### Craig J. Lubitski Consulting LLC & CJLC LLC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

Corner House Cost Year 2015 50001.

Mr. Chris LaVigne CON & Reimbursement Department of Social Services 55 Farmington Avenue Hartford, CT 06105

Mr. LaVigne:

This enclosed 2015 Medicaid Cost Report intentionally omits the following disallowances:

- a. Administrator and Related Party salaries
- b. Dues and Membership Fees to Professional Associations
- c. Physical or Speech Therapy salaries or fees
- d. Depreciation and/or interest expense related to capitalized items previously deemed unallowable by the Department

It is our understanding that the software utilized by the Department in the rate setting process computes the necessary disallowances for these areas and our intention is to eliminate the potential for a duplicate disallowance.

If you have any questions, please contact me at 860-610-9009.

Respectfully,

()/2

Craig J. Lubitski, CPA Partner

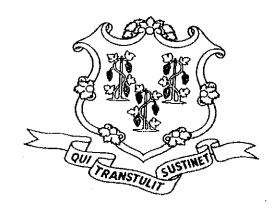


225 Pitkin Street East Hartford Connecticut 06108

860.610.9009 (t) 860.610.9030 (f)

cjlc.com

### **State of Connecticut**



### **Annual Report of Long-Term Care Facility**

Cost Year 2015

Name of Facility (as	•							
Cornerhouse Resider	ntial Care LLC							
Address (No. & Street	et, City, State, Z	Zip Code)						
1 Griswold St., Meric	den, CT 06450							
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	h Nursing				
☐ Nursing Home	e only		Supervision on	ıly	$\checkmark$	Residenti	al Ca	re Home
(CCNH)	·		(RHNS)	•				
Report for Year Begi	nning		Report for Yea	r Ending	, ,	***************************************		
10/1/2014			9/30/2015					
License Numbers:		CCNH	RHNS	Reside	ential Care I 1875	Home	Me	dicare Provider
Medicaid Provider N	umbers:	CC	NH	RF	INS		IC	F-IID
For Department Us	· ·							
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	nd Notari	zed	Date Received
Assigned	Notarized	Received	Assign	ed	5 igned u	nd mount		Bute Received
. ,				· · · · · · · · · · · · · · · · · · ·		·		

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### State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Cornerhouse Residential Care LLC				10/1/2014	9/30/2015
Address of Facility					
1 Griswold St., Meriden, CT 06450					
Report Prepared By		Phone Nun		Date	
Craig J. Lubitski Consulting LLC		860-610-90	)09	2/15/2016	
					Residentia 1 Care
Item		Total	CCNH	RHNS	Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.** 

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

		ne No. of Fac -237-2257	_	Report for Ye 9/30/2015	ar Ended	Page 2	of 37
Name of Facility (as shown on license)	1205			Street, City, Sto	ite, Zip)		
Cornerhouse Residential Care LLC		1 Griswold	St., M	Aeriden, CT 06	450		
CCNH		RHNS	Resi	dential Care H		Medicare F	rovider No.
License Numbers:	<u> </u>		l	1	875		
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)		t Home with lervision 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 Trust
If this facility opened or closed during report year provide	de:		Date	e Opened	Date Clos	sed	
Has there been any change in ownership		37	_	NI_	YC 037 11	1-: £.11	
or operation during this report year?	0	Yes		No	II IES,	explain full	у.
Administrator				Nursing Ho			
Name of Administrator Henna Ali				Administrat			
neilla Ali				License 1			
Other Operators/Owners who are assistant administrator	s (ful	or part time	of th				
Name		•	•	License 1	No.:		

### **General Information and Questionnaire Partners/Members**

Name of Facility		License No.	Report for Y	ear Ended	Page of
Cornerhouse Residential Care	LLC	1875	9/30/2015		3 37
Legal Name of Par	tnership/LLC	Business A	Address		or Town(s) in egistered
Cornerhouse Residenital Care	LLC	1 Griswold St., 1 06450	1 Griswold St., Meriden, CT CT, Meriden		
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned
Jit Mitra	1 Griswold St., Meride	n, CT 06450	Member		16.5
Sipra Mitra	1 Griswold St., Meride	n, CT 06450	Member		16.5
Sifwat Ali	268 Middlesex Ave., C 06412	hester, CT	Member		17
Fozia Ali	268 Middlesex Ave., C 06412	hester, CT	Member		17
Razia Rehman	268 Middlesex Ave., C 06412	hester, CT	Member		16.5
Abdul Rehman	268 Middlesex Ave., C	hester, CT	Member		16.5

### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Cornerhouse Residential Care LLC	1875	9/30/2015		3A 37
If this facility is owned or operated as a corpo	oration, provide th	e following informa	tion:	
Legal Name of Corporation		ss Address	State(s) in Whi	ch Incorporated
				<u> </u>
Name of Directors, Officers	Busines	ss Address	Title	No. Shares
				Held by Each
		_		
Names of Stockholders Owning at Least				
10% of Shares				

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### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Cornerhouse Residential Care LLC	1875	9/30/2015	3B 37
If this facility is owned or operated as an individua	l proprietorship, pr	ovide the following informati	ion:
	ner(s) of Facility		
	•		
		,	

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## General Information and Questionnaire Related Parties\*

Name of Facility Cornerhouse Residential Care LLC		License No.	No. 1875	4	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals receimarriage, ability to contr	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	ility relass associ	ated throu		Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add lation on Pag	iress and ge 11 of the report.
Are any individuals or concollincluding the rental of privelated through family as association to any of the	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 bus association to any of the owners, operators, or officials of this facility?	or servico this faccontrol, of this fa	es, cility, or business cility?	SS	• Yes O No	If "Yes," provide the following information:	e following	information:
	1111							
		Alsc	Also Provides	-		Indicate Where		
		Goods	Goods/Services to	g		Costs are Included		
Name of Related	Business	Non-Re	Pd Pg	ties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No   %	**%	Provided	Page # / Line #	Reported	Related Party
Cornerhouse Real Estate	14 Woods Roe, Monroe, CT	0	•	环	Rental Real Estate	22/9	137,577	137,577
Great American/AAIC	301 E 4th Street, Cincinnati, OH	0	•	<i>V</i> 1	Shared property and liability insurance	27/14a	18,729	18,729
Progressive Auto Insurance	P.O. Box 94739, Cleveland, OH	0	•	<i>S</i> 3	Shared automobile insurance	27/14b	1,459	1,459
Berkley Net	P.O. Box 920179, Needham, MA	0	•	(1)	Shared worker's compensation insurance	15/1a1	22,358	22,358
CBIA/Anthem	P.O. Box 150496, Hartford, CT	0	•	<i>V</i> 1	Shared health insurance	15/1a5	(41)	(41)
Paychex	714 Brook Street, Rocky Hill, CT	0	•	57	Shared payroll processing fees	16/m13	4,747	4,747
Henna Ali	1 Griswold St., Meriden, CT 06450	0	•	ţ	Administrator	10/A2	58,054	58,054
See Attached		0	0					
		0	0					

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

Cornerhouse 9/30/2015 Attachment to Page 4

Name of Related		Indicate Where Costs are Included in Annual Report		Actual Cost to the
Eagle Landing	Eagle Landing Intercompany receivables / payables	33 / A12	120,490.88	120,490.88
Fitchville	Intercompany receivables / payables	33 / A12	73,757.13	73,757.13
Silver Manor	Intercompany receivables / payables	31 / A8	434,191.17	434,191.17
Affiliates	Intercompany receivables / payables	31 / A8	181,963.04	181,963.04
Eagle Landing Mgmt	Intercompany receivables / payables	33 / A12	19,628.00	19,628.00
Countryside Villa	Intercompany receivables / payables	33 / A12	3,325.00	3,325.00
ELR Maine	Intercompany receivables / payables	33 / A12	32,800.00	32,800.00
Owner	Intercompany receivables / payables	33 / A12	18,473.00	18,473.00

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

Name of Facility	License No.		Report for Year Ended	Page of		
Cornerhouse Residential Care LLC	1875		9/30/2015	5 37		
If the facility is licensed as CDH and/or RCH of	or provides AII	OS or TB	services with special Med	licaid rates, costs		
must be allocated to CCNH and RHNS as follo						
Item			Method of Alloca	tion		
Dietary	N	umber of	meals served to residents			
Laundry	N	umber of	pounds processed			
Housekeeping	N	umber of	square feet serviced			
	N	umber of	hours of routine care prov	ided by EACH		
Nursing			lassification, i.e., Director	` ' '		
	R	egistered	Nurses, Licensed Practica	l Nurses, Aides and		
		ttendants				
Direct Resident Care Consultants			hours of resident care pro-	vided by EACH		
	sp	ecialist (	See listing page 13)			
Maintenance and operation of plant	So	quare feet				
Property costs (depreciation)		quare feet				
Employee health and welfare		ross salar				
Management services		<u> </u>	e cost center involved			
All other General Administrative expenses			rect and Allocated Costs			
The preparer of this report must answer the fol	lowing questio	ns applic				
1. In the preparation of this Report, were all  O Yes  O No  If "No," explain fully why such allocation was						
costs allocated as required? Yes O No not made.						
		*****				
2. Explain the allocation of related company ex	xpenses and at	tach copy	of appropriate supporting	data.		
,						
				!		
3. Did the Facility appropriately allocate and s				ig home cost centers?		
(e.g., Assisted Living, Home Health, Outpat	tient Services,	Adult Day	y Care Services, etc.)			
	• Yes	O No	If "No," explain fully why not made.	/ such allocation was		

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

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

Moderation of included in takes amounts.		Í			,		
name of Facility			License No.	Keport for Year Ended	ar Ended		Page of
Cornerhouse Residential Care LLC			1875	9/30/2015			_
	Related * to	d * to					
	OWE	lers,					
	Operators,	ators,				Annual	
	5	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased		Lease	ofLease	Claimed
	0	0					•
	0	0					L. Control of the Con
	0	0					
	0	0					
-	0	0					
	0	0					
	0	0					
	0	0					
	0	0				A.S. Trees	
	0	0					

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Is a Mileage Log Book Maintained for All Leased Vehicles?

Total \*\*\*

% O

O Yes

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

### General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Cornerhouse Residential Care LLC	1875	9/30/2015		7	37
The records of this facility for the p	eriod covered by this re	eport were maintained on the following basis:		•	
	Modified Cash				
Is the accounting basis for this					
•	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Craig J. Lubitski Consulting Ll	LC	225 Pitkin Street, East Hartford, CT 061	08		
2 James Tabb		18 Scully Road, Somers, CT 06071			
3					
4 Services Provided by This Firm (de	scribe fully)				***
Monthly Accounting Services and Mo			\$	15,036	
	curcaiu Cost report		\$	2,000	
	LLUM ALERT CONT.		\$ \$	2,000	
3			<u> </u>		
4				. C D.	
			_	r Services Pi	rovided
	u p / Ami p	A NOTE OF THE PROPERTY OF THE PARTY OF THE P	\$	17,036	
	diture Portion of This Repor	rt? If Yes, Specify Expense Classification and Line No.			
O Yes O No	FISLIG				
Legal Services Information  Name of Legal Firm or Independen	t Attorney		Telephone	Number	
1	i Attorney		reception	7114111001	
2					
3					
4					
5					
Address (No. & Street, City, State, .	Zip Code )			,	
1					
2					
3					
4					
5 Services Provided by This Firm ( <i>de</i>	usaniha fullo)				
Services Frontact by This Firm (de	scribe fully j				
1			\$		
2			\$	,	
3			<u> </u>		
4			\$		
5			\$ Tal 6	<u> </u>	
			1 -	r Services Pr	rovided
Are These Charges Reflected in the Evnen	diture Portion of This Reno	rt? If Yes, Specify Expense Classification and Line No.	\$		1 400
• Yes O No		,			
		11 TAVA (1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 194		**********	

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## Schedule of Resident Statistics

Name of Facility Cornerhouse Residential Care LLC			License No. 187	No. 1875			Report for 9/30/2015	Report for Year Ended 9/30/2015	q		Page 8	of 37
						Period 10/1 Thru 6/30	1 Thru 6/.	30		Period 7/1	Thru 9/30	0
	Total All	Total CCNH	Total RHNS	Total Residential			4	Residential		<u> </u>	\$ \$ \$ \$	Residential
	Levels	Level	Level	Care Home	Total	CCNH	RHINS	Care Home	Total	CCNH	RHINS	Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	35			35	35			35	35			35
B. On last day of THIS report period	35			35	35			35	35			35
2. Number of Residents												
A. As of midnight of PREVIOUS report period	35			35	35			35	35			35
B. As of midnight of THIS report period	35			35	35			35	35			35
ত্র												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	365			365	273			273	92			92
E. State SSI for RCH	12,291			12,291	9,187			9,187	3,104			3,104
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	12,656			12,656	9,460			9,460	3,196			3,196
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved	(D											
							_					
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	12,656			12,656	9,460			9,460	3,196			3,196

### **Annual Report of Long-Term Care Facility**

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ıse No.				Report	t for Year	Ended		Page	of
Cornerhouse	Residen	tial Care	e LLC		1875					9/30/201	5		9	37
			in the certified b		pacity du	ring tl	не геро	rt yea	r?	0	Yes	0	No	
II "YES"			llowing informa	uon;	<u></u>		in D - 1			C	anaitra A.A.	ou Chanca		
		Place of	f Change Residential		Cl	nange	in Bed	S		Ca	pacity Afte	r Change		
Date of	CCVILI	RHNS	Care Home		Lost		,	Gaine	d					
Date of	CCNII	KHING	Care Frome		LOSt	Ι				1		Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
	(-)	(/	(-)	\-Z				<u> </u>						
					181									
						L								
			in certified bed			the re	eport ye	ear (as	report	ed in item	4 above)	provide the nur	nber of	
RESIDI	INI DA	YS for	90 days followir	ig ine	cnange.					· · · · · ·				
			al In	•	4 D						SATEY	DING	   Decidential	Care Home
Lat about			Change in Re	esider	it Days						NH	RHNS	Kesidentiai	Care Honic
1st chang 2nd char														
3rd chan														
4th chan														
		lents an	d Rates on Septe	mber	30 of Co	st Yea	ar							
			Medicare		Medi	caid				Se	lf-Pay		Other Sta	te Assisted
												Residential		
	Item		CCNH	C	CNH	RI	INS	CC	CNH	RI	INS	Care Home	R.C.H.	ICF-IID
No. of R		:		F600000=00								1		
Per Dien									<i>1.</i> 4 3		S Acousticiones	115,00		
a. One b								<b></b>				115,00		
c. Three						<del> </del>		l —						
bed r		5											]	
ocu i	ms.					<u> </u>		·						
														Residential
7. Total Nu	ımber o	f Physic	al Therapy Treat	ments	3					ТО	TAL	CCNH	RHNS	Care Home
	Medica									www.comencoloried				
В,		•	lusive of Part B)											
			e Treatments											
C	Other	torative	Treatments											
		Physical	Therapy Treati	nents	•••			••••		<u> </u>				
			Therapy Treatn			•••								
	Medica													
В.			lusive of Part B)											
			e Treatments							<u> </u>				
		torative	Treatments							<del> </del>	····			
	Other	Specale 2	Therapy Treatm	ante						<del>                                     </del>				
			ational Therapy		ments									
	Medica			iivati								0.		
В.	Medica	aid (Exc	lusive of Part B)	)										
		•	e Treatments											
	2. Res		Treatments											
	Other									ļ				
D.	Total C	Оссира	ional Therapy T	reatn	nents					1		1		1

### **Annual Report of Long-Term Care Facility**

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Report of Expenditures - Salaries & Wages

Report of Ex	<u> </u>	- Balall	·····		1	
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Cornerhouse Residential Care LLC	1875		9/30/2015		10	37
Are time records maintained by all individuals receiving cor	npensation?	0	Yes	0	No	
	•		Total Cost a	nd Hours		
			Total Cost a	iid 110tii 5	l	
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*	CCIVII	Tiours	IGHAD	110013	Cure Home	110013
Operators/Owners (Complete also Sec. I						
of Schedule A1)				The second secon		· Salania anno terrores de la companya de la compa
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					58,054	2,080
Assistant Administrator (Complete also Sec. 1V						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)					32,110	1,649
5. Dietary Service						
a. Head Dietitian	-			ļ		ļ
b. Food Service Supervisor					44,596	£ A11
c. Dietary Workers 6. Housekeeping Service					44,396	5,411
a. Head Housekeeper						
b. Other Housekeeping Workers					53,482	4,616
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	West Manual Constitution and Constitutio					
b. Other Maintenance Workers						
Laundry Service						
a. Supervisor						
b. Other Laundry Workers			<u> </u>			
Barber and Beautician Services     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						
Direct Care						
2. Administrative**	Manager and the later of the la	markham annanianskilika			dia cita la missi da kalangarian ini	
c. LPN					1	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
1. Direct Care 2. Administrative**						
d. Aides and Attendants					156,916	12,767
c. Physical Therapists					150,510	12,701
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers		Constitution of the Consti		20002-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		Western train
i. Physicians						
1. Medical Director	<b> </b>					
Utilization Review     Resident Care***	<u> </u>					
4. Other (Specify)	* * * * * * * * * * * * * * * * * * *					
T. Other (opcorty)						Year Marine Wall
j. Dentists						
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify)						
See Attached Schedule  A-13. Total Salary Expenditures	1				345,159	26,524
n-15, 10tal balary Experientires	L		L		343,139	20,524

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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	RI	INS	Residential	Care Home
Position	\$	Hours	\$	Hours	\$	Hours
		18 60 60 60 60				
	N ( 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1					
				Verification	MANAGEMENT .	
		44.50				
	SAN SAN SAN					
		10.00000000				Verself (SA)
				14.000		
						2,001 15 E 1142,031
	6.6. (6.1)			DENAMED VI		
Total Property of the Control of the	\$	\$55 TE E E	\$		\$ -	

### Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
					<b>建建筑建筑</b>	
	National States					
		SALVIER FRANKS				
	13 May 20 11 May 11					
	The large space					
Total	\$ -		\$ -		\$ -	

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	-			I icense No	I ivenue No	Report for	Report for Year Ended		Рапе	£.00
farrian To Surman				Treeting Tree		TOT TO JOY	TANK TITON		- -	5
Cornerhouse Residential Care LLC	<i>r</i> >			1875		9/30/2015			11	37
		Salary Paid	đ		***************************************					
				Fringe Benefits			I in a Where		Total	
Name	CCNH	RHINS	Residential Care Home	Payments (describe fully)	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										<u></u>
assistant Administrators who are identified on Page 12).										

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> 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\*

Minney of Township (and Bosons)				Y isones No	No amoni I	Denort for Veer Ended	eer Ended		Dage	J.
Iname of Facility (as incensed)				License 1vo.		ineport for a	ca Littera		1 450	 5
Cornerhouse Residential Care LLC				1875		9/30/2015			12	37
		Salary Paid	q							
			:	Fringe Benefits and/or Other	: :	Total	Line Where			:
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Henna Ali		i	58,054		Administrator	2,080 A2	A2			
										:
Section IV - Assistant Administrators										
Service of the colonian will be a considered to form of the considered of the colonians of	opioaco od	and majore f	S.11 informactic	w is massificad The	Additional sheats if was	minod				

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> 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.	<u> </u>	Report for Y		Page	of
Cornerhouse Residential Care LLC	18'	75	9/30/2015	Car Ended	13	37
Comemouse Residential Care Libe	10	, ,	Total Cost	and Hours	15	
			10101 0031	una mouro		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian				2 :		
2. Dentist				,		
3. Pharmacist						
4. Podiatrist				X ( Janes Anna and A		
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker				In X		
8. Physicians						
a. Medical Director (entire facility)					160	7
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)						
2. Pharmaceutical Committee	<u> </u>					
(Quarterly meetings)						
<ol> <li>Staff Development Committee (Once annually)</li> </ol>						
e. Other (Specify)			37.426			
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						4
b. Other						
10. Occupational Therapist						
a. Resident Care				, V		
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	Designation of the second					
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries			<u> </u>	has manyimad in Comm		

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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	License No.		Report for Y	ear Ended	Page	of
Cornerhouse Residential Care LLC	1875		9/30/2015		14	37
Name & Address of Individual	Full Explanation of Service	Operator	to Owners, rs, Officers	Explai	nation of Rel	ationship
		Yes	No			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Cornerhouse Residential Care LLC	1875		9/30/2015		15	37
						Residential
Item			Total	CCNH	RHNS	Care Home
Administrative and General						
a. Employee Health & Welfare Benefits		i				
1. Workmen's Compensation		\$	22,358			22,358
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	13,823			13,823
4. Social Security (F.I.C.A.)		\$	27,966			27,966
5. Health Insurance		\$	(41)			(41)
6. Life Insurance (employees only)				and the second		
(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. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
c. Bad Debts*		\$				,
d. Accounting and Auditing		\$	17,036			17,036
e. Legal (Services should be fully described	on Page 7)	\$				
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	1,575			1,575
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	3,710			3,710
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$				
attach copy )*						
		<u>~</u>				
j. Corporation Business Taxes (franchise tax	<del> </del>	\$				
k. Other Taxes (Not related to property - Sec	2 Page 22)	٨				
1. Income*	<del></del>	\$	2.000			
2. Other (Specify)		\$	3,998			3,998
See Attached Schedule		æ				
3. Resident Day User Fee		\$	00.40.5			00.407
Subtotal		\$	90,425	(Come Subto		90,425

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

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

Cornerhouse Residential Care LLC 9/30/2015

Attachment Page 15

### **Schedule of Other Employee Benefits**

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

### **Schedule of Other Taxes**

Description	CCNH	RHNS	Residential Care Home
Taxes - Other			\$ 3,998
Total	\$	\$ 44444	\$ 3,998

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Cornerhouse Residential Care LLC	1875		9/30/2015		16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
The state of the s	als Brought Forwa	rd:	90,425			90,425
l. Travel and Entertainment						
Resident Travel and Entertainment		\$	846			846
2. Holiday Parties for Staff		\$			************	
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
5. Education Expenses Related to Seminars a		\$				
6. Automobile Expense (not purchase or dep	reciation)	\$	2,273			2,273
7. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expens		\$_				
2. Advertising Telephone Directory (all such	expenses )***	\$				
3. Advertising Other (Specify)***		\$				
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service		\$	TT			N. P. S.
directly and not by contract or fee for serv	ice)***					
7. Postage		\$	281			281
* 8. Dues and Membership Fees to Professiona	ıl	\$				
Associations (Specify)						
See Attached Schedule					W.	
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	450			450
See Attached Schedule						
11. Services Provided by Contract (Specify and	d Complete	\$				
Schedule C-2, Page 21 for each firm or inc	dividual)					
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	19,328		BANK TANKS	19,328
See Attached Schedule					* V = 1	
C-14 Total Administrative & General Expenditures	5	\$	113,603			113,603

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

<sup>\*\*\*</sup> 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
	194125-334-4	NAMES AND	
		14 (44)	Para Palak
	15,080 (180)	with the second	Mark Str
			16.4.4.4555
	18.59.51		Section Application
		400000000000000000000000000000000000000	45445
otal Other Travel and Entertainment	\$	\$	\$

### Schedule of Other Advertising

			Residential
Description	CCNH	RHNS	Care Home
		eleja kalenda ag	· 特别的基础
			100
	BANK AND		
Total Other Advertising	\$ -	\$ -	\$ 15 10 12 12

### Schedule of Dues

			Residential
Description	CCNH	RHNS	Care Home
	4 M MAJAKA		411555
			AMARAN
	· 注题数据数据。		The second
	10/11/11/11/11/11		
			year Militi
	The first are the		
Cotal Dues	S	\$ ********	\$

### Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Meriden Police	1114,114,14		\$ 200
Meriden Fire		virtus 103,74	\$ 250
		version (1)	NAME OF STREET
Total Contributions	\$	\$ -	S 450

### Schedule of Other Administrative and General

The state of the s	CCNH	RHNS	Residential Care Home
Description 15 Griswold Expense	- CCMI	T/A I/O	\$ 11,135_
Bank Service Charges		il in the second	\$ 443
Business Licenses & Permits			\$ 225
Miscellaneous			\$ 253
Penalties & Interest			\$ 2,525
Payroll Processing Fee	factories (in		\$ 4,747
			[
Total Other Administrative and General	<u> </u>	\$	\$ 19,328

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

Name of Facility Cornerhouse Residential Care LLC	License No. 1875	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 #

<sup>\*</sup> 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)

_		Ι,		n Page 5)				_	
	ne of Facility		Licens		-	Report for Y		Page	of
Cor	nerhouse Residential Care LLC			1875		9/30/2015		18	37
								Reside	ntial Care
	Item			Total		CCNH	RHNS	Н	ome
2.	Dietary								
	a. In-House Preparation & Service								
	1. Raw Food		9	57,612	2				57,612
	2. Non-Food Supplies		Ş	10,434	4				10,434
Г	3. Other (Specify)		9	(218	8)				(218)
	Other dietary								
	•								
	b. Purchased Services (by contract other	•	9	3					
	than through Management Services)						- 25	100	
	(Complete Schedule C-2 att. Page 21)								
	c. Management Services**		\$		ľ	1			
	d. Other (Specify)		_		T				
2E.	Total Dietary Expenditures $(2a + b + c + d)$		9	67,829	9				67,829
					П			Reside	ntial Care
2F	Dietary Questionnaire			Total		CCNH	RHNS		ome
		da	*	70101	$\dashv$	001111	idino	1	-
G.	Resident Meals: Total no. of meals served per					• · ·			
Н.	Is cost of employee meals included in 2E?	<u> </u>	Yes		<u>ر</u>	No			
I.	Did you receive revenue from employees?	0	Yes	•	) ]	No	If yes, specify		
J.	Where is the revenue received reported in the	Cos	st Reno	t2 (Page/Line	a It	tem)	amt.		
	Is cost of meals provided to persons other		ot Itopo.	tt (Lagorina					
K.	• •	$\circ$	Yes	6	١ ٦	No	If yes, specify		
ix.	Members, Guests) included in 2E?		103	_	,	140	cost.		
	Members, Guests) included in 2E:						If you appoint		
L.	Is any revenue collected from these people?	0	Yes	•	) ]	No	If yes, specify		
		~		m #:	-		amt.	· · · · ·	
М.	Where is the revenue received reported in the	Cos	st Repo	t? (Page/Line	e It	tem)			
	Is cost of food (other than meals, e.g.,								
N.	snacks at monthly staff meetings, board	0	Yes		) 1	No ·	If yes, specify		
	meetings) provided to employees included	_				<del>-</del>	cost.		
	in 2E?								
O.	Is any revenue collected from employees?	$\circ$	Yes	•	) 1	No	If yes, specify		
	10 may 10 voltage delication from only 10 jours						amt.		
P.	Where is the revenue received reported in the	Cos	st Repo	t? (Page/Line	e It	tem)			
				<del></del>			·		

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

<sup>\*\*</sup> 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)

	ne of Facility	License			Year Ended	Page of
Corr	nerhouse Residential Care LLC		1875	9/30/201	5	19   37
						Residential Care
	Item		Total	CCNH	RHNS	Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	314			314
	<ol><li>Employee items including uniforms, gowns, etc. washed, ironed and/or</li></ol>	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	5			
	b. Purchased Services (by contract other	\$	, , , , , , , , , , , , , , , , , , ,			
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)					
	c. Management Services**	\$				
	d. Other (Specify)	\$				
3E.	Total Laundry Expenditures (3a+b+c+d)	\$	314			314
3F.	Laundry Questionnaire	2				
G.		) 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 Cos	st Report'	?	(Page/Lin	e Item)	
J.	In Cost of loundry provided to persons other	) Yes		No	If yes, specify cost.	
K.	Did you receive revenue from these people?	) Yes	•	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cos	st Report	?	(Page/Lin	ie Item)	-

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> 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)

Nan	ne of Facility	License No.	Rep	ort for Year E	inded	Page	of
Cor	nerhouse Residential Care LLC	1875		9/30/2015		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
``	a. In-House Care	by Personnel					
	1. Supplies - Cleaning ( <i>Mops</i> , pails, brooms, etc.)	Amt.	\$				
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*		\$				
	d. Other (Specify)		\$	1,423			1,423
	Housekeeping supplies						900
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	1,423			1,423
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	76			
	b. Medicine Cabinet Drugs		\$	813			813
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen			77			
	1. For Emergency Use		\$	GOOD TO STATE OF THE STATE OF T			
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$	THE PROPERTY OF THE PROPERTY O			
	salaries or fees)						
	h. Laboratory***		\$				
	i. Recreation		\$	39			39
	j. Other (Specify)****		\$	1,083			1,083
	See Attached Schedule		•••				
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	1,935			1,935

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

<sup>\*\*</sup> Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

### **Schedule of Other Resident Care**

Description	CCNH	RHNS	Residential Care Home
Cable TV			\$ 1,083
Total Other Resident Care	\$	\$	\$ 1,083

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Name of Facility Cornerhouse Residential Care LLC	ILC			License No. 1875	Report for Year Ended 9/30/2015				Page 21	of 37
		Related ** to Owner: Operators, Officers	** to Owners, tors, Officers				Fotal Cost	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	°Z	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	P. I	Line
	·	0	0							
		0	0							
		0	0	0000						
		0	0							
		0	0							
		0	0							
		0	0							
	-	0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 Y	ear Ended		Page	of
Cornerhouse Residential Care LLC	1875	9/30/2015			22	37
					Residen	tial Care
Item		Total	CCNH	RHNS	Но	me
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	9,653				9,653
b. Heat	\$	12,363				12,363
c. Light & Power	\$	23,121				23,121
d. Water	\$	1,952				1,952
e. Equipment Lease ( <i>Provide detail on p</i>	page 6) \$					
f. Other (itemize)	\$	7,055				7,055
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f) \$	54,144				54,144
7. Depreciation (complete schedule page 23	(*)					
a. Land Improvements	\$	1,725				1,725
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	160				160
d. Movable Equipment	\$	3,162				3,162
*7e. Total Depreciation Costs $(7a + b + c + d)$	1) \$	5,047				5,047
8. Amortization (Complete att. Schedule Pa	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	15,768				15,768
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + c	l) \$	15,768				15,768
9. Rental payments on leased real property l	ess					
real estate taxes included in item 10b	\$	137,577				137,577
10. Property Taxes						
a. Real estate taxes paid by owner	\$	37,751				37,751
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	543				543
11. Total Property Expenses (7e + 8e + 9 +	10) \$	196,685				196,685

<sup>\*</sup> 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	Residential Care Home
Fire protection services			\$ 1,354
Small furniture & appliances			\$ 661
Equipment rental			\$ 64
Rubbish removal			\$ 3,771
Snow Removal			\$ 1,205
		VENT BEFORE	
		NI SANANA KANA	
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 7,055

State of Connecticut
Annual Report of Long-Term Care Facility
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Depreciation Schedule

			nehier	Deptectation Schedule	neanie					
Name of Facility			License No.			Report for Year Ended	ynded		Page	of
Cornerhouse Residential Care LLC			1875	75		9/30/2015			23	37
			Historical Cost	Less		Accumulated Depreciation to	Method of			
Property Item			Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful	Depreciation for This Year	Totals
A. Land Improvements							_			2
1. Acquired prior to this report period			17,250		17,250	13,800	SL	10		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period			950,000		950,000		Related Party	23	(makku)	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
B-4. Subtotal										
C. Non-Movable Equipment										
I. Acquired prior to this report period			1,600		1,600	1,440	SL	10	160	
3. Acquired during this report period (attach schedule)	ch schedule)									
C-4. Subtotal										160
	Is a mileage		11.			¥				
	logbook maintained?	Date of Acquisition	Historical Cost	Less		Accumulated Depreciation to	Method of			
	V <sub>CC</sub>		Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation	E
D Movable Eminment	326	Monun rear		v attle	Deplecialed	real s Operations	Depreciation	LIIE	lor this rear	1 otals
and year of each vehicle)										
Van	X	12 9	31,619		31,619	28,458	SL	5	3,162	
b.										
· .										
ď.										
2. Movable Equipment										
a. Acquired prior to this report period		VAR VAR	120,655		120,655	120,655	SL	7		
b. Disposals (attach schedule)										
c. Acquired during this report period										
(attach schedule)							The second secon			
က					W.	Reference of the second				3,162
E. Total Depreciation										3,322

### Schedule of Land Improvements Acquired during this report period

Description Living 11	aprovements Acquired daring one report person		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				108 10 64 108 109 1
VANDERIA (SA)		3444444		
		9.60.60.60.60		Property and a
			WAR THE REAL PROPERTY.	
				SPECIES SEE
Total additions for l	Laud Improvements	\$ 11.11.11.11.11		\$
Deletions:				
			NAMES AND ASSESSED.	
Africanalism			THE THE	
Total deletions for I	and Improvements	\$ -		\$ 400000

<sup>\*</sup>Ties to Page 23, Line A3

### Schedule of Building Improvements Acquired during this report period

	g xmprovements required during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	-			
			一种特殊技术	
				ALEANAR R.
			03333333	0.0000000000000000000000000000000000000
			SAME BANKS	
				31313134
Fotal additions for l	Building Improvements	\$ 144.000.400.00	EX SULAND	\$ 1000000
Deletions:				
WAS A STREET				
			000000000000000000000000000000000000000	
WHENA WARK				
			19.00	
		HATELE STATE		
Fotal deletions for l	Building Improvements	\$	14,000,000	\$

<sup>\*</sup>Ties to Page 23, Line B3

### Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Discription of Item	1		- Depreciation
			च्यू करण्या	No. 13 No.
CONTRACTOR OF THE		THE RESEARCH		9,000,000
			VIII NEW TO	
		经营销 油油		50 ST 100 ST
Total additions for	Non-Moyable Equipment	\$ 548,536		\$ 354504214
Deletions:				
		91681318		
		101120100100		
				Park and the Co
		THE REEL		
Select History		1000	1501538	
		NIA SERVICE		AND THE PARTY.
Fotal deletions for l	Non-Movable Equipment	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of Year			
				1941
V2.32.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		A SERVE ERV		
			ggiral angg	
Total additions for I	Moyable Equipment	\$	444444	\$ 33334344
Deletions:				
				<b>HERRICA</b>
				BENEFIT OF
Para Balanca				
Village And Report				
31.55 S. 1.55				
A. S.				
Total deletions for M	Aovable Equipment	<b>\$</b>	NEW BUTTANIES.	\$ 145000000000000000000000000000000000000

<sup>\*</sup>Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			ANGERS	Will be the second
				[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Total additions for	Leaschold Improvement	\$ 455 444-55		\$
Deletions:				
1660		VI STATE	PROBLEMS.	
		THE RESERVE		
Total deletions for	Leasehold Improvement	\$ 14.15.5	Lawer and	\$ 1437424

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*\*</sup>Tics to Page 24, Line C2

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

# Amortization Schedule\*

Nan	Name of Facility Cornerhouse Residential Care LLC			License No.		Report for Year Ended 9/30/2015	r Ended		Page 24	of 37
	descriptions and defended in the contract of t					Accumulated				
		Date of	of.			Amort. to				
		Acquisition	sition			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
Ą	Organization Expense									
	1.									
	2.									
	3.						The state of the s			
A-A	A-4. Subtotal									
В.	Mortgage Expense								read lines	
	1.								day (palane	he
	2.									
	3.									
B-4.	1. Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	VAR	VAR	15	206,349	99,798 SL	SL	VAR	15,768	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)	VAR	VAR	15			ST	VAR		
C-4.	f. Subtotal									15,768
D.	Total Amortization									15,768
	* 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	License No.	Report for Year En	ded		Page	of
Cornerhouse Residential Care LLC	1875	9/30/2015			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	e Facility	<b>.</b>	•		If "Yes," comple	te Part B.
or leased from a Related Party?*	(	) Yes	O	No	If "No," complet	
*If any owner or operator of this fac	cility is related by family,	marriage, ownership, abi	lity to control or			
business association to any person						
a related party transaction.			le company of the control of the con			
Description		Total				
Date Land Purchased		10-1-05				
2. Date Structure Completed	- CD1	10/01/05				
<ol> <li>If NOT Original Owner, Date</li> <li>Date of Initial Licensure</li> </ol>	e of Purchase	10/01/05				
		10/01/05				
		8,000				
<ul><li>6. Square Footage</li><li>7. Acquisition Cost</li></ul>		5,000				
a. Land		200,000				
b. Building		950,000				
Part B - Owner and Related Pa	rties	1st Mortgage		3rd Mortgage	4th Mortg	gage
1. Financing		3.8	2 3			
a. Type of Financing (e.g., fi	xed, variable)		VAR			
b. Date Mortgage Obtained		10/01/05	01/11/06			
c. Interest Rate for the Cost	Year	7.22%	5.28%			
d. Term of Mortgage (number	er of years)	20	20			
e. Amount of Principal Borre		641,498	458,500			
f. Principal balance outstand	ling as of					
Complete if Mortgage was I						
During Current Cost Ye						
g. Type of Financing (e.g., fi	ixed, variable)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number						
k. Amount of Principal Borr  I. Principal Outstanding on						
Part C - Arms-Length Leas		Improvements Only	<u> </u>		l	
Name and Address of Lesso		operty Leased		Term of Lease	Annual Amoun	t of Lease
Name and Address of Desso	11	operty Deased	Bute of Bease	I CHIL OX DOUBLE		
					<u> </u>	

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	ar Ended		Page of
Cornerhouse Residential Care LLC 1875		9/30/2015			26   37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest	1				
A. Building, Land Improvement & Non-Movab	le				
Equipment  1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
7 Address of Bender					
3. Third Mortgage	\$				
Name of Lender	Rate				
		-			
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					March 196
	<b>.</b>	, .			
1. Original Loan Amount	\$				1.0
Loan Origination Date					
3. Interest Rate %			-		
4. Term				9	
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5	) \$		n Subtotale		

(Carry Subtotals forward to next page)

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

Name of Facility License 1		······································	Report for Y	ear Ended		Page	of
Cornerhouse Residential Care LLC 18	75		9/30/2015			27	37
						Reside	
Item			Total	CCNH	RHNS	Care I	lome
	otals Bro	ught Forward:					
12. C. Movable Equipment							
Automotive Equipment	_	\$	Transfer of the second				
A. Item	Rate	Amount					
Lender							
Address of Lender							
2. Other (Specify)		\$					
A. Item	Rate	Amount					
Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Inter	est	ф		<u> </u>			
Expense (C1 + 2)		<u>\$</u>					
12. D. Other Interest Expense (Specify)		Ъ					
13. Total All Interest Expense (12B7 + 12)	$C3 \pm 12D$	) \$			The Action of the Control of the Con		
14. Insurance		<u>,                                    </u>					
a. Insurance on Property (buildings of	nly)	\$	18,729				18,729
b. Insurance on Automobiles		\$					1,459
c. Insurance other than Property (as s	pecified a	bove)	,		,		-
1. Umbrella (Blanket Coverage)	- 	\$					
Fire and Extended Coverage		\$					
3. Other (Specify)		\$					
14d. Total Insurance Expenditures (14a + 1	b+c)	\$					20,187
15. Total All Expenditures (A-13 thru C-1	4)	\$				8	01,279

# D. Adjustments to Statement of Expenditures

Name	of Fa	cility		Lie	cense No.	Report for Ye	ar Ended	Page	of
Corne	erhous	e Res	idential Care LLC	<u> </u>	1875	9/30/2015		28	37
					Total				
Item	Page	Line			Amount of			Reside	ntial Care
	No.		Item Description		Decrease	CCNH	RHNS	Н	ome
			es and Wages				W.		
1.			Outpatient Service Costs	\$			1997 Anny and Control of the Control		
2.			Salaries not related to Resident Care	\$					
3.		A	Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
	13 - F	Profes	sional Fees	<u> </u>					
5.	10 - 1	Tojes	Resident Care Physicians **	\$					and the second
6.			Occupational Therapy	<del>-</del> \$					
7.			Other - See attached Schedule	\$					
	. 15 0	. 16	Administrative and General	Ψ	0 16 15 15 15 15 15 15 15 15 15 15 15 15 15			11 11	4-4-
	13 W	10 -	Discriminatory Benefits	\$			Min de la		
8. 9.			Bad Debts	<del>_</del> \$				<b></b>	
10.			Accounting & Legal	\$					
	• • • • • • • • • • • • • • • • • • • •			<del> </del>		<u> </u>	2000-0		
11.			Telephone	<del>-</del> \$					
12.			Cellular Telephone	Ф					
13.			Life insurance premiums on the life	Φ.					
- 1			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	\$				U W	
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$				ļ	
17.			Automobile Expense (e.g. personal use)	\$					
18.			Unallowable Advertising *	\$					
19.	15	k1	Income Tax / Corporate Business Tax	\$	3,748				3,748
20.	16	10	Fund Raising / Contributions	\$	450	100 m			450
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	13,913		<u></u>		13,913
Page	18 - 1	Dietar	y Expenditures						
24.		<u> </u>	Meals to employees, guests and others			100			
1			who are not residents	\$					
Page	19 - I	auna	ry Expenditures						
25.		<u> </u>	Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - I	House	keeping Expenditures						
26.			Housekeeping services to employees, guests						
~~.			and others who are not residents	\$				WELFORD STORES	
<b></b>	l	L	Subtotal (Items 1 - 26)						18,111
			Wanted*	· ~	I	'arrv Subtotal f	`	· · ·	·

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> 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

Daga Daf	I : D.£	Describedien	CONTA	DHAIC	Residential
Page Ref	Line Kei	Description	CCNH	RHNS	Care Home
	Name of the last				
NAME OF					
Total Other	r Salaries A	Adjustment	\$	\$ 444444	\$

### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
WAR STATE					
	NEET VIEW				
93030303			<b>在我们的</b>		
				基础具体建筑	
Total Other	r Fees Adju		\$ 1916-1912 191	\$ 10 2002 10	\$

### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	15 Griswold Expense			\$ 11,135
16	m13	Miscellaneous			253
16	m13	Reconciliation Discrepancies			www.hi
16	m13	Penalties & Interest	MARRIERE		2,525
Total Other	r A&G Ad	justments	\$ MANAGER	\$ piekwejāna	\$ 13,913

### **Annual Report of Long-Term Care Facility**

CSP-29 Rev. 10/2006

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

Cornerhouse Residential Care LLC	<b>.</b>	675	*1**	D. Adjustments to Statemen					Daga	of
Item   Page   Line   No.   No.   No.   No.   Subtotals Brought Forward   Subtotals B			-	<b>!</b>	LIC			ear Ended	Page	
Item   Page   Line   No.   No.   Item Description   Decrease   CCNH   RHNS   Residential Ca   Home	Corne	erhous	se Kes	idential Care LLC			9/30/2015		29	31
No.   No.   No.   Item Description   Decrease   CCNH   RHNS   Home		_	١						Dasidan	tial Cana
Subtotals Brought Forward   Statistics				Tr. The stratters			CONTI	DIBIO		
Page 20 - Resident Care Supplies***   27.	No.	No.	No.		Φ		CCNH	Knivs	по	
27.   Prescription Drugs   \$		<b>20 </b>			2	18,111				18,111
28.		20 - I	Ceside		Φ.	lea lea	a a la			
29.					_					
30. Laboratory \$ 31. Medical Supplies \$ 32. Oxygen (non emergency) \$ 33. Occupational Therapy \$ 3. Other - See Attached Schedule \$ 22 - Maintenance and Property \$ 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 3. Object of the Comparison of the Comparison of See Attached Schedule \$ 3. Object of See Attached Schedule \$ 3. Object of See Attached Schedule \$ 3. Other - Miscellaneous \$ 3. Other - Misc										
31.   Medical Supplies   \$					-					
32.   Oxygen (non emergency)   \$   33.   Occupational Therapy   \$   \$   \$   \$   \$   \$   \$   \$   \$										
33. Occupational Therapy \$				· · · · · · · · · · · · · · · · · · ·	_				 	
34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property  35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. 22 10a/c Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine 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 \$  Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
Page 22 - Maintenance and Property   35.   Excess Movable Equipment Depreciation   See Attached Schedule   \$   See Attached Schedule   \$   Depreciation on Unallowable   Motor Vehicles   \$   \$   \$   \$   \$   \$   \$   \$   \$					_	11.41				
Sec Attached Schedule   S					\$					
See Attached Schedule   \$		22 - I	<i><b>Aainte</b></i>							
Depreciation on Unallowable   Motor Vehicles   S	35.									
Motor Vehicles   S   S   S   S   S   S   S   S   S					\$					
37. 22 10a/c Unallowable Property and Real Estate Taxes \$ 5,327 \$ 5,32  38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ \$ 41. Property Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	36.									
Estate Taxes					\$				100000000000000000000000000000000000000	
38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$  Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$  Other - Miscellaneous \$ 42. Research or Experimental Activities \$ 43. 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 \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	37.	22	10a/c							
39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$  Other - Miscellaneous 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 \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$						5,327				5,327
Page 27 - Insurance         40.       Mortgage Insurance       \$         41.       Property Insurance       \$         Other - Miscellaneous       \$         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       \$         Not For Profit Providers Only       \$         50.       Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule       \$	38.			Rental of Building Space or Rooms						
40. Mortgage Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	39.			Other - See Attached Schedule	\$					
41. Property Insurance \$  Other - Miscellaneous  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 \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	Page	27 - I	nsura	nce						
Other - Miscellaneous  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 \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	40.			Mortgage Insurance	\$					
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 \$ Not For Profit Providers Only \$ 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$ 49. See Attached Schedule \$ 40. See	41.			Property Insurance	\$					
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 \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	Other	r - Mis	scella	neous						
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 \$ Not For Profit Providers Only  Not For Profit Providers Only  Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$ \$	42.			Research or Experimental Activities	\$					
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 \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	43.			Radio and Television Revenue	\$					
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 \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	44.			Vending Machine Revenue	\$					
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 \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	45.			Purchase Discounts and Allowances	\$					
enhancement or promotion of the providers interest \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	46.			Duplications of functions or services	\$					
providers interest \$  48. Interest Income on Accounts Rec \$  49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	47.			Expenditures made for the protection,						
48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				enhancement or promotion of the						
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				providers interest	\$					
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	48.			Interest Income on Accounts Rec	\$					
costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$										
Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$			İ							
Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$				· · · · · · · · · · · · · · · · · · ·	\$					
50. Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule \$	Not 1	For Pr	ofit P							
Unallowable Building Interest - See Attached Schedule \$		l -								
See Attached Schedule \$						100				
				1 <del>-</del>	\$	Process in the second s		No.		ONE STATE OF THE S
51. Total Amount of Decrease (Items 1 - 50) \$ 23,438 23,438	51	Total	Amo		\$	23,438				23,438

<sup>\*\*\*</sup> 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
	(Aranjan)		A STATE OF THE STA		
73333	113434				
Total Othe	r Ancillar	y Costs	\$	\$ 18.000-18.00	\$ 444.44.2

### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNII	RHNS	Residential Care Home
34.44	SEE NEW				
48.00					
122 (2) (2)					
49141111					
	Sale Care				
Total Exce	ss Movable	e Equipment Depreciation	\$ 100000	\$	\$

Schedule of Other Property Adjustments

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
UNIVERSE.	AND SOME				
liver ion					
WI BUSHIN					
			200 TO BE		
	ASTRA				
Total Othe	r Pronerty	Adjustments	\$ 4 4 6 6 2 6 9	\$	\$

Page Ref	Linc Ref	Description	CCNH	RHNS	Residential Care Home
Territoria.	THEAT				party barrier
	A SERVE				
YELVEL AND	NEW MARK				
BERRE	40,54,000				
经验证额					
4,44,44				1/10/11/2015	
A PROPERTY	Carlina,				
	No.				
				in North	
Total Othe	r Adjustm	ents	\$ -	\$	\$ 1414.44

### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>THE SALE</b>	148865				
	ista.				
	PER STATE				
			armin sarring.		
MANAGE!	19,000				
Total Unal	lowable Bu	ilding Interest	\$	\$ 1444.500	\$

### F. Statement of Revenue

Name of Facility  License No.	, 011	Report for Y	ear Ended		Page of
Cornerhouse Residential Care LLC 1875		9/30/2015		<u> </u>	30   37
Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	807,078			807,078
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	\$	39,673			39,673
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 **	\$				
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$	<b></b> .			
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	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	846,751		Sections and section of the section	846,751
IV. Other Revenue*					
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	11,590			11,590
V. Total Other Revenue (1 thru 8)	\$	11,590			11,590
VI. Total All Revenue (III +V)	\$	858,340			858,340

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

### Schedule of Other Resident Revenue - Medicare

### Related Exp

	CONT	DIIIO	Residential
Page Ref Description	CCNH	RIINS	Care Home
			<b>建建建建</b> 基金
Total Other Resident Revenue - Medicare	\$	\$	\$ 1000000000000000000000000000000000000

### Schedule of Other Non-Medicare Resident Revenue

### Related Exp

				Residential
Page Ref	Description	CCNH	RHNS	Care Home
Tara da				
1000				
Will All				
NAME OF				
	r Resident Revenue	\$ 1996692000	<b>\$</b>	\$ ************
Total Offic	i Resident Revenue	Ψ	1 4	ι Ψ

### **Interest Income**

### Account

					Residential
Page Ref	Account	Balance	CCNH	RHNS	Care Home
				ALCOHOLD SERVE	
SERVICE.					
NAME :					
	rest Income		\$ V\$*****	\$ -	\$ -

### Schedule of Other Revenue

Page Ref Description	CCNH	RHNS	Residential Care Home
30IV8 15 Griswold Revenue			\$ 11,590
		physical states	
			www.
			Neg Booking P
			uking ako
			William !
			43500000
		HARRIST	
Total Other Revenue	\$ 555555	\$ 4444	17. 14. 1

# G. Balance Sheet

		Facility	License No.	Report for Year Ended		Page	of
Corn	erho	ouse Residential Care LLC	Account	9/30/2015		31	37
					Amo	ount	
Asse							
A.	Cu	rrent Assets	<b>\</b>		l <sub>æ</sub>		(10.702)
	1.	Cash (on hand and in banks		D 1D (4)	\$		(19,702)
		Resident Accounts Receivab			\$		19,894
		Other Accounts Receivable	Excluding Owners or	Related Parties)	\$		45,614
	4	Inventories			\$ \$		1 206
	5.	Prepaid Expenses		00	Þ		1,396
		a. Prepaid Expense		1 128			
		b. Prepaid Insurance		1,138	-		
		c. Prepaid Taxes		178	_		
		d.			Φ.		
	6.	Interest Receivable			\$		
	7.	Medicare Final Settlement R			\$		(1/, 15/
	8.	Other Current Assets (itemiz	re)	181,963	\$		616,154
		Due from Affiliates  Due from Silver Manor		434,191	$\dashv$		
		Due from onto manor					
		tal Current Assets (Lines Al	thru 8)		\$		663,356
В.		ked Assets					
		Land			\$		
	2.	Land Improvements	*Historical Cost	17,250	\$		1,725
			Accum. Depreciatio	n 15,525 Net			
	3.	Buildings	*Historical Cost		\$		
			Accum. Depreciatio				
	4.	Leasehold Improvements	*Historical Cost	206,349	\$		90,784
			Accum. Depreciatio				
	5.	Non-Movable Equipment	*Historical Cost	1,600	\$		
			Accum. Depreciatio				
	6.	Movable Equipment	*Historical Cost	120,655	\$		(0)
			Accum. Depreciatio	n 120,655 Net			· · · · · · · · · · · · · · · · · · ·
	7.	Motor Vehicles	*Historical Cost	31,619	\$		(0)
			Accum. Depreciation	n 31,619 Net		· · · · · · · · · · · · · · · · · · ·	
	8.	Minor Equipment-Not Depre	eciable		\$		
	9.	Other Fixed Assets (itemize	)		\$		
					$\dashv$		
B-10	) <u>.</u>	Total Fixed Assets (Lines E	31 thru 9)		\$		92,508

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

# G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year	Ended	Pag	
Corn	erh	ouse Residential Care LLC	1875	9/30/2015		32	
			Account				Amount
				Total Brougl	nt Forward: S	<u>\$</u>	755,86
C.	Le	asehold or like property record	ed for Equity Purposes	S.			
		Land			9	\$	200,00
	2.	Land Improvements	*Historical Cost	b			
			Accum. Depreciation		Net S	\$	
	3.	Buildings	*Historical Cost	950,000	_		
			Accum. Depreciation	114,000	Net S	\$	836,00
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	<u> </u>	Net S	\$	
	5.	Movable Equipment	*Historical Cost		. 1		
			Accum. Depreciation	<u> </u>	Net S	\$	
	6.	Motor Vehicles	*Historical Cost		.		
			Accum. Depreciation	<u> </u>		\$	
	7.	Minor Equipment-Not Depre	ciable			\$	
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)			\$	1,036,00
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits				\$	
	2.	Escrow Deposits			,	\$	
	3.	Organization Expense	*Historical Cost		_		
			Accum. Depreciation	l	Net S	\$	
	4.	Goodwill (Purchased Only)			(	\$	
	5.	Investments Related to Reside	ent Care (itemize)			\$	
	6.	Loans to Owners or Related F	Parties (itemize)			\$	
		Name and Address	Amount	Loan D	ate		
	7.	Other Assets (itemize)				\$	1,00
		Construction in Progress		1,000			
D-8.	To	otal Investments and Other Ass	sets (Lines D1 thru 7)			\$	1,00
D-9.	To	otal All Assets (Lines A9 + B10	0 + C8 + D8		!	\$	1,792,86

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

# G. Balance Sheet (cont'd)

Name of Facility		License No.		Report for Year I	Ended	Page	of	
Cornerhouse	Resi	dential Care LLC	1875		9/30/2015		33	37
Account						An	nount	
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable					<u>)</u>	144,606
	2.	Notes Payable (itemize)			01.005	.  9	5	21,297
		Other			21,297			
				-				
	2	Lagra Davidala far Equina	out (Camparat month	(ara ) (	itavaiga)	\$		
	3.	Loans Payable for Equipm Name of Lender		on)(	Amount	Date Due	)	
		Name of Lender	Purpose		Amount	Date Due		
	4.	Accrued Payroll (Exclusive	ve of Owners and/o	r Stoc	kholders only)	\$	)	10,536
	5.	Accrued Payroll (Owners	and/or Stockholde	rs onl	y)	\$	)	
	6.	Accrued Payroll Taxes Pa	yable			\$	)	1,087
	7.	Medicare Final Settlemen	t Payable			\$	3	
	8.	Medicare Current Financi	ng Payable			\$	}	
	9.	Mortgage Payable (Curre	nt Portion )			\$	}	
	10.	Interest Payable (Exclusiv		Relat	ed Parties )	\$	3	
	11.	Accrued Income Taxes*				\$	)	
		Other Current Liabilities (	itemize)			\$	)	417,763
		Acc Exp \$1,250 + Acc Ins \$39,507	<u> </u>	40,757	Settlement P/Y Exp.	(1,103)		
		Accrued Property Taxes		329	Payroll Liabilities	(3,780)		
		Due to Related Partics	1:	38,495	Due to DSS	2,500		
		Due To/From Owners		18,473	Other Liabilities	222,092		
A-13	. <i>To</i>	<i>tal Current Liabilities</i> (Li	nes A1 thru 12)				)	595,288

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

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Cornerhouse Residential Care LLC	1875	9/30/2015		34	37
	Account			An	ount
		Total Broug	ht Forward:		595,288
Liabilities (cont'd)					
B. Long-Term Liabilities					
<ol> <li>Loans Payable-Equipment</li> </ol>			\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
3. Loans from Owners or Rel	ated Parties (itemize)	)	\$		
Name and Address of Lender	Amount	Loan D	ate		
	<del>,</del>				
			<i>91</i>		
4. Other Long-Term Liabilitie	es (itemize )		\$		
	•				
B-5. Total Long-Term Liabilities (	Lines B1 thru 4)		\$		
C. Total All Liabilities (Lines A-	13 + B-5)		\$		595,288

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

	e of Facility erhouse Residential Care LLC	License No. 1875	Report for Y 9/30/2015	ear Ended	Page 35	of 1 37
Con	emouse Residential Care LLC		nount			
Α.	Reserves					· · · · · ·
	1. Reserve for value of leased la	and			\$	200,000
	Reserve for depreciation value to be amortized	e of leased build	ings and appurter	nances	\$	836,000
	3. Reserve for depreciation valu	e of leased perso	nal property (Eq.	uity)	\$	
ļ	4. Reserve for leasehold real pro-	operties on which	ı fair rental value	is based	\$	
	5. Reserve for funds set aside as	s donor restricted			\$	
	6. Total Reserves				\$	1,036,000
В.	Net Worth  1. Owner's Capital				\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	104,517
	6. Gain or Loss for Period	10/1/20	014 thru	9/30/2015	\$	57,061
	7. Total Net Worth				\$	161,579
C.	Total Reserves and Net Worth				\$	1,197,579
D.	Total Liabilities, Reserves, and	Net Worth			\$	1,792,866

# H. Changes in Total Net Worth

H.	Balance at End of Period 09/30/15				\$	219,926
	3. Total Deductions				\$	
	Purpose		Amount			
	2. Other Withdrawings (Specify)				\$	
	a od Wra I i (G (C)				th	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	1. Drawings of Owners/Operators/Partners (Specify)				\$	
G.	Deductions					
F-3.	Total Additions				\$	
	2. Other (itemize)			,		
	1. Madiaonai Capitai Commutate	(nemize )				
F.	Additions 1. Additional Capital Contributed ( <i>itemize</i> )					
D. E. F.	Balance				\$	219,926
D.	Net Income or Deficit				\$	57,061
C.	Total Expenditures (From Statement of Expenditures Page 27)				\$	801,279
B.	Total Revenue (From Statement of Revenue Page 30)				\$	858,340
A.	Balance at End of Prior Period as shown on Report of 09/30/2014				\$	162,865
Account					Amo	ount
Cornerhouse Residential Care LLC		1875	9/30/2015		36	37
Name of Facility		License No.	Report for Year	Ended	Page	of