10.	Interest Payable (Exclusiv	e of Owner and/or R	elated Parties)	\$		
	11.	Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (itemize)		\$		
		··· , , , , , , , , , , , , , , , , , ,	······································	 			
	231	4.1.Ch.,	A 1 Al 10\				26.41.
A-13.	. 10	<i>tal Current Liabilities</i> (Lir	ies AT uiru 12)		\$		30,148

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	r Ended	Page	of
BACON & HINKLEY HOME, INC	1821-HA			34	37
<i>F</i>	Account			Am	ount
		Total Broug	ht Forward:		30,148
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment			\$		
Name of Lender	Purpose	Amount	Date Due		
·					
ĺ					
2. Mortgages Payable			\$		
Loans from Owners or Rela	ted Parties (itemize)	\$		
Name and Address of Lender	Amount	Loan D			
			The state of the s		
4. Other Long-Term Liabilities	(itemize)		\$		
<u> </u>					
B-5. Total Long-Term Liabilities (L.	ines B1 thru 4)		\$		
C. Total All Liabilities (Lines A-13	3 + B-5)		\$		30,148

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

	ne of Facility	License No.	Report for Year Ended	Page	
BA	CON & HINKLEY HOME, INC	1821-HA Account	9/30/2015	35	37
			Amount		
A.	Reserves				
	1. Reserve for value of leased	land		\$	
	2. Reserve for depreciation val	ue of leased buildir	gs and appurtenances		
	to be amortized			\$	
	3. Reserve for depreciation val	ue of leased person	al property (<i>Equity)</i>	\$	
	4. Reserve for leasehold real p	roperties on which	fair rental value is based	\$	
	5. Reserve for funds set aside a	as donor restricted		\$	
	6. Total Reserves			\$	
В.	Net Worth			1.	
	1. Owner's Capital			\$	
	2. Capital Stock			\$	
	3. Paid-in Surplus			\$	
	4. Treasury Stock			\$	
	5. Cumulated Earnings			\$	4,398,711
	6. Gain or Loss for Period	10/1/201	4 thru 9/30/2015	5 \$	
	7. Total Net Worth			\$	4,398,711
C.	Total Reserves and Net Worth			\$	4,398,711
D.	Total Liabilities, Reserves, and	Net Worth		\$	4,428,859

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
BACON & HINKLEY HOME, IN	C 1821-HA	9/30/2015		36	37
			nount		
A. Balance at End of Prior Perio	od as shown on Report of	f 09/30/2014		\$	4,618,480
B. Total Revenue (From Statem	ent of Revenue Page 30)		\$	386,718
C. Total Expenditures (From St	atement of Expenditures	Page 27)		\$	(606,487)
D. Net Income or Deficit				\$	(219,769)
E. Balance				\$	4,398,711
F. Additions 1. Additional Capital Control 2. Other (itemize)	ibuted (<i>itemize</i>)				
F-3. Total Additions				\$	
G. Deductions	. m . /a .e	`		\$	
1. Drawings of Owners/Op	erators/Partners (Specify	Title	Amount	Φ	
Name and Address (No		THE	Amount		
2. Other Withdrawings (Sp				\$	
Purpos	e	Ame	ount		
3. Total Deductions				\$	1000 711
H. Balance at End of Period	09/30	0/15		\$	4,398,711

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
BACON & HINKLEY HOME, INC	1821-HA	9/30/2015	37	37
Check appropriate category				
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home		
Preparer/Reviewer Certification				
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
DOHERTY, BEALS & BANKS, P.C.				
Addres Address		Phone Number		
187 WILLIAMS ST NEW LONDON, CT 06320		860-443-2033		