State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as	licensed)							
Martland Managemen	nt, Inc. d/b/a Th	e Elton Reside	ential Care Hor	ne				
Address (No. & Stree	et, City, State, Z	(ip Code)						
30 West Main Street,	Waterbury, CT	`06702						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	th Nursing				
☐ Nursing Home	only		Supervision or	ıly		Residenti	al Ca	re Home
(CCNH)	•		(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2015			9/30/2016					
License Numbers:		CCNH	RHNS	Reside	ntial Care 1 1838	Home	Me	dicare Provider
Medicaid Provider N	umbers:	CC	CNH	RH	INS		IC.	F-IID
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence N	Vumber	Signed a	nd Notari	zed	Date Received
Assigned	Notarized	Received	Assign	ied	Signed a	ilu ivotaii.		Date Received

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Elton Residentia	1838	9/30/2016	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Martland Management, Inc. d/b/a The Elton Residential Care Home [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Matthew T. Martland			Printed Name (Owner) Theodore H. Martland	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public			<u> </u>	, ,

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Covered:		From	То
Martland Management, Inc. d/b/a The Elton Residential Care Hor	ne	A.		10/1/2015	9/30/2016
Address of Facility					
30 West Main Street, Waterbury, CT 06702		r			
Report Prepared By		Phone Nun	ıber	Date	
Blum, Shapiro & Company, P.C.		860 561-40	00	2/10/2017	
					Residentia 1 Care
Item		Total	CCNH	RHNS	Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				104,116
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$,			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire Type of Facility - Organization Structure

	Pho	ne No. of Fac	cility	Report for Ye	ar Ended	Page		of
	203	756-1229		9/30/2016		2		37
Name of Facility (as shown on license)		Address (No	o. & S	Street, City, Sto	ite, Zip)			
Martland Management, Inc. d/b/a The Elton Residential C	Care	I 30 West Ma	in St	reet, Waterbur	y, CT 067	02		
CCNH		RHNS	Resi	dential Care H		Medicare P	rovic	ler No.
License Numbers:				1	838			
Type of Facility (Check appropriate box(es))								
□ Chronic and Convalescent Nursing Home only (CCNH)		t Home with ervision only			Residenti	ial Care Hon	ne	
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership	0	Profit Corp.	0	Non-Profit Con	р. О	Government	0	Trust
If this facility opened or closed during report year provide	e:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership								
or operation during this report year?	0	Yes	•	No	If "Yes,"	explain fully	y	
Administrator								
Name of Administrator				Nursing Ho	ome			
Matthew T. Martland				Administrat	or's			
				License N	No.:			
Other Operators/Owners who are assistant administrators	(full	l or part time	of th					
Name None				License 1	No.:			

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Martland Management, Inc. d/	b/a The Elton Residenti	1838	9/30/2016		3 37
Legal Name of Part The Elton HFA Ltd Partnershi		Business A 30 West Main S Waterbury, CT	treet,		or Town(s) in egistered
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned
Martland Management, Inc	30 West Main Street, V 06702	Vaterbury, CT	General Part	ner	1
Elton Management, Inc	30 West Main Street, V 06702	Vaterbury, CT	Limited Part	ner	19.8
Martland Management, Inc	30 West Main Street, V 06702	Vaterbury, CT	Limited Part	ner	79.2

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General Information and Questionnaire Corporate Owners

Name of Facility		Report for Year En	ded	Page	of
Martland Management, Inc. d/b/a The Elton	1838	9/30/2016		3A	37
If this facility is owned or operated as a corpo	oration, provide the	following informat	tion:		
Legal Name of Corporation		s Address	State(s) in Whi	ch Incorp	orated
			, ,		
Name of Directors, Officers	Busines	s Address	Title	No. Sl	
				Held by	Each
N/A					
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
Martland Management, Inc. d/b/a The Elton Reside		9/30/2016	3B 37
If this facility is owned or operated as an individua	l proprietorship, pi	ovide the following informat	ion:
	ner(s) of Facility		
N/A			
		1	

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General Information and Questionnaire Related Parties*

Name of Facility Martland Management, I	Name of Facility Martland Management, Inc. d/b/a The Elton Residentia	License No.	No. 1838		Report for Year Ended 9/30/2016		Page 4	of 37
Are any individuals rece marriage, ability to conti	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel	ated thro		Yes O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add	ress and ge 11 of the report.
Are any individuals or coincluding the rental of prelated 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 business association to any of the owners, operators, or officials of this facility?	or service to this factorial control, of this factorial	cility, or busin	ess	O Yes O No	If "Yes," provide the following information:	e following	information:
		Also I Goods/S	Also Provides Goods/Services to	s to		Indicate Where Costs are Included		
Name of Related Individual or Company	Business Address	Non-Rel	ated P	arties %**	Description of Goods/Services Provided	in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Elton Management, Inc	30 West Main St, Waterbury, CT 06702	0	0		Bookkeping Services & Management Fee	p16/m12	147,358	147,358
Matthew T. Martland		0	•		Administrator of Facility	p10/A2	75,650	75,650
Linnea Morris		0	•		Office Manager	p10/A4	47,081	47,081
Lisa Martland		0	•		Administrative Assistant	p10/A4	5,321	5,321
Elton Management, Inc	30 West Main St, Waterbury, CT 06702	0	•		Accrued Management Fee	p34/B-4	332,064	332,064
Dylan Martland		0	•		Maintenance/ Dish Prep	p10/A7b	373	373
		0	0					
		0	0					
		0	0					
* Use additional sheets if necessary	if necessary							

^{*} 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

,	License No	- 1	Report for Year Ended	Page	of	f	
Martland Management, Inc. d/b/a The Elton Re	1838		9/30/2016	5	37	7	
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TBI	services with special Medicaid	l rates,	costs		
must be allocated to CCNH and RHNS as follow	ws:						
Item		Method of Allocation					
Dietary		Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping		Number of	square feet serviced				
		Number of	hours of routine care provided	by EAG	CH		
Nursing		employee c	lassification, i.e., Director (or 0	Charge	Nurse)),	
		Registered	Nurses, Licensed Practical Nur	ses, Ai	des and	d	
		Attendants					
Direct Resident Care Consultants		Number of	hours of resident care provided	l by EA	.CH		
		specialist (See listing page 13)				
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet					
Employee health and welfare		Gross salaries					
Management services	Appropriate cost center involved						
All other General Administrative expenses Total of Direct and Allocated Costs							
The preparer of this report must answer the following questions applicable to the cost information provided.							
1. In the preparation of this Report, were all					as		
costs allocated as required?	• Yes	O No	not made.				
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data				
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing ho	me cos	t cente	rs?	
(e.g., Assisted Living, Home Health, Outpati	ent Services	, Adult Day	y Care Services, etc.)				
<u> </u>		_	If "No," explain fully why such	h alloca	ition w	/as	
	• Yes	O NO	not made.	1 411004	ALIOII W	uo	
			not made.				

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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

ot 37 Amount Claimed Page 9 Amount of Lease Annual Report for Year Ended Term of Lease 9/30/2016 Date of Lease** Description of Items Leased 1838 License No. Martland Management, Inc. d/b/a The Elton Residential Car Related * to å 0 Operators, 0 0 0 0 0 0 0 0 0 Officers Owners, Yes 0 0 0 0 0 0 0 0 0 0 should not be included in these amounts. Name and Address of Lessor Name of Facility

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

% O

O Yes

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Martland Management, Inc. d/b/a T	1838	9/30/2016		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
I*	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Blum Shapiro & Company, P.C	C	29 South Main Street, West Hartford, CT	06127-20	000	
2 Lenkowski, Lonergan & Co.		1579 Straits Tpke, Suite 2D, Middlebury,			
3		*			
4					
Services Provided by This Firm (de	scribe fully)				
1 Annual cost report preparation, Annual	al HUD required audit & preparation	on of HUD audited financial statements	\$	30,218	
2 Preparation of Federal & State corpor	ration tax returns, Preparation of 9/	30 workpapers	\$	8,000	
3			\$		
4			\$		
			Charge fo	or Services Pr	ovided
			\$	38,218	OTTAGE
Are Those Charges Deflected in the Evnen	diture Dartion of This Deport? If V	es, Specify Expense Classification and Line No.	3	30,210	
 Yes No 	p15/1d	es, specify Expense Classification and Line No.			
Legal Services Information	<u> </u> 2/13/14				
Name of Legal Firm or Independent	t Attorney	-	Telephon	e Number	
1 Duffy & Fasano	Attorney		203-598-		
2			203-370-	7500	
3					
4					
5					
Address (No. & Street, City, State, 2	7in Coda)				-
1 1625 Straits Tpke, Suite 307, N					
2	madicbury, C1 00702				
3					
4					
5					
Services Provided by This Firm (de	scribe fully)				
1 None during current year			\$		
2			\$		
3			\$		
			\$		
4					
5			\$	0 . 2	
			Charge to	or Services Pr	ovided
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O Yes O No					

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Schedule of Resident Statistics

Total All Contined Bed Capacity Total Contined Bed Reserve Days Total Cont	Name of Facility Martland Management, Inc. d/b/a The Elton Residential Care Home	ntial Care H	ome	License No.	No. 1838			Report for 9/30/2016	Report for Year Ended 9/30/2016	g l		Page 8	of 37
Counting the decrepacity Counting the co							Period 10/	1 Thru 6/	30		Period 7/	1 Thru 9/2	0.
Certified Bed Capacity Levels Levels Level Level Level CCNH RHNS RNS RNS <th< td=""><td></td><td>Total All</td><td>Total CCNH</td><td>Total RHNS</td><td>Total Residential</td><td></td><td></td><td></td><td>Residential</td><td></td><td></td><td></td><td>Residential</td></th<>		Total All	Total CCNH	Total RHNS	Total Residential				Residential				Residential
A. On last day of PREVIOUS report period 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 <td></td> <td>Levels</td> <td>Level</td> <td>Level</td> <td>Care Home</td> <td>Total</td> <td>CCNH</td> <td>RHNS</td> <td>Care Home</td> <td>Total</td> <td>CCNH</td> <td>RHNS</td> <td>Care Home</td>		Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
A. On last day of PREVIOUS report period 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 <td>1. Certified Bed Capacity</td> <td></td>	1. Certified Bed Capacity												
B. On last day of THIS report period 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96 96		96			96	96			96	96			96
Number of Residents 9.2 9.2 9.2 9.2 8.8 8.8 8.8 8.8 8.8 8.9 8.8 8.9 8.8 8.9 8.8 8.9 8.0 8.8 8.9 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0	- 1	96			96	96			96	96			96
A. As of midnight of PREVIOUS report period 92 92 92 92 92 98 88 89 98 98 98 98 98 98 98 99 98 98 99 99 99 98 98 99 99 98 99 99 99 99 98 99 99 99 98 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99 99													
B. As of midnight of THIS report period 89 88 88 89 89 89 89 89 89 89 89 89 89 89 89 99 80 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 70 <td>- 1</td> <td>92</td> <td></td> <td></td> <td>92</td> <td>92</td> <td></td> <td></td> <td>92</td> <td>80</td> <td></td> <td></td> <td>88</td>	- 1	92			92	92			92	80			88
A. Medicare Medicare (Conn.) 844 844 568 7762 7762 B. Medicare (B. Medicare) C. Medicare (Other states) 844 844 568 276 9 D. Private Pay B. Vivate Pay 32,286 32,286 24,524 7,762 9 F. Other (Specify) G. Total Care Days During Period (3A thru F) 33,130 33,130 25,092 8,038 9 G. Total Number of Days Not Included in Figures in 3G Total Number of Days Not Included in Figures in 3G 8,038 9 9 A. Medicaid Bed Reserve Days Beds A. Medicaid Bed Reserve Days 8,038 9 9 B. Other Bed Reserve Days 33,130 25,092 8,038 9 9		68			68	88			88	68			68
A. Medicare													
B. Medicaid (Other states) 84 844 568 276 9 C. Medicaid (other states) 844 844 568 276 9 9 D. Private Pay 844 844 568 24,524 7,762 9 9 E. State SSI for RCH 32,286 32,286 24,524 7,762 9 9 F. Other (Specify) G. Total Care Days During Period (3A thru F) 33,130 25,092 8,038 9 9 G. Total Care Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved A. Medicaid Bed Reserve Days 8,038 9 8,038 9 B. Other Bed Reserve Days B. Other Bed Reserve Days 33,130 25,092 25,092 8,038 9 9	A. Medicare												
C. Medicaid (other states) 844 844 568 568 276 9 D. Private Pay 844 844 568 24,524 7,762 9 7 E. State SSI for RCH 32,286 24,524 24,524 7,762 9 9 F. Other (Specify) G. Total Care Days During Period (3A thru F) 33,130 33,130 25,092 8,038 8,038 9 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved A. Medicaid Bed Reserve Days 8,038 8,038 9 8 A. Medicaid Bed Reserve Days B. Other Bed Reserve Days 33,130 25,092 25,092 8,038 9 8													
D. Private Pay 884 884 884 884 884 568 276 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 8,038 7762 7762 8,038 7762 7762 7762 8,038 7762 7762 7762 8,038 7762 7762 7762 8,038 7762 7762 7762 8,038 7762 7762 7762 8,038 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762 7762													
E. State SSI for RCH 32,286 24,524 7,762 7,762 7,762 7,762 8,038 9 F. Other (Specify) G. Total Care Days During Period (3A thru F) 33,130 25,092 25,092 8,038 8,038 9 G. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved A. Medicaid Bed Reserve Days 8,038 8,038 9 A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days B. Other Bed Reserve Days 33,130 25,092 8,038 8,038 9	- 1	844			844	568			568	276			276
F. Other (Specify) G. Total Care Days During Period (3A thru F) 33,130 Beds 33,130 Beds Beds <td></td> <td>32,286</td> <td></td> <td></td> <td>32,286</td> <td>24,524</td> <td></td> <td></td> <td>24,524</td> <td>7,762</td> <td></td> <td></td> <td>7,762</td>		32,286			32,286	24,524			24,524	7,762			7,762
G. Total Care Days During Period (3A thru F) 33,130 33,130 25,092 8,038 9,038 9 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days B. Other Bed Reserve Days B. Ot													
Total Number of Days Not Included in Figures in 3G Total Number of Days Not Included in Figures in 3G Post Number of Days Not Included in Figures in 3G Post Number of Days Not Included in Figures in 3G Post Number of Days Not Number of Days Number		33,130			33,130	25,092			25,092	8,038			8,038
Beds A. Medicaid Bed Reserve Days B. Other Bed Reserve Day													
A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days B. Other Bed Reserve Days													
B. Other Bed Reserve Days A + 4B 33,130 33,130 25,092 8,038 8													
Total Resident Days (3G + 4A + 4B) 33,130 33,130 25,092 8,038													
		33,130			33,130	25,092			25,092	8,038			8,038

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facil	•				ise No.				Report	for Year			Page	of
Martland Man	agemer	nt, Inc. d	/b/a The Elton F		1838					9/30/201	6		9	37
	-	_	in the certified b		pacity du	ring th	ie repo	rt yea	r?	0	Yes	•	No	
	7/		Change		Cł	ange	in Beds	 S		Car	pacity Afte	er Change		
			Residential											
Date of	CCNH	RHNS	Care Home		Lost		(Gaine	i			Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason fo	or Change
	-	_	in certified bed on the control of t	_		the re	eport ye	ear (as	report	ed in item	4 above)	provide the nur	mber of	
			Change in Ro	esider	nt Days					cc	NH	RHNS	Residential	Care Home
1st chang 2nd chan														
3rd chan														
4th chan														
6. Number	of Resid	dents and	d Rates on Septe	mber			ar							
		-	Medicare		Medi	caid				Se	lf-Pay		Other Star	te Assisted
	Item		CCNH	_ ر	CNH	RI	INS	CC	CNH	R F	INS	Residential Care Home	R.C.H.	ICF-MR
No. of R			COLVII		01111	-14	1110		71111	- Au	1110	3	86	TOT WIRE
Per Dien			DATE OF					AT I						// = () = ()
a. One b												93.70	87.62	
b. Two l		t												
c. Three		e												
bed r	ms.													
		f Physica are - Pari	al Therapy Treat	ments	3					TO	ΓAL	CCNH	RHNS	Residential Care Home
			usive of Part B)									F(S) (0		12 11
Δ.			e Treatments											
	2. Res	torative '	Treatments											
	Other													
			Therapy Treatn								R 747			
		re - Part	Therapy Treatn	ients							100000			
			usive of Part B)									de la company		
			e Treatments											
		torative '	Treatments											
	Other	7	787											
			herapy Treatme		m om ta									
		re - Part	ntional Therapy	ı ı calı	Helif2						A SHARLING	المتناه في فالمنظم		
			usive of Part B)							PERM	1379			E 5 1
	1. Mai	ntenance	e Treatments											
-		torative	Treatments											
	Other	Dagum at	onal Therapy T	'maretra	anto									
	1 viui C	rссира <i>и</i>	onui i nerapy i	reuin	ienis									

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Martland Management, Inc. d/b/a The Elton Residential Ca	License No.		Report for Year 9/30/2016	r Ended	Page 10	of 37
Are time records maintained by all individuals receiving con		•	Yes	0	No	
THE RESERVED AND A STREET			Total Cost a	and Hours		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*	30 850	2.00				U.S.
1. Operators/Owners (Complete also Sec. I	2000	2 201		-2114	THE PRINT	
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III		YELL				
of Schedule A1)					75,650	2,34
3. Assistant Administrator (Complete also Sec. IV		178	F 10 10		The same of the sa	127 01
of Schedule A1)						
4. Other Administrative Salaries (telephone	The state of					A. P. C.
operator, clerks, receptionists, etc.)					166,305	7,82
5. Dietary Service	Intelliging to	100	The state of		9, 18	10-13
a. Head Dietitian						
b. Food Service Supervisor					000 ((0	11.50
c. Dietary Workers					200,663	11,53
6. Housekeeping Service			-			
a. Head Housekeeper					104,116	7.01
b. Other Housekeeping Workers					104,116	7,21
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers		-			132,081	6,50
8. Laundry Service	100000000000000000000000000000000000000	1000000			132,001	0,50
a. Supervisor	The state of the s		57. 5 10			
b. Other Laundry Workers	+				93,832	6,42
Barber and Beautician Services				1	75,052	0,12
10. Protective Services					42,382	2,94
11. Accounting Services	St. Internal		A CHILDREN	PORT.		1500
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents		100 I C 01				
a. Directors and Assistant Director of Nurses						
b. RN	187 TO 16			1001 24		The same
1. Direct Care						
2. Administrative**						
c. LPN		CAVICA	100 110	Station 1	- 15 - C	20 - 5
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					291,459	20,81
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					89,799	5,49
i. Physicians	OF REAL PROPERTY.	1		THE PARTY		
1. Medical Director						
2. Utilization Review	-		-	-	-	
3. Resident Care*** 4. Other (Specify)	The second second			1000		
4. Other (Specify)		-				The same of
j. Dentists			1			
k. Pharmacists						
l. Podiatrists				-		
m. Social Workers/Case Management						
n. Marketing	1					
o. Other (Specify)					Marie Comment	4
See Attached Schedule						
A-13. Total Salary Expenditures					1,196,287	71,09

^{*} 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	R	HNS	Residentia	l Care Home
\$	Hours	\$	Hours	\$	Hours
	-				
	+				+
	1	_	-		
			True É la las	I de la constant	
				1-1-1	
	-	1			
•		· ·	<u> </u>	•	
			\$ Hours \$	S Hours S Hours	S Hours \$ Hours \$

Schedule of Other Fees (Page 13)

		CCNH	RH	INS	Residentia	l Care Home
Service	\$	Hours	\$	Hours	\$	Hours
				100		
			+			
						1
				107 - 2 3 5 -		
			_			+
					-	
Fotal	\$ -		\$ -	-	\$ -	

.....

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

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

		,	Assistant		Administrators and Other Related Parties*	Relate	d Parties	*		
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Martland Management, Inc. d/b/a The Elton Residential Care Home	The Elton]	Residential	Care Home	1838		9/30/2016			=	37
		Salary Paid	p.							
			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 I - Operators/Owners										
Matthew T. Martland			75,650		Administrator of Facilty	2,340	A2	Park City RCH Bridgeport, CT	347	none
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).										
Lisa Martland			5,321		Administrative Assistant	294 A4	A4	Elton Management Inc		30,000
Linnea Morris			47,081		Office Manager	2,243 A4		none		
Dylan Martland			373		Maintenance / Dish Prep	30	30 A7b	none		
* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required	be consider	ed unless fi	ull information	n is provided. Use	additional sheets if req	nired.				

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*

VE		1	TIPLOTOGIA	The second of th		A 77 TO 1	T CHILLOS		2	3.
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	10
Martland Management, Inc. d/b/a The Elton Residential Care Home	The Elton R	esidential (Sare Home	1838		9/30/2016			12	37
		Salary Paid	7-1							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
SEE PAGE 11										
Section IV - Assistant Administrators										
*No allawance for calaries will be considered unless full information is marrided. Use additional sheets if required	he consider	red unless fo	"Il informatio	a is provided The	additional cheets if rec	mired				

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

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

^{***} If more than one Administrator is reported, include dates of employment for each.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Martland Management, Inc. d/b/a The Elton Residen	License No. 183	38	Report for Y 9/30/2016	ear Ended	Page 13	of 37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee				HE HELL		
for service basis in lieu of salary		The same		7-44-60	100	
(For all such services complete Schedule B1)	CONTRACTOR	M.31.4				12/11
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy					I VI SUIT	
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians					100000	
a. Medical Director (entire facility)						
b. Utilization Review	SELECTION OF THE PERSON OF THE	The state of	100-15 m 150			711 7
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility		ME E		ELEVERY		
1 Infection Control Committee						
(Quarterly meetings)					1	
Pharmaceutical Committee (Quarterly meetings)					1	
3 Staff Development Committee					1	
(Once annually)						
e. Other (Specify)		EFE S		Basin.	R. Payer	6 4 13
9. Speech Therapist		THE PARTY		diameter in		1176778
a. Resident Care						
b. Other				†	1	
10. Occupational Therapist		-		FEST HAVE		
a. Resident Care						
b. Other				1	1	
11. Nurses and aides and attendants		11000			Control of	12/10/11
a. RN		10. 100	A STATE OF	ALC: NO.		
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care		2012				11 2 50
2. Administrative***					+	
c. Aides					1	
d. Other					 	
12. Other (Specify) See Attached Schedule						Section 1
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management consultants or services which						

^{*} 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		License No.		Report for Y	ear Ended	Page	of
Martland Management, Inc. d/b/a The Elto	n Residential	1838		9/30/2016		14	37
	- 45			to Owners,			
Name & Address of Individual	Full Expla	nation of Service		s, Officers	Expla	nation of R	elationship
			Yes	No			
			0	0			
			0	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			
			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 Ye	ear Ended	Page	of
Martland Management, Inc. d/b/a The Elton Resi 1838	!	9/30/2016		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General		100000000		E Trees	
a. Employee Health & Welfare Benefits				May 12 h	
1. Workmen's Compensation	\$	34,661			34,661
2. Disability Insurance	\$	8,765			8,765
3. Unemployment Insurance	\$	22,243			22,243
4. Social Security (F.I.C.A.)	\$	88,841			88,841
5. Health Insurance	\$	163,336			163,336
6. Life Insurance (employees only)		71 1 125 15 11			10000
(not-owners and not-operators)	\$	592			592
7. Pensions (Non-Discriminatory)	\$				
(not-owners and not-operators)	- 1	18 219 3	SHEET OF		
8. Uniform Allowance	\$				
9. Other (Specify)	\$	5,325			5,325
See Attached Schedule		The same of	STALL SELEN	ALL BY	10-25-21
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and		3 15 10 1	tel call	THE LITTLE	108 405
Operators (Discriminatory)*		200			1021
openion (= =======;		71170		16 Th 18 1	100
c. Bad Debts*	\$				
d. Accounting and Auditing	\$	38,218			38,218
e. Legal (Services should be fully described on Page 7)	\$				
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*	- 1	13 32 73	100	3 3 3 3	H-THINK CO
g. Office Supplies	\$	2,813			2,813
h. Telephone and Cellular Phones		100000	2 7	N. Telli	17 15 63 3
1. Telephone & Pagers	\$	3,530			3,530
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and	\$				
attach copy)*			V. C	The state of the s	Service Services
	- 1	The second		THE PARTY	
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)	- 1		17/12/2		
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule	7	THE PARTY OF THE P			Service III
3. Resident Day User Fee	\$				
Subtotal	\$	368,324			368,324

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

(Carry Subtotals forward to next page)

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

Martland Management, Inc. d/b/a The Elton Residential Care Home 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS		idential e Home
Long Term Disability Insurance			\$	5,325
	To the second		e en	
		- Table 1	4 1/2/1	
		1	4 - 4	
		S In Cit In a city		
		THE RESERVE		
				-
			1	
			4000	
		attitude to leave		
Total	\$ -	\$ -	\$	5,325

Schedule of Other Taxes

Description	CC	NH	RHN	S	Residen Care Ho	
Ratio 1						
Copyright Services Alexander and A						
Total	\$	1 -	\$	-	\$	-

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

Name of Facility License No.		Report for Y	ear Ended	Page	of
Martland Management, Inc. d/b/a The Elton Resident 1838		9/30/2016		16	37
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forwa	ard:	368,324			368,324
Travel and Entertainment			- Mariana	1000	
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	2,050			2,050
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (not purchase or depreciation)	\$	585			585
7. Other (Specify)	\$	664			664
See Attached Schedule			135254	3 1 160	No. The Later
m. Other Administrative and General Expenses			7-11-7-7F		
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses)***	\$	1,536			1,536
3. Advertising Other (Specify)***	\$				
See Attached Schedule		1 pri 7 _	2 1 1 1 1	100	3
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***					
7. Postage	\$	625			625
* 8. Dues and Membership Fees to Professional	\$	895			895
Associations (Specify)		T. 27-10	75 H W W.		
See Attached Schedule			1771. 3		3 4 36 5
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$				
See Attached Schedule				Section.	FOR STATE
11. Services Provided by Contract (Specify and Complete	\$				
Schedule C-2, Page 21 for each firm or individual)			100	4 - 53	
12. Administrative Management Services**	\$	147,358			147,358
13. Other (Specify)	\$	13,575			13,575
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	535,612			535,612

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	idential e Home
Wine and Spirits resident events	FOLKING	WE STATE	\$ 664
			- 1
	Togh I		
Total Other Travel and Entertainment	S -	\$ -	\$ 664

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	s -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS		idential e Home
CARCH			\$	650
ALTCFM			\$	80
COSTCO			\$	165
Total Dues	S -	\$ -	s	895

Schedule of Contributions

Description	CCNH	[R	HNS	dential Home
				-MIDE	71
Total Contributions	s	a J	\$		\$

Schedule of Other Administrative and General

Description	CCNH	RHNS		sidential re Home
Licenses & Fees	19-1		\$	210
Payroll Services			\$	12,513
Routine Bank Fees			\$	852
		N INC		
			1	-
			100	uci (g
Total Other Administrative and General	\$ -	\$ -	\$	13,575

0

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

, ,	License No.	Report for Year Ended	Page	of
Martland Management, Inc. d/b/a The Elt	1838	9/30/2016	17	37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate W are Included Report Pag	d in Annual
Elton Management, Inc., 30 West Main Street, Waterbury, CT 06702	92,936	Lender and Limited Partner- HUD approved management fee for overseeing operations of the facility, CHFA tax credit compliance and HUD REAC	p16/m12	
Elton Management, Inc., 30 West Main Street, Waterbury, CT 06702	54,422	Approved Bookkeeping Services	p16/m12	

^{*} 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)

Nan	ne of Facility		Licen	_	No.	Report for Y	Year Ended	Page	of
	tland Management, Inc. d/b/a The Elton Resid	enti			1838	9/30/201		18	37
	•			Т		Ì		Reside	ntial Care
	Item				Total	CCNH	RHNS	H	ome
2.	Dietary						4	in the last	
	a. In-House Preparation & Service			J	A ST TON BUT THE	1 1 2 1 2	Aller Dance		
	1. Raw Food			\$	172,749				172,749
	2. Non-Food Supplies			\$	4,354				4,354
	3. Other (<i>Specify</i>)			\$					
				-1		THE PERSON	PART NE	130 150	
_	h Dymohogod Complete (has continued at hou			\$	III. YOUNG				
	b. Purchased Services (by contract other than through Management Services)			٦	1 7000			1000	1010 10
	(Complete Schedule C-2 att. Page 21)			-1				Frank L	
_	c. Management Services**			\$					
	d. Other (Specify)			\$					
	u. outer (speedy)			*	STATE OF THE PARTY	Carlo Carlo	- 1 KG Co -	F F F F F F F	4/2
2E.	Total Dietary Expenditures (2a + b + c + d)			\$	177,103				177,103
				Ť				Reside	ntial Care
2F.	Dietary Questionnaire				Total	CCNH	RHNS	1	ome
G.	Resident Meals: Total no. of meals served pe	r da	y:*		267				267
H.	Is cost of employee meals included in 2E?		Yes	_	•	No			
I.	Did you receive revenue from employees?	0	Yes		•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Co	st Repo	ort	? (Page/Line	Item)			
	Is cost of meals provided to persons other						TC:C		
K.	than employees or residents (i.e., Board	0	Yes		•	No	If yes, specify		
	Members, Guests) included in 2E?						cost.		
L.	Is any revenue collected from these people?	0	Vec		0	No	If yes, specify		
L.	is any revenue conected from these people:	_	1 03			140	amt.		
M.	Where is the revenue received reported in the	Co	st Repo	ort	? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,								
N.	snacks at monthly staff meetings, board	0	Yes		•	No	If yes, specify		
'''	meetings) provided to employees included		105		Ŭ	110	cost.		
	in 2E?								
0.	Is any revenue collected from employees?	0	Yes		•	No	If yes, specify		
<u> </u>							amt.		
P.	Where is the revenue received reported in the	Co	st Repo	ort	? (Page/Line	Item)			
				_					

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

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

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

Name of Facility	License	No.	Report for	Year Ended	Page	of
Martland Management, Inc. d/b/a The Elton Residential		1838	9/30/2016	5	19	37
					Residenti	al Care
Item		Total	CCNH	RHNS	Hon	ne
3. Laundry						
a. In-House Processing*	Lbs.					
1. Bed linens, cubicle curtains, draperies,						
gowns and other resident care items	Amt. \$	1,767				1,767
washed, ironed, and/or processed.***						
2. Employee items including uniforms,	Lbs.					
gowns, etc. washed, ironed and/or						
processed.***	Amt. \$					
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	2,525				2,525
b. Purchased Services (by contract other	\$					
than through Management Services)			ALE . N		1.53.3	
(Complete Schedule C-2 att. Page 21)			PO COLUMN	1 3 F. F. E		
c. Management Services**	\$					
d. Other (Specify)	\$					
3E. Total Laundry Expenditures (3a + b + c + d)	\$	4,292			. S. J.	4,292
3F. Laundry Questionnaire	J 0	4,292	ļ			4,292
				If yes,		
G. Is cost of employee laundry included in 3E?	Yes	•	No	specify cost.		
				If yes,		
H. Did you receive revenue from employees?	Yes	•	No	specify amt.		
I. Where is the revenue received reported in the Cost	Report?		(Page/Line	e Item)		
Is Cost of laundry provided to persons other	Yes	-	No	If yes,		
than employees or residents included in 3E?	168		140	specify cost.		
K. Did you receive revenue from these people?	Yes	0	No	If yes,		
				specify amt.		
L. Where is the revenue received reported in the Cost	Report?		(Page/Line	e Item)		

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

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

^{***} Pounds of Laundry only required for multi-level facilities.

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 Martland Management, Inc. d/b/a The Elton Residential Care Home	/b/a The Elton Resider	itial Care Hor	ne	License No. 1838	Report for Year Ended 9/30/2016	7			Page 21	of 37
		Related ** to Owners,	o Owners,							
		Operators, Officers	Officers				Total Cost/	Total Cost/Page Ref.**		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	Residential Care Home	Pg I	Line
Elton Management Inc	30 West Main Street, Waterbury, CT 06702	•	0	General Manager	Bookkeeping Services			54,422	16 m12	n12
Otis Elevator	99 Century Drive, Bristol, CT	0	•		Elevator Maintenance			17,201	22 6a	ğ
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		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) - Housekeeping and Resident Care Basis for Allocation of Costs (See Note on Page 5)

Name of Facility		Repo	ort for Year E	nded	Page	of
Martland Management, Inc. d/b/a The Elton Re	1838		9/30/2016		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.	\$	19,376			19,376
b. Purchased Services (by contract other	Sq. Ft. Serviced	\neg				
than through Management Services)	by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	\$				
c. Management Services*		\$				
d. Other (Specify)		\$		5-1312 - 5		
4E. Total Housekeeping Expenditures (4a +	b+c+d)	\$	19,376			19,376
5. Resident Care (Supplies)**			The state of the s	B Trys	THE REAL	
a. Prescription Drugs***			AND DESTRUCTIONS		A, Break	OF IN
1. Own Pharmacy		\$				
2. Purchased from		\$				
b. Medicine Cabinet Drugs		\$				
c. Medical and Therapeutic Supplies		\$				
d. Ambulance/Limousine***		\$				
e. Oxygen 1. For Emergency Use		\$		Service de	1015215	
Other*** f. X-rays and Related Radiological		\$				
g. Dental (Not dentists who should be incestalaries or fees)	luded under	\$				
h. Laboratory***		\$				
i. Recreation		\$	3,702			3,702
j. Other (Specify)**** See Attached Schedule		\$	23,126	1 1 E 1 You		23,126
5K. Total Resident Care Expenditures (5a - 5	ij)	\$	26,828			26,828

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

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

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

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

Schedule of Other Resident Care

Description		CCNH	RHNS		sidential re Home
Cable Television				\$	23,126
	- H-1			H-R-F	
				1	
				+	
				-	
				+	
			1111		
				34.7	
			- duni	dini	
			TO PROPERTY.		
Total Other Resident Care	3		\$ -	\$	23,126

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

Name of Facility License No.		Report for Ye	ear Ended		Page of
Martland Management, Inc. d/b/a The Elton R 1838	_	9/30/2016			22 37
					Residential Care
Item	_	Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	46,340			46,340
b. Heat	\$	34,920			34,920
c. Light & Power	\$	106,410			106,410
d. Water	\$	29,711			29,711
e. Equipment Lease (Provide detail on page 6)	\$				
f. Other (itemize)	\$	10,251			10,251
See Attached Schedule				HALLING A	
6g. Total Maint. & Operating Expense (6a - 6f)	\$	227,632			227,632
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$	353,933			353,933
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	5,824			5,824
*7e. Total Depreciation Costs (7a + b + c + d)	\$	359,757			359,757
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	194,060			194,060
c. Personal property taxes	\$	14,812			14,812
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	568,629			568,629

^{*} 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
Trash Removal			\$ 9,409
Security			\$ 842
MCH - Johnson			
			Charles Inch
	Par (il parelium)	- marijihana	
			e constitue de
		المتعدد المتعددا	Land L
		Luteral	Total Control
	Land Carried		
			ent less less
	The same of the sa		0.01313131
			and the same
Total Other Repairs and Maintenance	- \$	\$ -	\$ 10,251

State of Connecticut
Annual Report of Long-Term Care Facility

Depreciation Schedule

0/2006
7. 1
Re
-23
SF

			Deple	Deptectation Schedule	neanie					
Name of Facility Martland Management, Inc. d/b/a The Elton Residential Care Home	Residential	Care Home	License No. 1838	∞		Report for Year Ended 9/30/2016	guded		Page 23	of 37
			Historical Cost Exclusive of	Less	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	<u> </u>	Life	for This Year	Totals
A. Land Improvements							-			100
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal						The town of the		H		
B. Building and Building Improvements										B. S. Land
1. Acquired prior to this report period			10,793,650		10,793,650	7,054,727	SL	VARIOUS	353,777	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		3,112		3,112		SL	10	156	
B-4. Subtotal				Dear Francisco						353,933
C. Non-Movable Equipment										
 Acquired prior to this report period 										
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 Cost	Less		Accumulated Depreciation to	Method of			
	Yes No	Month Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment					111111111111111111111111111111111111111			Ī		
1. Motor Vehicles (Specify name, model										
and year of each vehicle)	×	11 2005	10 724		10 724	10 724	5	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	The second	
c.										
d.										
2. Movable Equipment							THE STATE OF			
a. Acquired prior to this report period			271,910		271,910	222,300	SL	VARIOU	5,162	
 b. Disposals (attach schedule) 										
c. Acquired during this report period			THE STATE OF							
(attach schedule)			13,255		13,255		ST	10	662	
$\frac{6}{100}$								1		5,824
E. Total Depreciation						The second second	1			359,757

Martland Management, Inc. d/b/a The Elton Residential Care Home 9/30/2016

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
E IN LANGE OF THE				
				171
				-
Fotal additions for Land Imp	arayamants	\$ -		\$ -
	dovements	3 -		J
Deletions:				
			3.5	
ROLL III		E 7 ERL 4 - 7		
			- 1 -	
			100	
Fotal deletions for Land Imp	ravements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Done	eciation
Additions:	Description of Item		Cost	Life	Depr	eciation
2/15/2016 Cast I	ron Roof Drain	\$	3,112	10	\$	156
Total additions for Build	ing Improvements	s	3,112		\$	156
Deletions:						
Total deletions for Buildi	ng Improvements	\$			5	-

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			all (SI	
			2 10	
Total additions for No	n-Movable Equipment	\$ -		S
	m moveme Equipment			
Deletions:				
			200 lead	
			T. De LET	I H H F
			9745767	
Total deletions for No	n-Movable Equipment	- s -		\$ -

^{*}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

				Useful		
Acquisition Date	Description of Item		Cost	Life	Depreci	ation
Additions:				Ţ		
12/17/2015	Bureaus & Nightstands	\$	5,069	10	\$	253
3/23/2016	New Range, 10 burners & 2 ovens	\$	4,487	10	\$	224
4/14/2016	Convection Oven		3699	10		185
Total additions for	Movable Equipment	S	13,255		S	662
Deletions:						
				148		
Total deletions for	 Movable Equipment	S			\$	

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciatio	n
Additions:			Ji,		
				15-15-17-18	
					\dashv
					\dashv
					4
					١,
Total additions for Leasehold I	mprovement	S -		\$ -	
Deletions:					
					10
				_	\neg
				_	\dashv
					\dashv
					-
Total deletions for Leasehold I	nprovement	\$		\$ -	- ['

^{*}Ties to Page 24, Line C3

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended	r Ended		Page	fo
Martland Management, Inc. d/b/a The Elton Residential Care	Residentia	al Care	1838	38	9/30/2016			24	37
					Accumulated				
	Date of	Jo:			Amort. to				
	Acquisition	ition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									
2.									
3.									1
A-4. Subtotal									
B. Mortgage Expense									
1,									
2.									
3.									
B-4. Subtotal								Live Taken	
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									100
2. Disposals (attach schedule)									
3. Acquired during this report period					HARRING B	The same of the sa	S. III.		
(attach schedule)									
C-4. Subtotal		7		Mary Company	William State of the			See and the second	
D. Total Amortization								A PART	
* Ctraight line mothed must be used									

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; 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 Martland Management, Inc. d/b/a The	nse No. 1838	Report for Year En	ıded		Page 25	of 37
Martiand Management, Inc. d/b/a The	1030	9/30/2010			23	37
11. Property Questionnaire						
Part A						
Is the property either owned by the Fac	ility	Yes	0	No	If "Yes," comple	
or leased from a Related Party?*	Ŭ	103	Ũ	110	If "No," complete	e Part C.
*If any owner or operator of this facility i						
business association to any person or orga	nization from whon	n buildings are leased, th	en it is considered			
a related party transaction.		T-4-1	2000 0000	1 2 2 2		III-III
Description 1. Date Land Purchased		Total 04/07/95				
Date Land Purchased Date Structure Completed			5 Ch			
	umahaga	08/31/96				
3. If NOT Original Owner, Date of P4. Date of Initial Licensure	urchase	04/07/05				
5. Total Licensed Bed Capacity		04/07/95	But Aller T			
		96				
6. Square Footage7. Acquisition Cost		90,137				
a. Land		105 000				
b. Building		105,000 2,385,279				
Part B - Owner and Related Parties				2nd Mantagan	Ash Mane	ME EUR
		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing	raniahla)	Time 4				WIN I
a. Type of Financing (e.g., fixed,b. Date Mortgage Obtained	variable)	Fixed 05/13/04				
c. Interest Rate for the Cost Year		5.31%				
d. Term of Mortgage (number of)	(enrs)	3.51%				
e. Amount of Principal Borrowed	(cars)	6,103,900				
f. Principal balance outstanding a	s of 0/30/16	4,942,829				
		4,542,025	Mark I Selection			IN IN
Complete if Mortgage was Refin	anced	1 0 3 K	The STATE OF			
Buring Current Cost Year g. Type of Financing (e.g., fixed,	(romiohlo)	SHI E IN SOUR				
h. Date of Refinancing	variable)					
i. New Interest Rate						
j. Term of Mortgage (number of	(Agra)					
k. Amount of Principal Borrowed	(cais)					
Amount of Timespar Borrowed Principal Outstanding on Note	Paid_Off					
Part C - Arms-Length Leases for		Improvements Only	17			
Name and Address of Lessor		perty Leased		Term of Lease	Annual Amount	of Lenge
Name and Address of Lesson	110	perty Leased	Date of Lease	1 Clill Of Lease	Ailluai Aillouilt	OI 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 Yea	ar Ended		Page of
Martland Management, Inc. d/b/a The 1838		9/30/2016		•	26 37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest					
A. Building, Land Improvement & Non-Movable	е				
Equipment	Φ.	0.1.100			261.100
1. First Mortgage Name of Lender	Rate	261,109			261,109
Midland States Bank	5.31%			133 3120	
Address of Lender	3.31/0			1	
14125 Clayton Rd, Chesterfield, MO 63017-8355					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				THE RESIDENCE
Name of Lender	Rate				135-4-
Address of Lender					
4. Fourth Mortgage	\$		10000		
Name of Lender	Rate		MICH. 2 (1)		100
Address of Lender	1				
B. CHEFA Loan Information					
1. Original Loan Amount	\$			THE REAL PROPERTY.	
2. Loan Origination Date				DE LA COL	The second
3. Interest Rate %				-	
4. Term					NEW THE WAR
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	261,109			261,109

(Carry Subtotals forward to next page)

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

Name of Facility Martland Management, Inc. d/b/a 1 1838	Report for Yo 9/30/2016	ear Ended		Page of 27 37
Martland Management, Inc. d/b/a 1 1838	9/30/2016	7	T	
ν.		CONTIL	DIDIG	Residential
Item Calaba Da	Total	CCNH	RHNS	Care Home
Subtotals Brought Forward:	261,109			261,109
12. C. Movable Equipment				
1. Automotive Equipment \$				
A. Item Rate Amount	-			THE LOS
Lender				
Address of Lender				T. A. S. S. S.
2. Other (Specify) \$	(- 10) - 10 ()			
A. Item Rate Amount				
Lender				
Address of Lender				
B. Item Rate Amount				
Lender				THE
Address of Lender				
12. C. 3. Total Movable Equipment Interest				
Expense $(C1 + 2)$				
12. D. Other Interest Expense (Specify) \$				
	18 " - W		Marie State	
13. <i>Total All Interest Expense</i> (12B7 + 12C3 + 12D) \$	261,109			261,109
14. Insurance			1	
a. Insurance on Property (buildings only) \$	37,169			37,169
b. Insurance on Automobiles \$	2,237			2,237
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage) \$				
2. Fire and Extended Coverage \$				
3. Other (Specify) \$	24,506			24,506
Mortgage Insurance				
14d. Total Insurance Expenditures (14a + b + c) \$	63,912			63,912
			1	1 009712

D. Adjustments to Statement of Expenditures

ame of Facility		ense No.	Report for Ye	ar Ended	Page of
Iartland Management, Inc. d/b/a The Elton Residential Care	H	1838	9/30/2016		28 37
		Total			
em Page Line		Amount of			Residential Car
No. No. No. Item Description		Decrease	CCNH	RHNS	Home
age 10 - Salaries and Wages					
1. Outpatient Service Costs	\$				
2. Salaries not related to Resident Care	\$				
3. Occupational Therapy	\$				
4. Other - See attached Schedule	\$				
age 13 - Professional Fees		00 - 1 81	NI SUN I		
5. Resident Care Physicians **	\$				
6. Occupational Therapy	\$				
7. Other - See attached Schedule	\$				
ages 15 & 16 - Administrative and General			25,23	101 T 27 190	BELL STATE
8. Discriminatory Benefits	\$				
9. Bad Debts	\$				
10. Accounting & Legal	\$				
11. Telephone	\$				
12. Cellular Telephone	\$				1
13. Life insurance premiums on the life		LXIBAL		ALON EN	
of Owners, Partners, Operators	\$				
14. Gifts, flowers and coffee shops	\$				1.
15. Education expenditures to colleges or	4	1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	THE RESERVE	De De la	
universities for tuition and related costs	- 8		100	STU SOTTE	
	6	100000000000000000000000000000000000000	D. S. S. C. L. L. L.	With the Party of the	The second second
for owners and employees	\$	V 11 - D 1			
Travel for purposes of attending	- 1				This is a state of
conferences or seminars outside the	- 1		S U. S. T. S.	10 11 11 11 11	Santa Santa Santa
continental U.S. Other out-of-state		-			
travel in excess of one representative	\$				1
17. Automobile Expense (e.g. personal use)	\$				
18. 16 m2 Unallowable Advertising *	\$	1,536			1,536
19. Income Tax / Corporate Business Tax	\$				
20. Fund Raising / Contributions	\$				
21. 16 m12 Unallowable Management Fees	\$	92,936			92,936
22. Barber and Beauty	\$				
23. Other - See attached Schedule	\$	664			664
age 18 - Dietary Expenditures		MERCHA	HUE DETA	B15136	HENRY DESIGNATION
24. Meals to employees, guests and others	- 1		Membe		
who are not residents	\$				
age 19 - Laundry Expenditures					
25. Laundry services to employees, guests				William	
and others who are not residents	\$				
age 20 - Housekeeping Expenditures		A LIBITA IN .	PER PROPERTY.	DESCRIPTION OF THE PERSON OF T	The state of
26. Housekeeping services to employees, guests					
	\$				
and others who are not residents	Ψ				

^{*} 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
E 11-11-1				
	THE RESERVE OF THE PROPERTY OF THE PARTY OF			
Total Other	er Salaries Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Fees Adj	ustments	\$ -	· s -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	idential e Home
16	L1	Liquor for Resident Parties			\$ 664
					W.
otal Othe	r A&G Ad	ljustments	\$ -	\$ -	\$ 664

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

Name	e of Fa	ecility	D. Adjustments to Stateme		ense No.	Report for Y		Page	of
			ement, Inc. d/b/a The Elton Residential Care		1838	9/30/2016	our Endou	29	37
177411	T T	l	lineit, inc. d 5/d The Liter Residential Car	_	Total	3/30/2010		27	37
Item	Page	Line			Amount of			Resider	tial Care
	No.		Item Description		Decrease	CCNH	RHNS	1	me
110.	110.	1101	Subtotals Brought Forward	\$	95,136	COLLI	Tanto	110	95,136
Page	20 - K	Reside	nt Care Supplies***		123,130	00/45/0		10-11-	75,150
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	\$	22,076				22,076
Page	22 - N	Mainte	enance and Property		The Property			13.0	30 B
35.			Excess Movable Equipment Depreciation						2 (4117)
			See Attached Schedule	\$					
36.			Depreciation on Unallowable		0.3			Trub.	177
			Motor Vehicles	\$					
37.			Unallowable Property and Real		1 3 3 7			17 19	100
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	1,485				1,485
Page	27 - I	nsura	nce						9
40.	27	14c3	Mortgage Insurance	\$	24,973				24,973
41.			Property Insurance	\$					
Othe	r - Mis	scella	neous			Salve -		10/4	
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,			St. 82 12		10174	
			enhancement or promotion of the				-B / T /		1 3 3
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other					Mary 18	
			costs unrelated to resident care) - See			13 v. 37 V	THE PLANE	1000	2 30
			Attached Schedule	\$					
	_	ofit P	roviders Only					Salt?	I HEAR
50.			Building/Non Movable Eq. Depreciation			1000	NE WIN	STEELS.	
			Unallowable Building Interest -			21371111	135 7		THE IS
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	143,670				143,670

^{***} 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.

		,	

Martland Management, Inc. d/b/a The Elton Residential Care Home 9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	sidential re Home
20	5j	In Room Cable Television Expense			\$ 21,926
20	5i	Recreation- Entertainment fees, check not cashed			\$ 150
					T.
Total Other	r Ancillar	y Costs	\$ -	\$ -	\$ 22,076

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
DE W				
Total Exce	ss Movable Equipment Depreciation	s -	s -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	idential e Home
22	7b	Depreciation Related to Non- RCH Use			\$ 276
22	7b	Depreciation of Capitalized Finance Fees			\$ 1,209
				A TOTAL ST	
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ 1,485

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	er Adjustm	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
			151 41	
180				
			Ex - rl-	H 5
Total Unal	lowable Building Interest	\$ -	\$ -	- \$

F. Statement of Revenue

Name of Facility License No.	vent		on Ended		Dogo - C
Martland Management, Inc. d/b/a The Elt 1838		Report for Ye 9/30/2016	Page of 30 37		
Item		Total	CCNH	RHNS	Residential Car Home
I. Resident Room, Board & Routine Care Revenue	=			STARKS I	
1. a. Medicaid Residents (CT only)	\$	2,835,279			2,835,279
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	\$	79,083			79,08
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue		2141112	1000	SE B	Li Rosalin
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	\$				1
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				1
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.)	\$	2,914,362			2,914,36
V. Other Revenue*		2,511,502	4 10 7	THE R.	2,511,50
Meals sold to guests, employees & others	\$				
Rental of rooms to non-residents	\$				
3. Telephone	\$				
Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	800			80
6. Private Duty Nurses' Fees	\$	600			- 80
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$				
V. Total Other Revenue (1 thru 8)	\$	800			80
VI. Total All Revenue (III +V)	\$	2,915,162			2,915,162

^{*} 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
			- 11/1/15
Total Other Resident Revenue - Medicare	s -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
	The section of the se	40.0	4
Total Other Resident Revenue	· e	\$ -	•

Interest Income

Account

						dential
Page Ref	Account	Balance	CCNH	RHNS	Care	Home
31	Savings	114,478	A LUCE III		S	114
31	Heartland Bank, HUD required reserve	591,838			S	686
						100
Total Inte	rest Income		\$ -	S -	\$	800

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	Residential Care Home
					1000100
_					
1017		TOURS IN			
Total Othe	er Revenue		s -	\$ -	\$ -

G. Balance Sheet

Nam	e of	Facility	License No.	Report for Year Ende	d	Page	of
Mart	land	l Management, Inc. d/b/a The	E 1838	9/30/2016		31	37
			Account			Aı	mount
Asse	ts						
A.	Cu	rrent Assets					
	1.	Cash (on hand and in banks)		\$		332,559
	2.	Resident Accounts Receivab	le (Less Allowance fo	r Bad Debts)	\$		213,307
	3.	Other Accounts Receivable	Excluding Owners or	Related Parties)	\$		
	4	Inventories			\$		
	5.	Prepaid Expenses			\$		70,302
		a. Prepaid Insurance		38,555		T. Barrie	3/3/21/20
		b. Prepaid Mortgage Insurar	nce	15,362	2		
		c. Prepaid Medical/Disabilit		16,385			
		d.	,		. 2		
	6.	Interest Receivable			\$		
		Medicare Final Settlement R	eceivable		\$		
		Other Current Assets (itemiz			\$		580,909
	٥.	Heartland Funding Reserve	• ,	591,838		E 1004	200,505
		Exchange		(12,337)			
		Due from DSS		1,014			
1 0	/III	Transfer- Midland Reserve	41 0)	394	0		1 105 055
		tal Current Assets (Lines A1	thru 8)		\$		1,197,077
B.		ked Assets					10,500
		Land			\$		105,000
	2.	Land Improvements	*Historical Cost	·	\$		
			Accum. Depreciation				
	3.	Buildings	*Historical Cost	10,796,762	\$		3,388,102
			Accum. Depreciation	n 7,408,660 Net			
	4.	Leasehold Improvements	*Historical Cost		\$		
			Accum. Depreciation	n Net			
	5.	Non-Movable Equipment	*Historical Cost		\$		
			Accum. Depreciation	n Net			
	6.	Movable Equipment	*Historical Cost	285,165	\$		57,041
			Accum. Depreciation	n 228,124 Net			
	7.	Motor Vehicles	*Historical Cost	10,724	\$		
			Accum. Depreciation				
	8.	Minor Equipment-Not Depre			\$		
	9	Other Fixed Assets (itemize)			\$		484,991
		Asset Offset: Dif Depr/As		484,991	۳		.0 ,,,,,1
		1330t OH30t. DH DopHA	more icorres i runsup	707,771			
B-10		Total Fixed Assets (Lines B	1 thru 9)		\$		4,035,134

^{*} 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	\neg	Page	of
Martland Managemen	nt, Inc. d/b/a The	E 1838	9/30/2016		32	37
		Account			An	nount
			Total Brought Forward	: \$		5,232,211
C. Leasehold or lil	ce property recor	ded for Equity Purpos	ses.			
1. Land				\$		
2. Land Impro	vements	*Historical Cost	72			
		Accum. Depreciati	on Net	\$		
3. Buildings		*Historical Cost				
		Accum. Depreciati	on Net	\$		
4. Non-Movable Equipment	*Historical Cost	5				
		Accum. Depreciati	on Net	\$		
5. Movable Ed	quipment	*Historical Cost				
		Accum. Depreciati	on Net	\$		
6. Motor Vehi	cles	*Historical Cost	<u> </u>			
		Accum. Depreciati	on Net	\$		
7. Minor Equi	pment-Not Depr	eciable		\$		
C-8 Total Leasehol	d or Like Proper	ties (C1 thru 7)		\$		
D. Investment and	Other Assets					
Deferred Deferre	eposits			\$		
2. Escrow Dep	posits			\$		79,365
3. Organizatio	n Expense	*Historical Cost	169,889			
	-	Accum. Depreciati	on 169,889 Net	\$		
4. Goodwill (F	Purchased Only)			\$		
5. Investments	Related to Resi	dent Care (itemize)	_	\$		
				136	THE PERSON NAMED IN	A CONTRACTOR
6 Loans to Ox	vners or Related	Parties (itemize)		\$	200	
	e and Address	Amount	Loan Date		10.35.00	123 2 1
T TURN	e and radioss	7 Hillouit	Doun Bute	6		
				117		
				130		
7. Other Asset	s (itemize)			\$		
	,			100	> 1141 - 11	SH 100 2
D.S. Total Investme	nts and Othor A	ssets (Lines D1 thru	7)	\$	15 55	79,365
D-9. Total All Assets			<i>']</i>	\$	-	5,311,576
D-7. I VIMI /110 /133Ch	, (DIRECTION D	10 . 00 . 100)		_Ψ		2,211,270

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

G. Balance Sheet (cont'd)

Name of Fac			License No.	Report for Year	Ended	Page	of
Martland Ma	anage	ment, Inc. d/b/a The Elton R	1838	9/30/2016		33	37
			Account			An	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		12,524
	2.	Notes Payable (itemize)			\$		
					-		
		9-					
	3	Loans Payable for Equipme	ent (Current portion	n)(itomizo)	\$		
		Name of Lender	Purpose	Amount	Date Due	00000	1 - 11 - 1 - 1 - 1
		Tunio of Bonder	1 urpose	7 Milouit	Butt But		
	4.	Accrued Payroll (Exclusive	of Owners and/or	Stockholders only)	\$	3	24,174
	5.	Accrued Payroll (Owners a	nd/or Stockholders	only)	\$	3	
	6.	Accrued Payroll Taxes Paya	able		\$	3	
	7.	Medicare Final Settlement	Payable		\$	3	
	8.	Medicare Current Financing	g Payable		\$		
	9.	Mortgage Payable (Current	Portion)		\$	3	131,683
	10.	Interest Payable (Exclusive	of Owner and/or R	elated Parties)	\$	3	
	11.	Accrued Income Taxes*			\$	3	
	12.	Other Current Liabilities (it	emize)		\$	3	211,597
		Accrued Int Proj Exp Loan	2,	000			
		Accrued Property Taxes	98,	879			
		Accrued Accounting Fees	33,	170			
		Due to DSS		548		SALE IN	
A-13	. To	tal Current Liabilities (Line	s A1 thru 12)		\$		379,978

^{*} 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 Yea	r Ended	Page	of	
Martland Management, Inc. d/b/a The B		9/30/2016		34	37	
	Account	T-4-1 D	14 Dames als	Am	ount 379,978	
Liabilities (cont'd)	Total Brought Forward:					
B. Long-Term Liabilities						
1. Loans Payable-Equipme	ent (itemize)		9	2		
Name of Lender	Purpose	Amount	Date Due		AND S	
Traine of Denaci	Tulpose	Timodin	Bate Bate			
2. Mortgages Payable			1	3	4,811,146	
3. Loans from Owners or	Related Parties (itemiz	e)	9	S		
Name and Address of Lender	Amount	Loan I	Date			
4. Other Long-Term Liabi Accrued Management I		332,064			332,064	
B-5. Total Long-Term Liabilitie	s (Lines B1 thru 4)		\$		5,143,210	
C. Total All Liabilities (Lines			9		5,523,188	

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

Nan	ne of Facility	License No.	Report for Y	ear Ended	1	Page	of	
Mar	tland Management, Inc. d/b/a The	1838	9/30/2016			35	37	
Account						Amount		
A.	A. Reserves 1. Reserve for value of leased land							
	2. Reserve for depreciation value of leased buildings and appurtenances							
	to be amortized							
	3. Reserve for depreciation value of leased personal property (Equity)							
	4. Reserve for leasehold real properties on which fair rental value is based							
	5. Reserve for funds set aside a	s donor restricted			\$			
	6. Total Reserves				\$			
B.	Net Worth							
_	1. Owner's Capital				\$			
	2. Capital Stock				\$			
	3. Paid-in Surplus				\$			
	4. Treasury Stock				\$			
	5. Cumulated Earnings				\$		(45,994)	
	6. Gain or Loss for Period	10/1/20	15 thru	9/30/2016	\$		(165,618)	
	7. Total Net Worth				\$		(211,612)	
C.	Total Reserves and Net Worth				\$		(211,612)	
D.	Total Liabilities, Reserves, and	Net Worth			\$		5,311,576	

H. Changes in Total Net Worth

	e of Facility	License No.	Report for Year	r Ended		Page	of
Mart	land Management, Inc. d/b/a The E	1838	9/30/2016			36	37
Account						Amount	
A.							(45,994)
B.	B. Total Revenue (From Statement of Revenue Page 30)						2,915,162
C.	Total Expenditures (From Statement of Expenditures Page 27)				\$		(3,080,780)
D.	Net Income or Deficit				\$		(165,618)
E.	Balance				\$		(211,612)
F.	Additions 1. Additional Capital Contributed	d (itemize)			1		
	2. Other (itemize)				AND SHEWELD OF		
F-3.	Total Additions				\$		
G.							
1		1. Drawings of Owners/Operators/Partners (Specify)					
		rs/Partners (Specify)			\$		
			Title	Amount	\$	436	NY / 1 12
	1. Drawings of Owners/Operator		Title	Amount	\$		
	1. Drawings of Owners/Operator	, State, Zip)	Title	Amount	\$		
	Drawings of Owners/Operator Name and Address (No., City	, State, Zip)	Title		1000		
	Drawings of Owners/Operator Name and Address (No., City Other Withdrawings (Specify)	, State, Zip)			1000		
	Drawings of Owners/Operator Name and Address (No., City Other Withdrawings (Specify)	, State, Zip)			1000		

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of					
Martland Management, Inc. d/b/a The	1838	9/30/2016	37 37					
Check appropriate category								
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home						
Preparer/Reviewer Certification								
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed	Date Signed					
Printed Name of Preparer								
Blum, Shapiro & Company, P.C.								
Addres Address		Phone Number						
2 Enterprise Drive, Shelton, CT 06484		860 561-6853						