Craig J. Lubitski Consulting ILC & CJLC ILC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

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

5,000

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,

Craig J. Lubitski, CPA

Partner

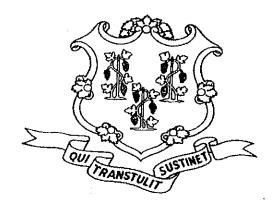


225 Pitkin Street
East Hartford
Connecticut 06108

860.610.9009 (t) 860.610.9030 (f)

cjlc.com

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

NI	:J\			,				
Name of Facility (as		ежт						
Eliza Huntington Me								
Address (No. & Stree		-						
99 Washington Street	t, Norwich, CT	06360						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	h Nursing				
☐ Nursing Home	only		Supervision on	ly		Residentia	al Ca	re Home
(CCNH)	•		(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending			•	
10/1/2014	imini6		9/30/2015	. Ending				
10/11201								
License Numbers:		CCNH	RHNS	Reside	ential Care I	Iome	Me	dicare Provider
					1279			
Medicaid Provider N	umbers:	CC	CNH	RF	INS		IC:	F-IID
For Department Use	e Only							· · · · · · · · · · · · · · · · · · ·
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	nd Notariz	zed	Date Received
Assigned	Notarized	Received	Assign	ed	Digited a	IIG INOTALIZ	<u>zea</u>	Date Received
				···				

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Eliza Huntington Memorial Home of Norwich, Inc.	1279	9/30/2015	l	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 Eliza Huntington Memorial Home of Norwich, 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
The of May		2-15-2016		
Printed Name (Administrator)			Printed Name (Owner)	
Theresa Madonna				1
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:	CT	2-15-2016	Panela J. Williams	5,31,2019
Address of Notary Public		-0 21 O	A: anu	
15 Oakword B	Ivd. Plain	Field, G	06377	

(Notary Seal)

PAMELA J WILLIAMS
Notary Public
Connectlcut
My Commission Expires May 31, 2019

State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Eliza Huntington Memorial Home of Norwich, Inc.				10/1/2014	9/30/2015
Address of Facility 99 Washington Street, Norwich, CT 06360					
Report Prepared By		Phone Nun		Date	
Craig J. Lubitski Consulting LLC		860-610-90)09	2/5/2016	
Item		Total	CCNH	RHNS	Residentia l Care Home
	ф.	101111	001.00		
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

	Phone No. of F	acility Report fo	r Year Ended	Page	of
	(860) 887-0684	***************************************		2	37
Name of Facility (as shown on license)	,	Vo. & Street, City			
Eliza Huntington Memorial Home of Norwich, Inc.		igton Street, Nor			D 11XI.
CCNH	I RHNS	Residential Car		Medicare I	Provider No.
License Numbers:			1279	<u> </u>	
Type of Facility (Check appropriate box(es))		S.T. 1			
Chronic and Convalescent	Rest Home with		☑ Resident	ial Care Hor	me
Nursing Home only (CCNH)	Supervision on	iy (KHNS)			
Type of Ownership (Check appropriate box)					
O Proprietorship O LLC O Partnership	O Profit Corp	. O Non-Profi	t Corp. O	Government	O Trust
		Date Opened	Date Clo	sed	
If this facility opened or closed during report year pro	ovide:				
Has there been any change in ownership		_			
or operation during this report year?	O Yes	O No	If "Yes,"	explain full	<u>y. </u>
Administrator					
Name of Administrator			ig Home		
Theresa Madonna		l l	istrator's		
			nse No.:		
Other Operators/Owners who are assistant administra	itors (full or part tim	e) of this facility			
Name		Lice	nse No.:		
N/A					

General Information and Questionnaire Partners/Members

Name of Facility			Report for Y	ear Ended	Page	of 37
Eliza Huntington Memorial Hon	ne of Norwich, Inc.	[1279]	9/30/2015	Ct. t. (-) and/		
Legal Name of Partne	ership/LLC	Business A	ddress	State(s) and/o Which R		
					·····	
Name of Partners/Members	Business Ad	ddress		Γitle	% Ov	vned
N/A			. 4,			
						;*^
						····

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Er	nded	Page of
Eliza Huntington Memorial Home of Norwig	1279	9/30/2015		3A 37
If this facility is owned or operated as a corp	oration, provide t	the following informa	tion:	
Legal Name of Corporation		ess Address	State(s) in Whi	ch Incorporated
The Eliza Huntington Memorial	99 Washington	Street, Norwich CT	Connecticut	
Home of Norwich, Inc.	06360			
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Each
Nancy DePietro	157 Broad Stree 06360	et, Norwich CT	President	
Angelo Yeitz	29 N. Wawecus CT 06360	Hill Rd., Norwich,	Vice President	
Gerard Egan	140 West Tham CT 06360	nes Street, Norwich,	Treasurer	
Rosalinda Bazinet	263 Downing R 06374	d., Plainfield, CT	Secretary	
Names of Stockholders Owning at Least 10% of Shares				
		· · · · · ·		
				:

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General Information and Questionnaire Individual Proprietorship

Name of Facility		Report for Year Ended	Page	01
Fliza Huntington Memorial Home of Norwich, Inc	1279	9/30/2015	3B	37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:	
Ow	ner(s) of Facility			
				_,
			<u> </u>	
			·	

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CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Eliza Huntington Memo	Name of Facility Eliza Huntington Memorial Home of Norwich, Inc.	License No 127	No. 1279	1 5	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals recemarriage, ability to contr	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	acility re	lated thro		Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the renort.	le Name/Add	dress and ge 11 of the report.
Are any individuals or α	Are any individuals or companies which provide goods or services,	s or servi	ces,					
including the rental of prelated through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	to this fa	cility, or busin	ess	O Yes © No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this f	cility?			If "Yes," provide the following information:	e following	information:
		Als	Also Provides	SS	PANTIS TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	Indicate Where		and the same
Name of Related	Business	Non-R	Goods/Services to Non-Related Parties	s to rties	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					A Company of the Comp
		0	0					
		0	0			1,0441	T T T T T T T T T T T T T T T T T T T	
		0	0					
		0	0			1	and the same of th	THE WAY
		0	0					
* TT 11:, 1 1					The state of the s			

^{*} 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	of
Fliza Huntington Memorial Home of Norwich,	1279		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TB	I services with special Medica	aid rates,	costs
must be allocated to CCNH and RHNS as follo	ws:				
Item			Method of Allocation	n	
Dietary		Number of	meals served to residents		
Laundry			pounds processed		
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provide	ed by EAG	CH
Nursing		employee	classification, i.e., Director (o	r Charge	Nurse),
x (w.o.z., 6)		Registered	Nurses, Licensed Practical N	lurses, Ai	des and
		Attendants			
Direct Resident Care Consultants			hours of resident care provide	led by EA	.CH
		specialist	(See listing page 13)		
Maintenance and operation of plant		Square fee	t		
Property costs (depreciation)		Square fee	t		
Employee health and welfare		Gross sala			
Management services			te cost center involved	 	
All other General Administrative expenses			irect and Allocated Costs		
The preparer of this report must answer the fol	lowing ques	tions applic	cable to the cost information p	provided.	
1. In the preparation of this Report, were all			If "No," explain fully why s	uch alloca	ation was
costs allocated as required?	Yes	O No	not made.		
2. Explain the allocation of related company e	xpenses and	attach cop	y of appropriate supporting d	ata.	
N/A	<u> </u>				
10/1					
3. Did the Facility appropriately allocate and	self-disallow	direct and	indirect costs to non-nursing	home cos	st centers?
(e.g., Assisted Living, Home Health, Outpa	tient Service	s, Adult D	ay Care Services, etc.)		
(c.g., rissisted Living, rions is			If "No," explain fully why s	such alloc	ation was
	Yes	O No	not made.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 - 1 - identified	and salf dis	allowed	not made.		
Rental property expenses have been identified	and sen dis	anonou,			
1					

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General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ar Ended		Page of
Eliza Huntington Memorial Home of Norwich, Inc.	ch, Inc.		1279	9/30/2015			
	Related * to	d * to					
	Owners,	lers,					
	Oper	Operators,				Annual	
	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	•					
	0	0		The state of the s			
	0	0					
	0	0				A Professionary	
	0	0					
	0	0					The professional and the second
	0	0					
	0	0					
	0	0					
	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 ***

0 No

O Yes

^{**} Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	01 27
Eliza Huntington Memorial Home o	1279	9/30/2015		7	37
The records of this facility for the p	period covered by this repor	t were maintained on the following basis:			
- 111111111	Modified Cash				
Is the accounting basis for this	Vac	If "No " avalain			
P	Yes	If "No," explain.			
previous period? O	No				
			111111111111111111111111111111111111111	- 111112	
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
		225 Pitkin St., East Hartford, CT 06108			
1 Craig J. Lubitski Consulting 2 3					
] 3					
4			- WAR	**************************************	
Services Provided by This Firm (de	escribe fully)				
1 Costt Reporting and Financial Staten	nents		\$	11,600	
2			\$		<u></u>
3			\$		
4			\$		
			Charge for		ovided
			\$	11,600	
Are These Charges Reflected in the Expen	nditure Portion of This Report? Is	f Yes, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15, line 1d		- 100 Grant		
Legal Services Information			I	N.I	
Name of Legal Firm or Independen	nt Attorney		Telephone	Number	
1 N/A					
2			1		
3			1		
4					
5 Address (No. 8 Street City State	Zin Codo)				
Address (No. & Street, City, State,	Zip Code)				
2					
3 4					
5					
Services Provided by This Firm (de	escribe fully)				
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
			Charge for	Services P	rovided
Are These Charges Reflected in the Evner	nditure Portion of This Report?	If Yes, Specify Expense Classification and Line No.	<u>l</u>		<u>_,</u>
	and the supplier				
⊙ Ycs O No	Mar. 1980 1997 1997	To the second se			******

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Schedule of Resident Statistics

Name of Facility			License No.	ڏο.			Report fc	Report for Year Ended	q		Page	jo
Eliza Huntington Memorial Home of Norwich, Inc.			_	1279			9/30/2015	5			8	37
						Period 10/1 Thru 6/30	'1 Thru 6/	30		Period 7/	Period 7/1 Thru 9/30	0.
	Total All	Total CCNH	Total RHNS	Total Residential				Residential				Residential
and the second s	Levels	Level	Levei	Care Home	Total	CCNH	RHNS	Care Home	Totai	CCNH	RHINS	Care Home
1. Certified Bed Capacity A. On last day of PREVIOUS report period	22			22	22			22	22			22
	22			22	22			22	22			22
2. Number of Residents												
A. As of midnight of PREVIOUS report period	22			22	22	***************************************		22	22			22
B. As of midnight of THIS report period	22			22	22			22	22			22
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	3,172			3,172	2,264			2,264	806			806
E. State SSI for RCH	3,541			3,541	2,761			2,761	780			780
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	6,713			6,713	5,025			5,025	1,688			1,688
	- I									·		
Beds												
A. Medicaid Bed Reserve Days	277			277	148			148	129			129
B. Other Bed Reserve Days	281			281	245			245	36			36
5. Total Resident Days (3G + 4A + 4B)	7,271			7,271	5,418			5,418	1,853			1,853

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	for Year			Page	of
Eliza Hunting	ton Mer	norial H	lome of Norwicl	1	1279					9/30/201	5		9	37
	_		in the certified b		pacity du	ring th	ne repo	t year	r?	0	Yes	•	No	
II "YES"			llowing information	1011.	Ch	ongo	in Beds			Car	pacity Afte	er Change		
		Place of	f Change Residential		Ci	lange	in Beu:			Cal	Jacity Aire	J Change		
Date of	CCNIH	RHNS	Care Home		Lost		(aine	d					
	COM	l'an (S	•									Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason fo	or Change
	l									<u> </u>		L		
			in certified bed			the re	eport ye	ar (as	s report	ed in item	4 above)	provide the nur	nber of	
RESIDI	ENT DA	YS for	90 days followir	ng the	change.					···			I	
													D 11 11 1	C
			Change in R	esider	nt Days					CC	CNH	RHNS	Residential	Care Home
1st chan													i	
2nd char										 				
3rd chan														
4th chan 6. Number	of Resid	dents an	d Rates on Septe	ember	30 of Co	st Ye	ar			<u> </u>		<u> </u>		
G. Number	OI ICOSI	dones un	Medicare		Medi	caid				Se	lf-Pay		Other Sta	te Assisted
												Residential	1	
	Item		CCNH		CCNH	Rl	INS	C	CNH	RI	INS	Care Home	R.C.H.	ICF-IID
												1.0	11	
No. of R	<u>esidents</u>	S		<u> </u>		marabilah/1100		well her middle dieser	energo e o No	Manufacture Participation Control		10	11	
Per Dier	n Rate	S												
Per Dier a. One l	n Rate oed rm.											141.37	121.63	
Per Dier a. One l b. Two	n Rate oed rm. bed rms).			116									
Per Dier a. One l b. Two c. Three	n Rate bed rm. bed rms or mor).												
Per Dier a. One l b. Two	n Rate bed rm. bed rms or mor).												
Per Dier a. One l b. Two c. Three	n Rate bed rm. bed rms or mor).												Residential
Per Dier a. One l b. Two c. Three bed	n Rate bed rm. bed rms e or mor rms.	ee	al Therapy Trea	tment	S					то	TAL			
Per Dier a. One l b. Two c. Three bed 7. Total No	n Rate bed rm. bed rms e or mor rms.	ee	al Therapy Trea	tment	S					TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No	n Rate ped rm. bed rms e or mor rms. umber o Medic Medic	f Physic are - Par aid (Exc	rt B clusive of Part B		S					TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No	n Rate ped rm. bed rms e or mor rms. umber o Medic 1. Ma	f Physic are - Par aid (Exc intenance	rt B clusive of Part B ce Treatments		S					TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No A. B.	n Rate ped rm. bed rms e or mor rms. medic Medic 1. Ma 2. Res	f Physic are - Par aid (Exc intenance	rt B clusive of Part B		S					ТО	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No A. B.	n Rate ped rm. bed rms e or mor rms. umber o Medic 1. Ma 2. Res Other	f Physic are - Par aid (Exc intenance storative	t B clusive of Part B ce Treatments Treatments)						TO	TAL	141.37	121.63	Residential
Per Dier a. One I b. Two c. Three bed 7. Total No A. B.	n Rate ped rm. bed rms e or mor rms. umber o Medic 1. Ma 2. Res Other	f Physic are - Par aid (Exc intenanc storative	t B clusive of Part B ce Treatments Treatments Therapy Treatments) ments						TO	TAL	141.37	121.63	Residential
Per Dier a. One i b. Two c. Three bed 7. Total No A. B. C. D 8. Total No	m Rate ped rm. bed rms e or mor rms. umber o Medic 1. Ma 2. Res Other	f Physic are - Par aid (Exc intenance storative Physican	t B clusive of Part B ce Treatments Treatments I Therapy Treat Therapy Treat) ments						ТО	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total Na A. B. C. D 8. Total Na A	m Rate ped rm. bed rms e or mor rms. umber o Medic 1. Ma 2. Res Other Total umber o Medic	f Physicare - Paraid (Excintenance storative Physicare f Speeclare - Paraid - Parai	t B clusive of Part B ce Treatments Treatments I Therapy Treat Therapy Treat Therapy Treat Therapy Treat	ments						TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total Na A. B. C. D 8. Total Na A	m Rate ped rm. bed rms e or mor rms. mber o Medic 1. Ma 2. Res Other Total umber o Medic Medic 1. Madic	f Physica are - Par aid (Exc intenance storative Physical of Speecl are - Par aid (Exc intenance	et B clusive of Part B ce Treatments Treatments Therapy Treatments Therapy Treatment B clusive of Part B ce Treatments	ments						TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No A. B. C. D 8. Total No A B	m Rate ped rm. bed rms e or mor rms. mber o Medic 1. Ma 2. Res Other Total umber o Medic 1. Medic 1. Ma 2. Res Medic 2. Res Medic 3. Medic 4. Medic 4. Medic 5. Medic 6. Medic 7. Medic 7. Medic 8. Medic 8. Medic 9. Res	f Physica are - Par aid (Exc intenance storative Physical of Speecl are - Par aid (Exc intenance	et B clusive of Part B ce Treatments Treatments Therapy Treatments Therapy Treatment B clusive of Part B	ments						TO	TAL	141.37	121.63	Residential
Per Dier a. One i b. Two c. Three bed 7. Total No A. B. C. D 8. Total No A B	m Rate ped rm. bed rms e or mor rms. mber o Medic 1. Ma 2. Res Other 1. Ma 2. Res Other 2. Res Other	f Physica are - Par aid (Exc intenanc storative Physical of Speecl are - Par aid (Exc intenanc storative	et B clusive of Part B ce Treatments Treatments Therapy Treatment B clusive of Part B ce Treatments Treatments Treatments	ments						TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No A. B. C. D 8. Total No A B C D C D C D C D C D C D C D C D C D C	m Rate ped rm. bed rms e or mor rms. mber o Medic 1. Ma 2. Res Other Total umber o Medic 1. Ma 2. Res Other Total Total 2. Res Other	f Physica are - Par aid (Exc intenance storative Physical are - Par aid (Exc intenance storative	th B clusive of Part B ce Treatments Treatments Therapy Treatments the Therapy Treatment B clusive of Part B ce Treatments Treatments Treatments	ments)						TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No A. B. C. D 8. Total No A B C. D 9. Total N	m Rate ped rm. bed rms e or mor rms. Imber o Medic 1. Ma 2. Res Other I. Medic 1. M	f Physica are - Par aid (Exc intenance storative Physical of Speech are - Par aid (Exc intenance storative Speech of Occup	th B clusive of Part B ce Treatments Treatments I Therapy Treat Therapy Treat Therapy Treat Therapy Treat Therapy Treat Treatments Treatments Therapy Treatments Therapy Treatments	ments)						TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No A. B. C. D 8. Total No A B C. D 9. Total N	m Rate ped rm. bed rms e or mor rms. Imber o Medic 1. Ma 2. Res Other I. Medic 1. M	f Physica are - Par aid (Exc intenance storative Physical of Speech are - Par aid (Exc intenance storative Speech of Occup are - Par	th B clusive of Part B ce Treatments Treatments I Therapy Treat	ments) nents Treat						TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No A. B. C. D 8. Total No A B C. D 9. Total N	m Rate ped rms or or mor rms. mmber o Medic	f Physical aid (Excintenancestorative Physical of Speech aid (Excintenancestorative Speech of Occupare - Paraid (Excintenancestorative)	th B clusive of Part B ce Treatments Treatments I Therapy Treat Therapy Treat Therapy Treat Therapy Treat Therapy Treat Treatments Treatments Therapy Treatments Therapy Treatments	ments) nents Treat						TO	TAL	141.37	121.63	Residential
Per Dier a. One l b. Two c. Three bed 7. Total No A. B. C. D 8. Total No A B C. D 9. Total N	m Rate ped rm. bed rms e or mor rms. mmber o Medic	f Physical aid (Excintenancestorative Physical of Speech aid (Excintenancestorative Speech of Occupare - Palaid (Excintenancestorative)	et B clusive of Part B ce Treatments Therapy Treatments	ments) nents Treat						TO	TAL	141.37	121.63	Residential
Per Dier a. One i b. Two c. Three bed 7. Total No A. B. C. D 8. Total No A B C. D 9. Total N A B B	m Rate ped rm. bed rms e or mor rms. mber o Medic	f Physical are - Paraid (Excintenance of Speech are - Paraid (Excintenance of Speech are - Paraid (Excintenance of Occupare of Occupance of Occ	th B clusive of Part B clusive of Part B clusive of Part B therapy Treath the Therapy Treath the Therapy Treath the Treatments the Treatments the Treatments the Treatments the Treatments therapy Treatments the B clusive of Part B clusive of Part B clusive of Part B ce Treatments	ments) Treat	tments					TO	TAL	141.37	121.63	Residential

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex	<u> </u>	- Dalail			Т	
Name of Facility	License No.		Report for Year	r Ended	Page	of
Eliza Huntington Memorial Home of Norwich, Inc.	1279		9/30/2015		10	37
Are time records maintained by all individuals receiving con	mnensation?	0	Yes	0	No	
Pite time records managined by an individual recording con	zal					
	<u> </u>	1	Total Cost a	na Hours	T	
					J	
			DIRIO	,,,	Residential	7.7
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)	100				54,176	2,080
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone	-					
operator, clerks, receptionists, etc.)	(Automotive and Automotive and Autom				98,804	6,750
5. Dietary Service						
a. Head Dietitian	. S. C.					
b. Food Service Supervisor						
c. Dietary Workers	managama ang ang ang akaninga				129,716	9,327
6. Housekeeping Service						
a. Head Housekeeper		ļ			36,281	2,609
b. Other Housekeeping Workers 7. Repairs & Maintenance Services					30,281	2,007
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	<u>- </u>				51,919	3,733
8. Laundry Service						
a. Supervisor						
 b. Other Laundry Workers 					6,564	472
Barber and Beautician Services		<u> </u>				
10. Protective Services						
Accounting Services Accountant						
b. Other Accountants				· · ·		
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	W	***************************************				
b. RN						
Direct Care						
2. Administrative**						
c. LPN				1000		
1. Direct Care						
2. Administrative**		 			124,750	8,970
d. Aides and Attendants e. Physical Therapists			-		124,730	0,570
e. Physical Therapists f. Speech Therapists	+	 				
g. Occupational Therapists	1	<u> </u>			1	
h. Recreation Workers			<u> </u>		21,986	1,581
i. Physicians						
Medical Director			ļ			ļ
2. Utilization Review		<u> </u>				-
3. Resident Care***					1	
4. Other (Specify)						
j. Dentists		1			1	
k. Pharmacists	1	1			1	
1, Podiatrists				l		
m. Social Workers/Case Management						
n. Marketing			N. Variables			**************************************
o. Other (Specify)						
See Attached Schedule			-	<u> </u>	504.105	25 500
A-13. Total Salary Expenditures		<u> </u>		.l	524,195	35,522

^{*} 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)

	C	CNH _	RH	NS	Residential	
Position	\$	Hours	\$	Hours	\$	Hours
1 0311011						
						8.450 (2.460)
				1		
						10.000 000 010 0000
			V. 15 (1) (1) (1)			
Total	\$ -		\$ -		\$ -	

Schedule of Other Fees (Page 13)

	C	CNH	R	HNS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
SETVICE		Visa No State			7.70	
				A STOCKED AND THE REAL		
				7		
				4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1	0.020.000.000	148160000000		
						1000000
						1020 000000000
						0.0000000000000000000000000000000000000
					a ang ga sangangan	
						vita (Section 1991)
			6		\$ -	
Fotal	\$ -		\$ -		<u> </u>	I the same and the same

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*

		1	Libbicicor	onemmar.	Assistant Authinist atto Care Aviated 1 at 125	ן יייין ארן דער אין	באווה דה			
Name of Facility				License No.		Report for	Report for Year Ended		Page	of
Eliza Huntington Memorial Home of Norwich, Inc.	of Norwic	h, Inc.		1279		9/30/2015			11	37
		Salary Paid	7							
Name	CCNH	RHINS	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
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*

		7	חחחוווווו	, valiiiiisu a	Assistant Aminimistrators and Other Lender Larines	ייייייייייייייייייייייייייייייייייייייי	r ar cres			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	of
Eliza Huntington Memorial Home of Norwich, Inc.	of Norwich	, Inc.		1279		9/30/2015			12	37
		Salary Paid	q							
			Residential	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHINS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Theresa Madonna			54,176			2,080 A2	A2	Law Office of Theresa I. Madonna L.L.C	***	
Section IV - Assistant Administrators										
*No allowance for calculations of the concidence of the contraction is provided. Its additional cheets if required	he conside	red uniess	full informatio	I Isomovided Tes	additional cheets if re	unired				

^{*}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.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Eliza Huntington Memorial Home of Norwich, Inc.	127	79	9/30/2015		13	37
Eliza Huntington intervention			Total Cost a	nd Hours		
					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. Dentist						
3. Pharmacist						
4. Podiatrist	HI CONTRACTOR OF THE CONTRACTO					
Physical Therapy				19-40 N		
a. Resident Care						
b. Other						
6. Social Worker					<u> </u>	
7. Recreation Worker	Wes 27 - All Transitions					
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review	9-10-11					
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)			ļ			
3. Staff Development Committee						
(Once annually)					e a surprise	
e. Other (Specify)						
9. Speech Therapist		Company of the				
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care				<u> </u>		
2. Administrative***						
b. LPN						
1. Direct Care		<u> </u>		<u> </u>		
2. Administrative***				<u> </u>		<u> </u>
c. Aides		<u> </u>		<u> </u>		
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management consultants or services who				<u> </u>	<u> </u>	1

^{*} 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 Eliza Huntington Memorial Home of Norv	wich, Inc.	License No. 1279		Report for Y 9/30/2015	ear Ended	Page	of 37
Name & Address of Individual		lanation of Service	Related** Operator Yes	to Owners, rs, Officers	Expla	nation of Relat	
			O	0			
			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			
			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.		Report for Y	ear Ended	Page	of
Eliza Huntington Memorial Home of Norwich, Ir 1279		9/30/2015		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
Workmen's Compensation	\$	14,530			14,530
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	8,636			8,636
4. Social Security (F.I.C.A.)	\$	40,364			40,364
5. Health Insurance	\$	13,650			13,650
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$	815			815
7. Pensions (Non-Discriminatory)	\$				
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (Specify)	\$	3,712			3,712
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$	1952			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$		er.		
d. Accounting and Auditing	\$	11,600			11,600
e. Legal (Services should be fully described on Page 7)	\$				
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	10,424			10,424
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	5,107			5,107
2. Cellular Phones	\$	787			787
i. Appraisal (Specify purpose and	\$				
attach copy)*	·				
<i></i>					
j. Corporation Business Taxes (franchise tax)	\$			and the second s	
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$		<u> </u>		
2. Other (Specify)	\$	27			27
See Attached Schedule	4				
3. Resident Day User Fee	\$				
Subtotal	\$	109,652			109,652

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

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

Eliza Huntington Memorial Home of Norwich, Inc. 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	idential e Home
Employee Dental			\$ 3,712
	4.0		
	200		
		A STATE OF THE STA	
		and part of the state of the st	
Total	\$ -	\$ -	\$ 3,712

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Sales Tax			\$ 27
Total	\$ -	\$ -	\$ 27

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Eliza Huntington Memorial Home of Norwich, Inc.	1279		9/30/2015		16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
Subtoto	als Brought Forwa	rd:	109,652			109,652
Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	2,123			2,123
4. Employee Travel		\$	677			677
Education Expenses Related to Seminars a	and Conventions	\$				
6. Automobile Expense (not purchase or dep	reciation)	\$	1,935			1,935
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expens	es)	\$				
2. Advertising Telephone Directory (all such	expenses)***	\$				
3. Advertising Other (Specify)***		\$	1,749			1,749
See Attached Schedule				,		
4. Fund-Raising***		\$	3,946			3,946
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	e is supplied	\$				
directly and not by contract or fee for serv	ice)***					
7. Postage		\$				7.50
* 8. Dues and Membership Fees to Professiona	al e	\$	550			550
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.***	\$				1.470
9. Subscriptions		\$	1,479			1,479
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify ar		\$				
Schedule C-2, Page 21 for each firm or in	idividual)	· .				
12. Administrative Management Services**		\$				10 175
13. Other (Specify)		\$	10,175			10,175
See Attached Schedule			100.000			122.296
C-14 Total Administrative & General Expenditure		\$	132,286		<u> </u>	132,286

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RH	INS	Reside Care I	
	il south.			10111-2015	
	No.		(INV		
Total Other Travel and Entertainment	\$ e.	s		\$	

Schedule of Other Advertising

Description	CCNH	RHNS	idential e Home
Rose City, Reminder, Breast Cancer Sponsorships		APPENDIX.	\$ 1,749
Total Other Advertising	\$ -	\$ -	\$ 1,749

Schedule of Dues

Description	CCNII	F	RHNS		Residential Care Home		
CARCH				S	550		
×				Sale			
Total Dues	\$. \$		\$	550		

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
		VIII OF STATE	
Total Contributions	\$	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home		
icense & Permits		SAN HER	\$	330	
Professional Fees			\$	2,606	
Freight Expense			\$	1,063	
Bank Service Charges - Disallowed Pg 28		1971 10 1	\$	5,180	
Reconcilation Discrepencies			\$	9	
Employee Physicals			\$	361	
Non Resident Functions		Y Ships	\$	217	
Shop Rite Delivery Fees			\$	96	
Staples		YUNE HERE	\$	49	
ACSA - Disallowed Pg 28			\$	120	
NDPU - Disallowed Pg 28		devel 2	\$	30	
Miscellanous - Disallowed Pg 28			\$	114	
Total Other Administrative and General	\$ -	\$ -	\$	10,175	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No. 1279	Report for Year Ended 9/30/2015	Page of 17 37
Eliza Huntington Memorial Home of Nor	12/9	9/30/2013 I	
Name & Address of Individual or	Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs are Included in Annual Report Page #/Line #
Company Supplying Service	Service	Provided	Report Fage #/ Line #
N/A			

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

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

	Name of Facility License No. Report for Year Ended Page of										
Nan	ne of Facility	Page	of								
Eliz	a Huntington Memorial Home of Norwich, Inc	·.		1279	9/30/2015		18	37			
							Reside	ntial Care			
	Ĭtem			Total	CCNH	RHNS	H	ome			
2.	Dietary			1000							
٠.	a. In-House Preparation & Service										
	1. Raw Food		9	61,947				61,947			
	Non-Food Supplies						 	7,755			
	3. Other (Specify)		9					1,100			
	3. Other (Specify)		_ 4								
	1. Developed Convince (by contract other		9								
	b. Purchased Services (by contract other		વ				17. 18. 28.				
	than through Management Services)										
	(Complete Schedule C-2 att. Page 21)										
	c. Management Services**		9								
	d. Other (Specify)	_	_								
	Other Dietary										
	7 (0 11 1 1 N			60.700				CO 702			
2E.	Total Dietary Expenditures $(2a + b + c + d)$		3	69,703				69,703			
							Reside	ntial Care			
2F.	Dietary Questionnaire			Total	CCNH	RHNS	H	ome			
G.	Resident Meals: Total no. of meals served pe	r dav	v:*								
			Yes		No		<u> </u>				
H.	Is cost of employee meals included in 2E?		168		INU						
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify					
1.	Did you receive revenue from employees:		1 05			amt.					
J.	Where is the revenue received reported in the	Cos	st Repo	rt? (Page/Line	Item)						
—	Is cost of meals provided to persons other					xc					
K.	than employees or residents (i.e., Board	О	Yes	•	No	If yes, specify					
12.	Members, Guests) included in 2E?	_				cost.					
						If yes, specify					
L.	Is any revenue collected from these people?	0	Yes	•	No	amt.					
			. D	40. 4D. 4T.	II	actit.					
M.	Where is the revenue received reported in the	Co	st Kepo	π? (Page/Line	nem)						
	Is cost of food (other than meals, e.g.,										
N.	snacks at monthly staff meetings, board	0	Yes		No · ·	If yes, specify					
14.	meetings) provided to employees included	_	1 🗸	Ŭ	- 10	cost.					
	in 2E?										
	Y 11 4 1 C 1 0	\sim	Vee	0	No	If yes, specify					
O.	Is any revenue collected from employees?	U	Yes	•	No	amt.					
D	Where is the revenue received reported in the	Co	st Reno	rt? (Page/Line	Item)						
P.	At tiere is the reacting received rehoried in the	, UU	or recho	iii (Tugorinii)	110111)						

^{*} 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)

		License		Report for Year Ended		Page	of
Eliza Huntington Memorial Home of Norwich, Inc.			1279	9/30/201	5	19	37
Item			Total	CCNH	RHNS	1	tial Care me
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies.	,	Lbs.					
gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$					
Employee items including uniforms, gowns, etc. washed, ironed and/or		Lbs.					
processed.***		Amt. \$					
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.					
-		Amt. \$					
4. Repair and/or purchase of linens.***		Lbs. Amt. \$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services**		\$					
d. Other (<i>Specify</i>) Laundry Supplies		\$	1,466				1,466
3E. <i>Total Laundry Expenditures</i> (3a+b+c+d) 3F. Laundry Questionnaire	<u> </u>	\$	1,466				1,466
G. Is cost of employee laundry included in 3E?	0	Yes	•	No	If yes, specify cost.		
H. Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.	• • • • • • • • • • • • • • • • • • • •	
I. Where is the revenue received reported in the C	Ost	Report?		(Page/Lin	e Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	0	Yes	•	No	If yes, specify cost.		
K. Did you receive revenue from these people?	0	Yes	•	No	If yes, specify amt.	,	
L. Where is the revenue received reported in the C	Cost	Report?		(Page/Lin			

^{*} 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		Rep	ort for Year E	Ended	Page	of
Eliza Huntington Memorial Home of Norwich,	1279		9/30/2015		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel		ĺ			
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	8,298			8,298
pails, brooms, etc.)			,		<u>.</u>	
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$				
d. Other (Specify)		\$				
Housekeeping Supplies						
4E. Total Housekeeping Expenditures (4a +	b+c+d)	\$	8,298			8,298
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$				
		100				
b. Medicine Cabinet Drugs		\$	412			412
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	luded under	\$				
salaries or fees)						
h. Laboratory***		\$				
i. Recreation		\$	7,856			7,856
j. Other (Specify)****		\$[340	SCHOOLS IN A STREET WAS TO THE STREET		340
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	j)	\$	8,609			8,609

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

^{**} Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

^{***} Facility should self-disallow the expense on Page 29 of the Cost Report.

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

D escription	CCNH	RHNS	Residential Care Home		
Beauty Supplies			\$	340	
Beauty Supplies					
Total Other Resident Care	\$ -	\$ -	\$	340	

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

Name of Facility Eliza Huntington Memorial Home of Norwich, Inc.	me of Norwich, Inc.			License No. 1279	Report for Year Ended 9/30/2015	-	7, 100		Page 21	of 37
		Related ** to Owners, Operators, Officers	Owners, Officers				Total Cost/	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg [Line
No contracts over \$10,000		0	0	The state of the s						
		0	0							
		0	0							
		0	0							
		0	0							<u> </u>
		0	0							
		0	0							
		0	0							<u></u>
		0	0							
		0	0							
The state of the s		0	0	- Constitution of the cons						
		0	0							
	·	0	0							
		0	0							

^{*} 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
Eliza Huntington Memorial Home of Norwich 1279		9/30/2015			22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	31,837			31,837
b. Heat	\$	10,528			10,528
c. Light & Power	\$	47,016			47,016
d. Water	\$	8,491			8,491
e. Equipment Lease (Provide detail on page 6)	\$				
f. Other (itemize)	\$	18,976			18,976
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	116,848			116,848
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$	403			403
b. Building & Building Improvements	\$	29,363			29,363
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	5,655			5,655
*7e. Total Depreciation Costs (7a + b + c + d)	\$	35,420			35,420
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$	1,574			1,574
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$	1,574			1,574
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. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	36,994			36,994

^{*} 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
109 Washington Steet - Light & Power - Disallowed Pg 29/39			\$ 19
109 Washington Steet - Gas & Heat - Disallowed Pg 29/39			\$ 560
109 Washington Street - Repairs - Disallowed Pg 29/39			\$ 5,440
109 Washington Street - Water & Sewer - Disallowed Pg 29/39			\$ 30
109 Washington Street - Property Tax - Disallowed Pg 29/39			\$ 4,39
1 Buckingham - Property Tax			\$ 99:
107 Washington Street - Repairs - Disallowed Pg 29/39			\$ 170
107 Washington Street - Property Tax - Disallowed Pg 29/39			\$ 3,820
107 Washington Street - Water & Sewer - Disallowed Pg 29/39			\$ (29
109 Washington Street Expenses - Disallowed Pg 29/39			\$ 1,14
Small Equipment			\$ 2,142
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 18,97

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Depreciation Schedule

			no Idaa	Depi celation Seneau	incaur					
Name of Facility	<u>,</u>		License No.			Report for Year Ended	papu;		Page	of
Eliza nunungton Memoriai nome oi Norwich, inc.	cn, mc.		171	9		2/20/2013			7.3	37
8 2			Historical			Accumulated				
			Cost	Less		Depreciation to	Method of			
356 2			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements										· · · · · · · · · · · · · · · · · · ·
1. Acquired prior to this report period			216,543		216,543	40,665	SL	Varies	403	
2. Disposals (attach schedule)				٠						
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal										403
B. Building and Building Improvements										
1. Acquired prior to this report period			2,090,511		2,090,511	1,524,052	SL	Varies	28.465	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		4,490		4,490				868	
B-4. Subtotal										29,363
C. Non-Movable Equipment										
1. Acquired prior to this report period									900	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
C-4. Subtotal										
	Is a mileage logbook maintained?	Date of Acquisition	Historical	See 1		Accumulated Depreciation to	Method of			
	Ves	Month Vest	Exclusive of	Salvage	Cost to Be	Beginning of Vear's Onerations	Computing	Useful I ife	Depreciation for This Vear	Totals
D. Movable Equipment						Circumided of max	Topino idoa	OHIC	ioi iiiis i ca	1 Ocalis
1. Motor Vehicles (Specify name, model										
2005 Ford F-250 Plow Truck	X	9 2010	15,200		15,200	12,413	SL	5	2,787	
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period			293,802		293,802	279,707	ST	Varies	2,584	
b. Disposals (attach schedule)										
c. Acquired during this report period										
(attach schedule)			1,040		1,040				205	
D-3. Subtotal										5,576
E. Total Depreciation										35,342

Eliza Huntington Memorial Home of Norwich, Inc. 9/30/2015

Schedule of Land Improvements Acquired	l during this report period
----------------------------------------	-----------------------------

Company of Links amproved	nents Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				N. 15 (1981)
				90.000000000000000000000000000000000000
		Attention of the state of the s		
Fotal additions for Land Im	provements	\$ -		\$ -
Deletions:				
			100000000000000000000000000000000000000	
Total deletions for Land Im	provements	\$ -		\$ -

^{*}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:				
6/1/2015	Carpeting	\$ 2,050	5	\$ 410
3/15/2015	Awning	\$ 2,440	5	\$ 488
				Anne de la
Total additions for	Building Improvements	\$ 4,490		\$ 898
Deletions:				
				\$500,000 may 150,000 m
Total deletions for	Building Improvements	\$ -		\$

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

W 4 4 6 7 1	04	Useful	Depreciation
Description of Item	Cost	Т	Depreciation
and the second s	La trada de Suerto dos Caldos Su	regulation de de chestros d'univ	
	41/02/2014/03/2019		
	A-AV-121-Q0-201-1		Victoria de la companya de la compa
		ASSOCIATION OF THE	
			0.0000000000000000000000000000000000000
n-Movable Equipment	\$ -		\$ -
			16.000.000.000.000
	\$2,650 (USA) \$200 (USA)		
			600000000000000000000000000000000000000
n-Movable Equipment	\$ -		\$ -
		n-Movable Equipment \$	n-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:		emperatura a Star	spanjenjen 1994		n disamplianti d
12/4/2014	Mattress and box springs	\$	476		\$ 92
3/16/2015	Mattress and box springs	\$	338	. 5	The second section of the second section of the sec
7/16/2015	Mattress and box springs	\$	169	5	\$ 34
5/9/2015	Chairs	\$	57	5	\$ 11
			80,000,000,000		
			0.0000000000000000000000000000000000000		100000000000000000000000000000000000000
Total additions for	Movable Equipment	\$	1,040		\$ 205
Deletions:					
100 miles (100 miles (
		10 00 00 00 00 00 00 00 00 00 00 00 00 0			
			(0.50-7.007/50)		
117000000000000000000000000000000000000					(64) (6) (6) (6) (6)
Total deletions for	Movable Equipment	\$			\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

ements Acquired during this report period		Useful	
Description of Item	Cost	Life	Depreciation
Texasymment	\$ -		\$ -
Julhovement	() () () () () () () () () ()	and and expression of the sec	
	versionen produce de la company	0.01037497720705700	550 550 500 500 500
			A
Improvement	s -		\$ -
	Description of Item Improvement	Description of Item Cost Improvement S -	Description of Item Cost Life Improvement S Improvement

^{*}Ties to Page 24, Line C3

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

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

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Amortization Schedule*

Nar Eliz	Name of Facility Eliza Huntington Memorial Home of Norwich, Inc.	, Inc.		License No. 1279	6.	Report for Year Ended 9/30/2015	r Ended		Page 24	of 37
		Date of	J.			Accumulated				
		Acquisition	tion			Beginning of	Basis for			
<u>-</u>				Length of	Cost to Be	Year's		Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Ą	Organization Expense									
	1.								<i>III. J</i> 46	
	2.									
	3.									
A-4	A-4. Subtotal									
<u>m</u>	Mortgage Expense									
	1. Loan Costs	3	2006	240 months	2,500	1,073	1,073 Life of mortgage	5	1,427	
	2. Jewett City Loan Costs	9	2015	15 years	4,419		Life of mortgage 15 yar	15 yar	147	
	3.									
B-4.	1. Subtotal									1,574
<u>ن</u>	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	4. Subtotal									
<u> </u>	Total Amortization									1,574
	* Straight line method milet he 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; 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
Eliza Huntington Memorial Home of N 1279	9/30/2015			25 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility				If "Yes," complete Part B.
or leased from a Related Party?*	Yes	0	No	If "No," complete Part C.
*If any owner or operator of this facility is related by family, n	narriage, ownership, abi	lity to control or		,
business association to any person or organization from whom				
a related party transaction.		La company de la		
Description	Total			
	1997, 2000, 2001, 2006			
2. Date Structure Completed	1943, 1997			To a section of
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	22			
Total Licensed Bed Capacity Square Footage	6,761			
Square Footage Acquisition Cost	0,761			
a. Land	53,098			
b. Building	199,137			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				8.8
a. Type of Financing (e.g., fixed, variable)	Term Mortgage			
b. Date Mortgage Obtained	06/26/15			
c. Interest Rate for the Cost Year	5.00%			
d. Term of Mortgage (number of years)	15			
e. Amount of Principal Borrowed	413,000			
f. Principal balance outstanding as of 9/30/12	408,114			
Complete if Mortgage was Refinanced				
During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property 1	(mayoromanta Onli			
	perty Leased		Term of Leace	Annual Amount of Leace
Name and Address of Lessor Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility License No.		Report for Year	ar Ended		Page of
Eliza Huntington Memorial Home of 1279		9/30/2015			26 37
					Residential Care
<u>Item</u>		Total	CCNH	RHNS	Home
12. Interest					
A. Building, Land Improvement & Non-Movable					
Equipment	\$	21,386			21,386
1. First Mortgage Name of Lender	Rate	21,380			21,300
Jewitt City Bank	5.00%				
Address of Lender	2.0070				
Address of Belian					
2. Second Mortgage	\$				
Name of Lender	Rate				
					100 000 000 000 000 000 000 000 000 000
Address of Lender					
	ф.				
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
Address of Belider					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
					100
B. CHEFA Loan Information					
Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
	\$	21,386			21,386
12 B7. Total Building Interest Expense (A1 - A4 + B5)	Ψ		. Subtotala	1 forward to 1	

(Carry Subtotals forward to next page)

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

Name of Facility Eliza Huntington Memorial Home 12	No. 79		Report for Yo 9/30/2015	ear Ended		Page of 27 37
Eliza Hullangton Memorial Home 12						Residential
Item			Total	CCNH	RHNS	Care Home
	otals Brou	ight Forward:	21,386			21,386
12. C. Movable Equipment		8	, , , , , , , , , , , , , , , , , , , ,			
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender			12 12 12 12 12 12 12 12 12 12 12 12 12 1			
Address of Lender			6,100 5,775			
Tradition of Bondon						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender	<u></u>	<u> </u>				
Address of Lender						The second secon
B. Item	Rate	Amount				
Lender		1				
Address of Lender						
12. C. 3. Total Movable Equipment Inter	est					
Expense (C1 + 2)		\$				814
12. D. Other Interest Expense (Specify)		\$	814			814
Finance & Interest Charges						10 E E E E E E
13. Total All Interest Expense (12B7 + 12	C3 + 12D	9) \$	22,200			22,200
	C3 12D	,)	22,200			
	mlv)	\$	20,676			20,676
a. Insurance on Property (buildings of b. Insurance on Automobiles	J <i>)</i>	\$		-		1,860
c. Insurance other than Property (as	specified a		-,	· · · · · · · · · · · · · · · · · · ·		
1. Umbrella (Blanket Coverage)	1	\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				100
Plow Truck, Insurance						
·					10%	
14d. Total Insurance Expenditures (14a +	b+c)	9	22,637			22,637
15. Total All Expenditures (A-13 thru C-		9				943,236

D. Adjustments to Statement of Expenditures

Name	of Fa	cility		Lic	ense No.	Report for Ye	ar Ended	Page	of
			Memorial Home of Norwich, Inc.		1279	9/30/2015		28	37
					Total				
Item	Page	Line			Amount of			Residen	tial Care
	No.		Item Description		Decrease	CCNH	RHNS	Но	ome
			es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	4,088				4,088
Page	13 - F	rofes	sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$	·				
7.			Other - See attached Schedule	\$					
Pages	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.			Accounting & Legal	\$					
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	67				67
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.	16	L3	Gifts, flowers and coffee shops	\$	49				49
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.			Automobile Expense (e.g. personal use)	\$					
18.	16	m3	Unallowable Advertising *	\$	1,749				1,749
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m4	Fund Raising / Contributions	\$	3,946	<u> </u>			3,946
21.			Unallowable Management Fees	\$		=			
22.	20	5 <u>j</u>	Barber and Beauty	\$	340				340
23.			Other - See attached Schedule	\$	5,453				5,453
Page	18 - I	Dietar	y Expenditures						
24.		<u> </u>	Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - I	aund	ry Expenditures						
25.			Laundry services to employees, guests						
` 			and others who are not residents	\$					
Page	20 - I	Touse	keeping Expenditures						
26.		Γ	Housekeeping services to employees, guests						
	1		and others who are not residents	\$					
1	l	ı	and onlers who are not residents	4	l .	l	L	1	

^{*} 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
	MAT Reimbursement - Dietary 43.62%			\$ 1,783
	MAT Reimbursement - Housekeeping 12.20%			499
	MAT Reimbursement - Aides 41.96%			1,715
	MAT Reimbursement - Laundry 2.22%			91
No Control				Yes a second
10 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -				
Total Othe	r Salaries Adjustment	\$ -	\$ -	\$ 4,088

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	0.00				
100000000000000000000000000000000000000					
	Strategica (Co.				
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

				Residential
ge Ref Line R	ef Description	CCNH	RHNS	Care Home
16 m13	Bank Service Charges			\$ 5,180
16 m13	Reconciliation Discrepencies			\$ 9
16 m13	Miscellaneous			\$ 114
16 m13	ACSA			\$ 120
16 m13	NDPU			\$ 30
		15.00		
al Other A&G	Adjustments	\$ -	T\$ -	\$ 5,453

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

			D. Adjustments to Statemen					r	
1	e of Fa			Lic	cense No.	Report for Y	ear Ended	Page	of
Eliza	Hunti	ngton	Memorial Home of Norwich, Inc.		1279	9/30/2015		29	37
					Total				
Item	Page	Line			Amount of			l	ntial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	H	ome
			Subtotals Brought Forward	\$	15,692				15,692
Page	20 - K	Reside	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	\$					
Page	22 - N	<i>Iainte</i>	enance and Property					100	
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	15,839				15,839
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.	27	14A	Property Insurance	\$	686				686
Othe	r - Mis	scella	neous						
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	\$			<u> </u>		
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See						
			Attached Schedule	\$	369				369
Not 1	For Pr	ofit P	roviders Only						
50.	_		Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	32,586				32,586

^{***} 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.

Eliza Huntington Memorial Home of Norwich, Inc. 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
1000					
100000000000000000000000000000000000000					
100000000000000000000000000000000000000					
Viet. /6// / (100 m					
	555 50 50 50 A				
Total Othe	r Ancillary	/ Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	45/69/03/69				
		- Company and the Company and			
106000000000000	Nicolaides, del mass		100000000000000000000000000000000000000		
	55 ABUS 55				
000000000000000000000000000000000000000					
A CONTROL OF THE					
Total Exce	ss Movable	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	 dential Home
22	6f	109 Washington Steet - Light & Power			\$ 19
22	6f	109 Washington Steet - Gas & Heat		000	\$ 560
22	6f	109 Washington Street - Repairs	5 15 15 15 15 15 15 15		\$ 5,446
22	6f	109 Washington Street - Water & Sewer			\$ 308
22	6f	109 Washington Street - Property Tax			\$ 4,397
22	6f	107 Washington Street - Repairs			\$ 170
22	6f	107 Washington Street - Property Tax			\$ 3,826
22	6f	107 Washington Street - Water & Sewer		0.00	\$ (29)
22	6f	109 Washington Street expenses			\$ 1,142
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ 15,839

Page Ref	Line Ref	Description	CCNII	RHNS	Residential Care Home
		Miscellaneous - FTC AT&T Settlement			\$ 94
		Annual Donation - Ladies			275
	100000000000000000000000000000000000000				
	VARUE SALEKOAR				
					450 (30.00) (30.00)
	7,000,000,000,000				
Total Othe	r Adinetm	ents	S -	\$ -	\$ 369

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
	- 100 N. W. C.			(4)	
Total Unal	lowable Bi	alding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility License No. Eliza Huntington Memorial Home of Nor 1279		Report for Y 9/30/2015	ear Ended		Page of 30 37
Enza Francing on Wenterfall From Co. 1401-1277		7/30/2013			
Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	530,994			530,994
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	\$	414,944			414,944
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 **	\$				
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.)	\$	945,938			945,938
IV. Other Revenue*	Ψ	743,730			945,958
	\$			7	
Meals sold to guests, employees & others Rental of rooms to non-residents	\$				
	\$				
Telephone Rental of Television and Cable Services	\$ \$				
tental of Television and Cable Services Interest Income (Specify)	ъ \$	41,988			41,988
6. Private Duty Nurses' Fees	ъ \$	41,700			41,766
7. Barber, Coffee, Beauty and Gift shops	ъ \$				
8. Other (Specify)	ъ \$	(76 222)			(76 202)
V. Total Other Revenue (1 thru 8)	\$ \$	(76,223)			(76,223)
• • •		(34,235)			(34,235)
VI. Total All Revenue (III +V)	\$	911,703			911,703

^{*} Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

^{**} Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH_	RHNS	Residential Care Home
William S				
circuis (Since				
Total Oth	er Resident Reyenne - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
58/4/2014/2018				
Total Othe	er Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

					Residential
Page Ref	Account	Balance	CCNH	RHNS	Care Home
31/A1	Interest Income				\$ 166
20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UBS Interest Income				\$ 17,507
32/D2	UBS Dividends				\$ 24,315
75.555, 15.55					
Total Inte	rest Income	1030 AT THE 150 BOOK	\$ -	\$ -	\$ 41,988

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Rental Income - 107 Washington			\$ 13,200
30 - IV8	Rental Income - 109 Washington			\$ 10,600
30 - IV8	State Audit Adj			\$ 3,320
30 - 1V8	Annual Donation - Ladies			\$ 275
30 - IV8	Miscellaneous			\$ 3,064
30 - IV8	Annual Donation			\$ 275
30 - IV8	MAT Reimbursement			\$ 4,087
30 - IV8	Fundraising			\$ 9,820
30 - IV8	Gain on Sale Sec. Rest. Endow			\$ 328,527
30 - IV8	Unrealized Gain/Loss			\$ (449,392)
1/4/2 (A)				
400000000000000000000000000000000000000				
Total Oth	er Revenue	\$ -	\$ -	\$ (76,223)

G. Balance Sheet

Name of Facility	License No.	Re	eport for Year Ended		Page	of
Eliza Huntington Memorial Home	of N 1279	9/:	30/2015		31	37
	Account		·		Am	ount
Assets						
A. Current Assets						
 Cash (on hand and in ban 	ks)			\$		376,491
2. Resident Accounts Receiv	able (Less Allowance	for Ba	d Debts)	\$		41,658
3. Other Accounts Receivab	le (Excluding Owners	or Rela	ited Parties)	\$		
4 Inventories				\$		
Prepaid Expenses				\$		13,379
a. Prepaid Insurance			13,379			
b						
c						
d.						
6. Interest Receivable				\$		
7. Medicare Final Settlemen				\$		
8. Other Current Assets (item	nize)			\$	STORE TO BE A STORE OF PARTY.	
•	· · · · · · · · · · · · · · · · · · ·					
A-9. Total Current Assets (Lines A	41 thru 8)			\$		431,528
B. Fixed Assets						
1. Land				\$		139,766
Land Improvements	*Historical Cost		216,543	[\$		175,458
	Accum. Deprecia	tion	41,085 Net			
3. Buildings	*Historical Cost		2,095,001	\$		541,388
	Accum. Deprecia	tion	1,553,613 Net			
4. Leasehold Improvements	*Historical Cost			\$		
	Accum. Deprecia	tion	Net			****
5. Non-Movable Equipment	*Historical Cost	•		\$		
	Accum. Deprecia	tion	Net			
Movable Equipment	*Historical Cost		294,842	\$		11,560
	Accum. Depreciat	tion	283,282 Net			
7. Motor Vehicles	*Historical Cost		15,200	\$		1
	Accum. Deprecia	tion	15,199 Net			
8. Minor Equipment-Not De	preciable			\$		
9. Other Fixed Assets (itemiz	ze)		·	\$		39,837
Loan Costs	,		4,272			- , •
Construction in Progres	SS	·	35,565	\dashv		
B-10. Total Fixed Assets (Lines			y -	\$		908,011

^{*} 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 Ended		Page	of
Eliza	ı Hu	intington Memorial Home of N	1279	9/30/2015		32	37
			Account		Ļ	Amo	
				Total Brought Forward	1\$		1,339,539
C.	Le	asehold or like property record	ed for Equity Purpose	es.			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	7.	Minor Equipment-Not Depre	ciable		\$		
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$		
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost		1.		
			Accum. Depreciation	on Net	\$		
		Goodwill (Purchased Only)			\$		1 201 012
	5.	Investments Related to Resid			\$		1,204,013
		Corp Bonds 363,528 + Mu	ıtual 308,958	1,204,013	4		
		Equity Securities 531,526					
	6.	Loans to Owners or Related l			\$		
		Name and Address	Amount	Loan Date	4		
	7.	Other Assets (itemize)			\$		
					-		
				-	_		1.004.013
D-8.	. Ta	otal Investments and Other As	sets (Lines D1 thru 7	")	\$		1,204,013
D-9.	Ta	otal All Assets (Lines A9 + B1	0 + C8 + D8		\$		2,543,552

^{*} 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 Ended			Page	of	
		Memorial Home of Norwich	1279	9/30/2015		33	37
			Account			Amo	ount
Liabilities							
A.	Cu	rrent Liabilities					15.040
	1.	Trade Accounts Payable				\$	46,910
	2.	Notes Payable (itemize)				\$	
		I D 1.1. fra Davisana	ent (Commont noutio	n) (itamiza)	<u> </u>	\$	
	3.	Loans Payable for Equipme Name of Lender	Purpose	Amount	Date Due	Ψ	
		Name of Lender	Fulpose	Amount	Date Due		
1							
	4.	Accrued Payroll (Exclusive				\$	5,807
	5.	Accrued Payroll (Owners a	md/or Stockholders	s only)		\$	
	6.	Accrued Payroll Taxes Pay	able			\$	(241)
	7.	Medicare Final Settlement	Payable			\$	
	8.	Medicare Current Financin	g Payable			\$	
	9.	Mortgage Payable (Curren	t Portion)			\$	
	10	Interest Payable (Exclusive	of Owner and/or I	Related Parties)		\$	
	11	. Accrued Income Taxes*			1000	\$	
	12	Other Current Liabilities (i	temize)			\$	64,248
		PAYABLE STATE OF CT		7,404			
1		DEPOSITS		1,950			
		RENTAL DEPOSITS		2,100			
		MISCELLANEOUS		(206)		Φ.	116.704
A-13.	To	tal Current Liabilities (Line	es A1 thru 12)			\$	116,724

^{*} 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
Eliza Huntington Memorial Home of Norw	1279	9/30/2015		34	37
	Account			Am	ount
		Total Brougl	nt Forward:		116,724
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment		T	\$		
Name of Lender	Purpose	Amount	Date Due		
			W.		
2. Mortgages Payable			\$		408,114
3. Loans from Owners or Rela	ated Parties (itemize)		\$		100,1
Name and Address of Lender	Amount	Loan D	9000		
Name and Address of Lender	Amount	Boan D			
A OA Y TO T 1 199	- (itawina)	<u> </u>	s		
4. Other Long-Term Liabilitie	es (itemize)		2		
B-5. Total Long-Term Liabilities (Lines R1 thru 4)		\$		408,114
C. Total All Liabilities (Lines A-	13 + B-5)		\$		524,838
—————————————————————————————————————	/		4		

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

Nan	ne of Facility License No. Report for Year Ended	Page	of
Eliz	a Huntington Memorial Home of 1 1279 9/30/2015	35	37
	Account		Amount
A.	Reserves		
	1. Reserve for value of leased land	\$	
	2. Reserve for depreciation value of leased buildings and appurtenances		
	to be amortized	\$	
	3. Reserve for depreciation value of leased personal property (<i>Equity</i>)	\$	(
	4. Reserve for leasehold real properties on which fair rental value is based	\$	
	5. Reserve for funds set aside as donor restricted	\$	
	6. Total Reserves	\$	
В.	Net Worth		
	1. Owner's Capital	\$	
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	2,050,249
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	\$	(31,533)
	7. Total Net Worth	\$	2,018,717
C.	Total Reserves and Net Worth	\$	2,018,717
D.	Total Liabilities, Reserves, and Net Worth	\$	2,543,554

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Eliza Huntington Memorial Home of N	o 1279	9/30/2015		36	[37
Account					ount
A. Balance at End of Prior Period as shown on Report of 09/30/2014					2,118,341
B. Total Revenue (From Statement of Revenue Page 30)					911,703
C. Total Expenditures (From Statement of Expenditures Page 27)					943,236
D. Net Income or Deficit E. Balance F. Additions					(31,533)
E. Balance					2,086,808
F. Additions					
1. Additional Capital Contributed (itemize)					
2. Other (itemize)					
2. Other (nemize)					
F-3. Total Additions				}	
G. Deductions					
 Drawings of Owners/Operator 	s/Partners (<i>Specify</i>)		(S	
Name and Address (No., City	, State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)			S	3	
Purpose		Amo	unt		
	· 				
3. Total Deductions			9		
H. Balance at End of Period	09/30/15	,	[\$	}	2,086,808

I. Preparer's/Reviewer's Certification

Name of Facility	me of Facility License No.		Page	of		
Eliza Huntington Memorial Home of	1279	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 Partner	Date Signed	16	***************************************		
Printed Name of Preparer				***************************************		
Craig J. Lubitski Consulting LLC						
Addres Address		Phone Number				
225 Pitkin Street, East Hartford, CT 06108	V-1-10-00-00-00-00-00-00-00-00-00-00-00-0	860-610-9009				