Craig J. Lubitski Consulting ile & CJLC ile

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

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

Mr. LaVigne:

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

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

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

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

Respectfully,

Craig J. Lubitski, CPA

Partner



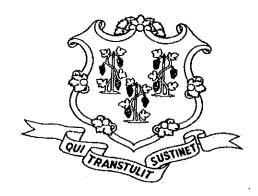
225 Pitkin Street
East Hartford
Connecticut 06108

860.610.9009 (t) 860.610.9030 (f)

cjlc.com

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State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2015

N	1' 1							
Name of Facility (as	,							
Fernwood Rest Hom		7' (7.1)						
Address (No. & Stre								
400 Torrington Road Type of Facility	i, Litchfield, C	1 06759						
' '	_							
Chronic and C			Rest Home wit	~	5			
☐ Nursing Home	e only		Supervision or	ıly	$ \overline{\square} $	Residenti	ial Ca	re Home
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2014	-		9/30/2015	J				
License Numbers: CCNH		RHNS	Resid	ential Care 1 1699	Home	Me	dicare Provider	
Medicaid Provider N	umbers:	CC	CNH	RF	INS		IC	F-IID
For Department Use	e Only						· ,	
Sequence Number	Signed and	Date	Sequence N	lumber	G: 1	137 / *		D . D . 1
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notari	zed	Date Received

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General Information

	3.7				
	Name of Facility (as licensed)	Licanno Mo	D C . 37 T1 1 #	D	
- 1	(ab hoursely	License No.	Report for Year Ended	Page	of I
	Fernwood Rest Home. Inc.	1.000	1 - 4 - 4 - 4 - 4 - 1		, "-
- 1	t chiwood Nest Home, the.	1699	l9/30/2015 l	. 1	27
		1	13.0012013	1	31

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 Fernwood Rest Home, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Date	Signed (Owner)	Date
Kangdograve	1/27/14		
Printed Name (Administrator)	1	Printed Name (Owner)	***************************************
Karyn Cosgfove		Raymond Adkins	
Subscribed and Sworn State of	Date	Signed (Notary Public)	Comm. Expires
to before me: Sheesan M. adkjus CT	1/27/16	Susan Madkin	0212812019
Address of Notary Public		,	
231 Ferr avenue Lis	defie	1d CT 00759	

(Notary Seal)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

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
Fernwood Rest Home, Inc.				10/1/2014	9/30/2015
Address of Facility					
400 Torrington Road, Litchfield, CT 06759					
Report Prepared By		Phone Nun		Date	
Craig J. Lubitski Consulting LLC		860-610-90	009	1/31/2016	
					Residentia 1 Care
<u>Item</u>		Total	CCNH	RHNS	Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$_			<u> </u>	
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

		_						
				cility	Report for Yo	ear Ended	_	of
Name of Facility (as shown on license)		800)-567-9558	- P	9/30/2015	(- 7:)	2	37
Fernwood Rest Home, Inc.					Street, City, Sto Road, Litchfiel		750	
Terriwood Rest Home, me.	CCNH		RHNS		idential Care H			Provider No.
License Numbers:	COLUI		ИШЮ	IX.		1699	With Care 1	Tovidei No.
Type of Facility (Check appropriate box(es)))			<u> </u>		<u> </u>	<u> </u>	
Chronic and Convalescent Nursing Home only (CCNH)			st Home with intervision only			Residenti	ial Care Hon	ne
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O 1	Partnership	•	Profit Corp.		Non-Profit Co	гр. О	Government	O Trust
If this facility opened or closed during repor	rt year provide	e:		Date	e Opened	Date Clos	sed	
Has there been any change in ownership				·····				
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain fully	/·
Administrator								
Name of Administrator					Nursing Ho			
Karyn Cosgrove					Administrat	,		
Other Operators/Owners who are assistant a	dministrators	(full	or part time)	of t	License ?	<u> </u>		
Name	allimon aroto	Tun	or part time)	Ui u	License N	<u> </u>		
					ANTAN CAAN -			
		•						
		.	·.					
			ROBERT					

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Fernwood Rest Home, Inc.		License No. 1699	Report for Y 9/30/2015	ear Ended	Page of 3 37
Legal Name of Parti	nership/LLC	Business A		State(s) and/o Which R	
Name of Partners/Members	Business Ac	ldress	7	Title	% Owned
	Section Section 2				

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Er	nded	Page of
Fernwood Rest Home, Inc.	1699	9/30/2015		3A 37
If this facility is owned or operated as a corp	ooration, provide t	he following informa	ition:	
Legal Name of Corporation	Busin	ess Address	State(s) in Whi	ch Incorporated
Fernwood Rest Home, Inc.	400 Torrington Road, Litchfield, CT 06759		Connecticut	
Name of Directors, Officers	Busine	ess Address	Title	No. Shares Held by Each
Raymond Adkins	400 Torrington 1 06759	Road, Litchfield, CT	President	297
Vivian Adkins	400 Torrington I 06759	Road, Litchfield, CT	Vice President	296
Brad Adkins	400 Torrington I 06759	Road, Litchfield, CT	Treasurer	110
Karyn Cosgrove	400 Torrington I 06759	Road, Litchfield, CT	Secretary	110
Names of Stockholders Owning at Least 10% of Shares				
Raymond Adkins	400 Torrington F 06759	Road, Litchfield, CT	President	297
Vivian Adkins	400 Torrington F 06759	Road, Litchfield, CT	Vice President	296
Brad Adkins	400 Torrington F 06759	Road, Litchfield, CT	Treasurer	110
Karyn Cosgrove	400 Torrington F 06759	Load, Litchfield, CT	Secretary	110

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

General Information and Questionnaire Individual Proprietorship

Name of Facility Fernwood Rest Home, Inc.	License No.	Report for Year Ended 9/30/2015		of 7
If this facility is owned or operated as an individua				-
Owi	ner(s) of Facility			
			,	
	· · · · · · · · · · · · · · · · · · ·			

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

General Information and Questionnaire Related Parties*

Name of Facility Fernwood Rest Home, Inc.	Inc.	License No.	No. 1699	Report for 9/30/2015	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals recommarriage, ability to cont	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel	long	h • Yes	O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add	lress and ge 11 of the report.
Are any individuals or cincluding the rental of prelated through family a 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 this factorial, of this factorials	cility, or business		• Yes O No	If "Yes," provide the following information:	e following	information:
		Als	Also Provides		W	Indicate Where		
		Good	Goods/Services to			Costs are Included		
Name of Related	-	Non-R	Non-Related Parties		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	\neg	Yes	No %**	*	Provided	Page #/Line #	Reported	Related Party
Brad Adkins	400 Torrington Rd, Litchfield, CT 06759	0	0	Mainte	Maintenance Assistant	10/A7b	36.900	36 900
Neville Duncan	400 torrington Rd., Litchfield, CT 06759	0	•	Dietary	Dietary Staff	10/A5c	19.034	19.034
Karyn Cosgrove	400 Torrington Rd, Litchfield, CT 06759	0	0	Other,	Other Administrative / Administrator	10/A4 - 10/A2	42.211	42,011
Raymond & Vivian Adkins	400 Torrington Rd, Litchfield, CT 06759	0	0	Loans	Loans to Facility	34/B3	650.9	6909
Raymond & Vivian Adkins		0	•	Interes	Interest on Loans	16/m13, 28/23	120	120
Raymond & Vivian Adkins	400 Torrington Rd, Litchfield, CT 06759	0	•	Accrue	Accrued Interest	33/A12	66.275	66.275
		0	•					
		0	•					
		0	0					
* I Tea a Line of the contract				$\left \right $	in the second se			William Co.

^{*} Use additional sheets if necessary.

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No).	Report for Year Ended	Page of		
Fernwood Rest Home, Inc.	1699		9/30/2015	5 37		
If the facility is licensed as CDH and/or RCH o	r provides A	AIDS or TB	I services with special Medicai	d rates, costs		
must be allocated to CCNH and RHNS as follo		<u>, </u>				
Item			Method of Allocation			
Dietary		Number of	meals served to residents			
Laundry			pounds processed			
Housekeeping			square feet serviced			
			hours of routine care provided			
Nursing			classification, i.e., Director (or			
		~	Nurses, Licensed Practical Nu	rses, Aides and		
		Attendants				
Direct Resident Care Consultants			hours of resident care provided	i by EACH		
			(See listing page 13)			
Maintenance and operation of plant		Square fee				
Property costs (depreciation)		Square fee				
Employee health and welfare		Gross salaı	······································			
Management services			e cost center involved			
All other General Administrative expenses			rect 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 O Yes O No If "No," explain fully why such allocation was						
costs allocated as required? not made.						
	-	1				
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting data			
	10 11 11	1 1.	1			
3. Did the Facility appropriately allocate and so				me cost centers?		
(e.g., Assisted Living, Home Health, Outpat	ient Service	s, Adult Da				
	• Yes	O No	If "No," explain fully why suc not made.	h allocation was		

State of Connecticut

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

General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Fernwood Rest Home, Inc.			1699	9/30/2015			
	Relate	Related * to	The state of the s				╢
-	Ó	Owners,					
	Oper	Operators,				Annual	
	Œ O	Officers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	%	Description of Items Leased	Lease**	Lease	ofLease	Claimed
CBS, PO Box 790448, Saint Louis, MO	0	0	Copier	1		5,104	5.104
Clean Force, Saint Paul, MN	0	0	Dishwasher	03/17/15	1 year	1,562	1,562
	0	0	ren en e				
	0	0	Trans.				
	0	0	THE TAX PARTY				
	0	0					
	0	0					
	0	0					
	0	0					
	0	0	174. 175				
Is a Mileage Log Book Maintained for All Leased Vehicles?	Leased V	ehicles	o Yes	O No	No	Total ***	6 666

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

Total ***

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

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



CLEAN FORCE RENTAL AGREEMENT



Toma	<u> </u>				
Type ⊠ New:	Change of Owner:	☐ Change	of Dishmachine:	Contract Cha	
Requested Delivery Date: 4-22-14	Delivery Contact Nan	ne: Lorraine Claffey		Phone: 860-567-95	56
Order Comments: Lift Gate / Place machine inside building!!!	Order By:				
Old Owner Account #:	New Owner Start Da	te:	US Foods Div Norwich, CT	rision: Southern New	England/
HIS AGREEMENT is among US Foods,	nc. ("Lessor"), PureFor	ce TM , and	ernwood Rest Hor (Business/Account	ne Name)	
lorma Bariffe rint Complete Name)	400 Tor (Street A	rrington Road Litcht address, Cily, State)	eld, CT 06759		
50-567-9558 Thone #) (Fe	×#)	(Email)		(Contract Name / N	Vumber)
elivery address (if different from account other than above, address where Equips consideration of Lessor leasing to Cust id services set forth below, the parties at LESSOR WILL PROVIDE:	nent is located: omer the following equ	ipment ("Equipmen	(") and Customer	purchasing the Clean	Force Product
1. Equipment: Single Tank (Model)	Double Tank			washer	(lodel)
[] High Temp (Single) (Model)	Voltage	(Model)	_ Elec. Phase 🗿		rough)
Conveyor (Mode	Tenn, High Te	emp Direction ne) (Cir	R4. Vollage cle One)		e <u>Single or Th</u> (Circle Or
2. Optional Equipment Booster Heater: Voltage	der Hooded Yort Equipment in good control e the following: 14.95 for each monthly muchase a monthly muchase a monthly muchase a fallure to purch This adjustment chargets will be as determined as provided on the reven	ondition. Is upon execution of supon execution of the period (particular of the period (particular of the period o	I Venton This Agreement: yable in advance) of Clean Force inimum for two conthly Minimum less thousand the stipulated on each ement.	and, Dishmachine Productions the actual purchase	ts and two or r bjects Custom ses of Clean F
The term of this Agreement is 1 year-to-year thereafter (each year be the anniversary of that date by giving IE TERMS ON THIS PAGE, THE REVI	ing a "Renewal Temr"). at least 60 days prior w	. Any pany may tel ritten notice to the o	minate this Agree other parties.	went at the end of me	e migar remi
TE TERMS ON THIS PARE INTERIOR NO THIS PARE INTO THE PARTIE PARTIE PARTIE	(HE PARTIES. THIS A	AGREEMENT MAY	NOT BE MODIFIE	ED EXCEPT BY A WR	IITEN
wner: J.A.	And the second s	Salesperson:	Dov Pick	Employ	/ee <u># 42377</u>
Authorized Sign	ature	US Foods Repres	entative: F	ye Cameron	***************************************
int Owner Name MMDC	20144	Lessor Customer	No; 406687	90	
ate: 3/17/15		PureForce Accou	ınt N <u>o. 5371</u>	3232	
FOR LESSOR USE ONLY This Agracinent le PurcForce. Accepted:	made subject to and shall be	attached to the Clean E	ning Dishmachine Prog	nam Master Agreement bet	ween Lessor and
FOR OFFICE USE ONLY: This Agreement we offices in St. Paul, Minnesota. Accepted:		orce Inc. unless and unti		clow by a proper official at	PureForce's

ADDITIONAL TERMS

- Pricing. The prices under this Agreement will remain in effect for a minimum of one year. Thereafter, Lessor and PureForce may increase the base rental rate and any additional charges and extended service prices at any time upon notice to Customer. In the event of a price increase, Customer may terminate this Agreement by giving 60 days' written notice to Lessor and PureForce. To be effective, notice must be received by Lessor and PureForce within 30 days after the price increase takes effect. Where applicable, Customer must pay any sales tax and any personal properly taxes levied upon the Equipment.
- Delivery. Delivery will be at Customer's request or as soon thereafter as is practicable. Customer must provide plumbing and electrical
 hookups and any and all required governmental permits. Customer will provide all utilities (including, without limitation, electricity, 140
 degree F hot water and maintain water hardness no higher than 8 grains per gallon) necessary to operate the Equipment.
- Ownership. The Equipment (including but not limited to dispensing equipment) will at all times be the sole and exclusive property of PureForce. Customer will have no right of ownership of such property, but only the right to use the Equipment subject to this Agreement. The Equipment will remain personal property and not become a fixture of any building. Customer will not remove the Equipment without prior written approved of PureForce or Lessor. Customer agrees that PureForce may file and the Customer will execute documentation as PureForce deems necessary to evidence PureForce's ownership. Upon termination of this Agreement, Customer must return the Equipment in as good a condition as when received, reasonable wear and tear expected. Customer may not change, after, or repair the Equipment, or use any detergents or sanitizers in the operation of the Equipment except those Clean Force Products provided by PureForce or Lessor or approved by PureForce in writing. Upon termination of this Agreement or upon Customer default, Lessor or PureForce may enter Customer's premises for removal of the Equipment.
- Default. Customer will be in default under this Agreement if Customer falls to comply with any terms of this Agreement (time being of the
 essence), if the Equipment is moved, substantially damaged or encumbered, Customer dies, is dissolved or becomes insolvent, or any
 action for the benefit of creditors is taken with respect to Customer.
 - Upon default, Customer's rights under this Agreement will, at the option of the PureForce or Lessor and without notice to Customer, be terminated (but Customer's outstanding obligations under this Agreement will survive any termination) and Lessor or PureForce will have the right to take immediate possession of the Equipment and to exercise any other remedies available to it in law or in equity. If Customer fails to surrender the Equipment within 30 days from the effective date of termination, Lessor or PureForce will invoice Customer for the fair market value of the Equipment and any other outstanding payments due to Lessor or PureForce. Customer must pay all reasonable costs incurred by Lessor or PureForce, including, without limitation, collection costs and reasonable attomeys' fees, to collect any amounts due Lessor or PureForce, or to enforce any Lessor or PureForce right, under this Agreement.
- Early Termination. If this Agreement is terminated by Customer for any reason prior to the end of the Initial Term or any Renewal Term, than Customer must promptly pay to Lessor an amount equal to the sum of the number of months remaining in the Term or the Renewal Term multiplied by the sum of (i) 50% of the Monthly Minimum and (ii) the then-current periodic base rate. The parties agree that this is a reasonable estimate of the damages suffered by Lessor for Customer's early termination.
- Loss and Damage. Customer is responsible for any loss, damage, theft, or destruction of the Equipment. In addition, Customer is responsible for any damage or destruction caused by the removal of the Equipment.
- General. Customer is solely liable for all claims including, but not limited to Workers' Compensation claims, resulting from the operation or use of the Equipment or work thereon by Customer's employees or agents. Customer may not assign this Agreement without PureForce's prior written consent. This Agreement will be binding upon each of the parties hereto and their representative heirs, successors, and assigns. Neither Lessor nor PureForce will be liable for consequential or any other damages which may result from any cause beyond the reasonable control of Lessor or PureForce including, but not limited to, acts of God or government, supply or labor shortages, or transportation delays.

PureForce, St. Paul, MN 55102

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Fernwood Rest Home, Inc.	1699	9/30/2015		7	37
The records of this facility for the p	eriod covered by this report v	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this		vam			
1.2	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Craig J. Lubitski Consulting LI	LC	225 Pitkin Street, East Hartford, CT 061			
2 3					
4					
Services Provided by This Firm (de	scribe fully)				
1 Medicaid Cost Report, Bookkeeping			\$	11,595	
2			\$		
3			\$		
4			\$		
			Charge fo	r Services Pr	ovided
			\$	11,595	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	1		
	Pg 15/1d				
Legal Services Information					
Name of Legal Firm or Independent	t Attorney		Telephone	e Number	
1					
2 3					
3					
[4					
5					
Address (No. & Street, City, State, 2	Zip Code)				
2 3					
4					
ــ ا					
Services Provided by This Firm (de	scribe fully)				
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
3			·	r Services Pr	ovided
			\$	T DOLVICOS I I	oridou
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O Yes O No					

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

Schedule of Resident Statistics

Name of Racility			K comoo; I	3								
Fernwood Rest Home, Inc.			Licelise No.	1699			Keport 10r 9/30/2015	keport for Year Ended 9/30/2015	o		Page 8	of 37
					Ţ	Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/	Period 7/1 Thru 9/30	0
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CONH	RHNS	Residential	Total	HNO	DHMG	Residential
								amori amo		CCIVII	CHTAN	Cale monie
ı	89			89	99			89	89			89
- 1	89			89	68			89	89			89
2. Number of Residents	ţ				i							
A. As of illumpile of the victor report period				57	57			57	99			99
B. As of midnight of THIS report period	29			29	99			99	19			79
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	1,367			1,367	1,091			1,091	276			276
E. State SSI for RCH	22,512			22,512	16,702			16,702	5.810			5.810
F. Other (Specify)											į	
G. Total Care Days During Period (3A thru F)	23,879			23,879	17,793			17.793	980 9			4804
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved										1		5
Beds									•			
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	23,879			23,879	17,793			17,793	980'9			6.086
												2001

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ıse No.				Report	for Year	Ended		Page	of
Fernwood Re	st Home	, Inc.		1	1699					9/30/201	5		9	37
	-	•	in the certified b		pacity du	ring tl	he repo	rt yea	r?	0	Yes	•	No	
11 1130			f Change		Cł	nange	in Bed			Car	pacity After	er Change		
		1 face of	Residential		Ç,	mige.	III Doa	<u> </u>			J. 1.1.			
Date of	CCNH	RHNS	Care Home		Lost		(aine	1			v		
Change	415	(₁₀)	(2)	(1)	(2)	(2)	(1)	(2)	(2)	CCNH	RHNS	Residential Care Home	Descon f	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CUNH	KHN2	Care Home	Reason 1	or Change

	-	-	in certified bed	_	-	the re	eport ye	ar (as	report	ed in item	4 above)	provide the nur	mber of	
RESIDE	SNIDA	YS 101	90 days followir	ig the	cnange.					Ι				
			Change in Re	esiden	ıt Days					cc	NH	RHNS	Residential	Care Home
1st chan	ge													
2nd char														
3rd chan														
4th chan		14	ID-4 Canta		20 of Co	at Mac	~**			<u> </u>			l	
6. Number	of Resid	ients an	d Rates on Septe Medicare	moer	Medi		ar			Se	lf-Pay		Other Sta	te Assisted
			Medicare		Wicar	vaiu				<u> </u>	/// X ta y		O till O till	110010104
												Residential		
	Item		CCNH	С	CNH	RF	INS	CC	CNH	RE	INS	Care Home	R.C.H.	ICF-IID
No. of R									-	 				
190.01 K	csiucins					l							I	
Per Dien	n Rate							18.75						The state of
Per Dien a. One b	n Rate oed rm.							(8.24)				88.00		
Per Dien a. One b b. Two	n Rate bed rm. bed rms							(in 1/4)				88.00 77.00		1 30 A
Per Dien a. One b b. Two c. Three	n Rate bed rm. bed rms or more					10		W 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
Per Dien a. One b b. Two	n Rate bed rm. bed rms or more													
Per Dien a. One b b. Two c. Three	n Rate bed rm. bed rms or more													Residential
Per Dien a. One b b. Two c. Three bed r	n Rate ned rm. bed rms or more rms.		al Therapy Treat	ments			tz mac/se)			TO	TAL		RHNS	Residential Care Home
Per Dien a. One b b. Two c. Three bed r 7. Total Nu A.	n Rate ped rm. bed rms. or more rms. umber of Medica	F Physicare - Par	t B							TO	TAL	77.00	RHNS	
Per Dien a. One b b. Two c. Three bed r 7. Total Nu A.	n Rate ped rm, bed rms or more rms, mmber of Medica Medica	Physica re - Par aid (Exc	t B lusive of Part B)					Wie VIII		TO	TAL	77.00	RHNS	
Per Dien a. One b b. Two c. Three bed r 7. Total Nu A.	n Rate ped rm. bed rms. or more rms. nmber of Medica Medica 1. Mai	f Physica rre - Par aid (Excontenance	t B lusive of Part B) e Treatments							TO	TAL	77.00	RHNS	
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Per Dien a. One b b. Two c. Three bed r 7. Total Nu A. B. C. D. 8. Total Nu A. B. C. D. 9. Total Nu A. B.	m Rate led rm. led rms led red	F Physical re - Paraid (Excontenance - Paraid (Excontenance torative - Paraid (Excontenance	t B lusive of Part B) e Treatments Treatments Therapy Treatm t B lusive of Part B) e Treatments Treatments Treatments Treatments Treatments Therapy Treatm ational Therapy t B lusive of Part B)	ments nents ents Treat						TO	TAL	77.00	RHNS	
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Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility		, balair			l n.	C
Fernwood Rest Home, Inc.	License No. 1699		Report for Yea	r Ended	Page	of
			9/30/2015		10	37
Are time records maintained by all individuals receiving c	ompensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
	İ					
•.					Residential	
Item A. Salarics and Wages*	CCNH	Hours	RHNS	Hours	Care Home	Hours
Operators/Owners (Complete also Sec. I		100000				
of Schedule A1)						
Administrator(s) (Complete also Sec. III						
of Schedule A1)					67,386	2,344
3. Assistant Administrator (Complete also Sec. IV						
of Schedule AI)			Silvine del sección reconstructivos			
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					69.721	5.26
5. Dictary Service					68,731	5,368
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers			SAME DE LA CONTRACTOR D		111,285	7,854
Housekeeping Service Head Housekeeper						
b. Other Housekeeping Workers					19,800	2 100
7. Repairs & Maintenance Services					19,600	2,100
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					93,659	6,819
8. Laundry Service						
a. Supervisor b. Other Laundry Workers					97.056	0.150
Solici Laundry Workers Barber and Beautician Services					27,056	2,173
10. Protective Services						
11. Accounting Services						
a. Head Accountant		ļ.				
b. Other Accountants 12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses b. RN						
1. Direct Care	1				20,514	1,008
2. Administrative**					20,514	1,000
c. LPN						<i>I</i>
1. Direct Care	<u> </u>				36,365	2,100
Administrative** d. Aides and Attendants					225,792	20 820
e. Physical Therapists		 			223,192	20,839
f. Speech Therapists						ļ
g. Occupational Therapists						
h. Recreation Workers	Económico de los unos escueros estretarios	Maria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de	33 ip	Vicensia (Vicensia (Vicens	18,900	1,396
Physicians Medical Director						
Wedical Director Utilization Review	·		-			
3. Resident Care***						
4. Other (Specify)						
	_					
j. Dentists k. Pharmacists	-					
I. Podiatrists						
m. Social Workers/Case Management	1					
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures		<u> </u>			689,487	52,000

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	CNH	RI	INS	Residential	Care Home
Position	\$	Hours	\$	Hours	\$	Hours
						(28) (28) (38) (39)
		Fi (21) 100 (20)		102		
THE STATE OF THE S						
				193 (2003) (3004)		15 (S) (S) (S)
		0.00.00.00				
	0.000	1 2012 000		100.00		
		E60029310000 (0100000)	2010/03/06/07/08/05/09	17(0)01(30)	U PRO CONTROL NO.	100 100 100 100 100 100 100 100 100 100
				0.600.00		
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		100000000000000000000000000000000000000		4 (13.1456) 200 (40.446	2 10 10 10 10 10 10 10 10 10 10 10 10 10	
		0.000		111111111111111111111111111111111111111	6 Section 530, 600, 600, 60	
			1 100 100 100 100 100	1/800/0900/000	E 80 080 080 080 090 000 000	100 000 000 000 000
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				0.55.00.00.00.00		
		100000000000000000000000000000000000000	1	255 (6) (6)		
		C (5) 00 (5)				
Total	\$ -	-	\$	•	\$ -	10550 7050 1050 1050 1050

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
	0.000				45.75	
		Golden and Golden				
	8 8 8 9 9	U. S. C. S.	0.00			
	/6 65 60 05 55			100		
						30.00.00.00
	190 (S) (S) (S)		60.62.65.65.66.	167-38-39-38-18		280 BO 192 193
	44(2) 34(4)	9 (0)	11			
	1420119230137111133	8 (4.15 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.25 (4.2		wast iden SM Neer (6)	CS 040 000 050 050 06	ostroid units
					10.100	
Total	\$ -	-	\$ -		\$ -	50 St. 10 St. 10 P. 10 St.

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*

			ידיחו פדפפיע ז	TATTITITION	Assistant Axaminastators and Other Axiated Falues	TYCIAIC	ת ז מוווכי			
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Fernwood Rest Home, Inc.				1699		9/30/2015			- =	37
		Salary Paid	Pi							
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 Fundownent**	Total Hours	Compensation
Section I - Operators/Owners								tionical during	A OT VOICE	veceived
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).										
Karyn Cosgrove			29,640		Secretary, Admin Assistant	1,640 A4	A4			
Neville Duncan	-		19,034		Dietary Staff	1,829 A5c	A5c			
Brad Adkins			36,900		Maintenance	2,080 A7b	A7b			
										77 400
* No allowance for salaries will be considered unless full information is provided. The additional shears if required	e considere	d unless fit	ill information	is mounded Ilea	additional sheets if real	irad				

^{*} 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	SSISTAIL	Administra	Assistant Administrators and Other Related Parties"	Kelated	rarnes			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	. Jo
Fernwood Rest Home, Inc.				1699		9/30/2015		Total Annual	12	37
		Salary Paid	d							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Residential Care Home		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***										
Norna Bariffe (10/1/14 - 7/3/15)			54,815		Administrator	1,784 A2	A2			
Karyn Cosgrove (7/3/15 - 9/30/15)			12,571		Administrator	560 A2	A2			
Section IV - Assistant Administrators										
	-									

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

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

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

Annual Report of Long-Term Care Facility

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	VO IIU	Report for Y		Page	of
Fernwood Rest Home, Inc.	169	99	9/30/2015	cai Ended	13	37
,			Total Cost	and Hours	1	
			1000 0000	Lika 110ars	<u> </u>	1
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee				Hours	C •	reurb
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian			100000000000000000000000000000000000000			
2. Dentist						
3. Pharmacist		-				
4. Podiatrist			•			
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)		Transcription of the Control of the				A COMMISSION OF THE PARTY OF TH
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care		UID TO STATE OF THE STATE OF TH		1001-10000-1000	(Laboratory Hard St. Association St. Associati	erenny sico esperancion este
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other					- "	
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other		3.289.00.00				
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 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 Fernwood Rest Home, Inc.	License No. 1699		Report for Y 9/30/2015	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers		nation of Re	
		Yes	No			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0			
		0	0			
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		0	0			
		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

Annual Report of Long-Term Care Facility

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	 Report for Y	ear Ended	Page	of
Fernwood Rest Home, Inc.	1699	9/30/2015		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation		\$ 19,986			19,986
2. Disability Insurance		\$ 			
3. Unemployment Insurance		\$ 26,178			26,178
4. Social Security (F.I.C.A.)		\$ 54,187			54,187
5. Health Insurance		\$ 27,761			27,761
6. Life Insurance (employees only)					
(not-owners and not-operators)		\$ 			
7. Pensions (Non-Discriminatory)		\$			
(not-owners and not-operators)					
8. Uniform Allowance		\$			
9. Other (Specify)		\$			
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and		\$			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*		\$			
d. Accounting and Auditing		\$ 11,595			11,595
e. Legal (Services should be fully described	on Page 7)	\$			
f. Insurance on Lives of Owners and		\$ 8,570			8,570
Operators (Specify)*		1 P. W. W. W.			
g. Office Supplies		\$ 7,178	* - *		7,178
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 2,043			2,043
2. Cellular Phones		\$			
i. Appraisal (Specify purpose and		\$			
attach copy)*					
j. Corporation Business Taxes (franchise ta		\$ 250			250
k. Other Taxes (Not related to property - See	e Page 22) .				
1. Income*		\$			The state of the s
2. Other (Specify)	-	\$			
See Attached Schedule					
Resident Day User Fee		\$			
Subtotal		\$ 157,748			157,748

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

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

Fernwood Rest Home, Inc. 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
			(1) (2) (2)
		9 9 10 9	
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Fernwood Rest Home, Inc.	1699		9/30/2015	:	16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
	s Brought Forwa	rd:	157,748			157,748
l. Travel and Entertainment						
Resident Travel and Entertainment	- 	\$				
Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	1,032			1,032
4. Employee Travel		\$	225			225
5. Education Expenses Related to Seminars and		\$	613			613
6. Automobile Expense (not purchase or depre	ciation)	\$	3,443			3,443
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						4500000
 Advertising Help Wanted (all such expenses)	\$	981			981
2. Advertising Telephone Directory (all such e	xpenses)***	\$				
3. Advertising Other (Specify)***		\$	1,147			1,147
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$			· · · · · · · · · · · · · · · · · · ·	
6. Barber and Beauty Supplies (if this service i	s supplied	\$				
directly and not by contract or fee for service						
7. Postage		\$	462			462
* 8. Dues and Membership Fees to Professional		\$	1,107			1,107
Associations (Specify)		·				,
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-Al	lowable Org.***	\$				
9. Subscriptions	3	\$	40			40
10. Contributions***		\$				
See Attached Schedule		Ť				
11. Services Provided by Contract (Specify and	Complete	\$				
Schedule C-2, Page 21 for each firm or indiv		7				
12. Administrative Management Services**		\$			Carrier War (Marie Language Wall)	
13. Other (Specify)		\$	120,878			120,878
See Attached Schedule		*				120,070
C-14 Total Administrative & General Expenditures		\$	287,676			287,676
* Do not include Subscriptions, which should go it	* 0	Τ.				

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
		20 (20) (20) (20) (20) (20) (20) (20) (2	
		3.0.50000000000000000000000000000000000	
		70 ST 10 ST 10 ST 10 ST	103 130 153 153 165 1
			92500543105045000
	7291792795537989	2002/03/03/03/03/03	\$40.000.000 Kilon
	ang nagasit to a said	\$98@besterings	900000000000000000000000000000000000000
	12(0):220-2310-2307		(300) (300) (400)
Total Other Travel and Entertainment	S	\$	\$ -

Schedule of Other Advertising

			Residential
Description	CCNH	RHNS	Care Home
Promotional Advertising	1881 1881 1883 1885 1	2 02 03 13	\$ 1,147
	agol a lideachailteach		Nymod significant
	(4)7 (357) (510)		
Total Other Advertising	\$ -	\$	\$ 1,147

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CARCH			\$ 650
B.J. Warehouse	100 (100 (100 (100 (100 (100 (100 (100		\$ 280
American Express		010000000000000000000000000000000000000	\$ 42
NFIB	956) 150 Units (60)		\$ 135
	15 (100)		
		6.0629-0320-0324-032	
		var spomski	
		6/656/26/26/26/26	
	60 /SS 250 SS	5-20-36 (SI 56	
Total Dues	\$ -	\$ -	\$ 1,107

Schedule of Contributions

			Residential
Description	CCNH	RHNS	Care Home
			60.000
	50.36.55.55		
Total Contributions	\$ -	\$	\$

Schedule of Other Administrative and General

Description	ССИН	RHNS	Residential Care Home
Bank Service Fees		1. (1. (1)	\$ 124
Late Fee/Finance Charges			\$ 120
Payroll Processing Fees	50/00/05/05/		\$ 3,012
Licenses	188 (200 (200 (200))	\$ X0 78 85 8	\$ 1,201
Internet	(5) (5) (4) (5)		\$ 664
Unallowable		100000000000000000000000000000000000000	\$ 51,959
Pire Expense	18-40-46-64	1 20 10 10 10	\$ 63,800
	SUBJECT OF CO.	4,000 copy at 2,000	50.49, 60.5
	(SECOND STATES	51.000 (50.000)	(40.000) 100
	0.000	A Second Second	09010000 0000000
	(S) (S) (S) (A) (A) (A) (A)		985 X (1957 X 855 X 1885)
Total Other Administrative and General	\$ -	\$ -	\$ 120,878

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Schedule C-1 - Management Services*

Name of Facility Fernwood Rest Home, Inc.	License No. 1699	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

				n Page 5)	7			
	ne of Facility		Licens		Report for Y		Page	of
Ferr	wood Rest Home, Inc.			1699	9/30/201	5	18	37
							Reside	ntial Care
	Item			Total	CCNH	RHNS	H	Iome
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	152,577				152,577
\vdash	2. Non-Food Supplies		\$	-{			1	16,628
	3. Other (Specify)		\$					
	(-F - 57)							
	b. Purchased Services (by contract other		\$					
	than through Management Services)		Ψ					
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$					and an artist of the second of
-	d. Other (Specify)		\$ \$					406
	Small Equipment/Supplies		. 4	100				
	Sman Equipment Buppiles							
2E.	Total Dietary Expenditures $(2a + b + c + d)$		\$	169,611				169,611
217.	Total Dienity English (2007)		Ψ	105,011			D 11	
							ł .	ntial Care
2F.	Dietary Questionnaire			Total	CCNH	RHNS	J.	lome
G.	Resident Meals: Total no. of meals served per	r day	·:*	1				
H.	Is cost of employee meals included in 2E?	0	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	Cos	t Repor	t? (Page/Line	Item)			
	Is cost of meals provided to persons other							
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
	Members, Guests) included in 2E?					cost.		
			•			If yes, specify		
L.	Is any revenue collected from these people?	O	Yes	•	No	amt.		
M.	Where is the revenue received reported in the	Cos	t Repor	t? (Page/Line	Item)			
	Is cost of food (other than meals, e.g.,							
l.,	snacks at monthly staff meetings, board	_		_		If yes, specify		
N.	meetings) provided to employees included	O	Yes	•	No	cost.		
1	in 2E?							
						If yes, specify		
O.	Is any revenue collected from employees?	0	Yes	•	No	amt.		
_	TT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 D.	49. (D-, -/T.)	T4 \	5711164		
Р.	Where is the revenue received reported in the	COS	і кероі	ir (Page/Line	nem)			

^{*} 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		e No.	Report for	Year Ended	Page	of
Fer	nwood Rest Home, Inc.		1699	9/30/201:	5	19	37
	Item		Total	CCNH	RHNS	1	ntial Care ome
3.	Laundry	1					
	a. In-House Processing*	Lbs.					
	1. Bed linens, cubicle curtains, draperies,	İ					
	gowns and other resident care items	Amt. \$	897	,			897
	washed, ironed, and/or processed.***						
	2. Employee items including uniforms,	Lbs.					
	gowns, etc. washed, ironed and/or	Ì					
	processed.***						
		Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***						
		Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.					
	b Double and Complete (I	Amt. \$	1,238		4.		1,238
	b. Purchased Services (by contract other	2					
	than through Management Services)						
	(Complete Schedule C-2 att. Page 21) c. Management Services**	Φ.					
		\$	00.501				
	d. Other (Specify)	\$	22,521				22,521
3E.	Laundry Supplies Total Laundry Expenditures (3a + b + c + d)	\$	04.657				24.655
3F.		<u> </u>	24,657		1	<u> </u>	24,657
JF.	Laundry Questionnaire				T.C.		
G.	Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.		
					If yes,		
Η.	Did you receive revenue from employees?	Yes	•	No	specify amt.		
I.	Where is the revenue received reported in the Cost	Report?		(Page/Line			
_	Is Cost of laundry provided to persons other				If yes,		
J.	than employees or residents included in 3E?	Yes	•	No	specify cost.		
1/2	Did vious receives increases from the control of the	Va.		NT.	If yes,		
K.	Did you receive revenue from these people? O	Yes		No	specify amt.		
L	Where is the revenue received reported in the Cost	Report?		(Page/Line	e Item)		

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

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

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

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

l ·			Rep	ort for Year E	Ended	Page	of
Fer	nwood Rest Home, Inc.		9/30/2015		20	37	
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced		10111	COMI	MINO	Cure Home
۱٦,	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	22,502			22,502
	pails, brooms, etc.)	Aut.	ψ	. 22,302			. 22,302
-	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	ł -					
		by Personnel	\$				
	(Complete Schedule C-2 att.	Amt.	Ð				
	Page 21)		ф.				
	c. Management Services*		<u>\$</u> \$	1.67			1.67
	d. Other (Specify)		Þ	167			167
45	Housekeeping Supplies	1-1-1-0	<u></u>	20.660			22.660
4E.	Total Housekeeping Expenditures (4a +	b+c+a)	\$	22,669			22,669
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
ļ							
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$		5223		
	e. Oxygen						
	For Emergency Use		\$				
	2. Other***		\$			- 1881.1	
	f. X-rays and Related Radiological		\$				
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$		6111-1907-1906-1917-191-191-197-19		
	salaries or fees)						
	h. Laboratory***						
	i. Recreation	\$	5,754			5,754	
	j. Other (Specify)****	\$	7,202	GIACOLO MARIA DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CON	SUDMANIA PARAMETER STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	7,202	
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	\$	12,956			12,956	

^{*} 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	Residential Care Home		
Resident supplies			\$ 7,202		
	(200)				
		10 (10 pp.) (10 pp.) (10 pp.) (10 pp.)			
		0.0000000000000000000000000000000000000			
	3.1				
	9.6 (2.00.000.000.000.000.000.000.000.000.00		00 00 00 00 00 00 00 00 00 00 00 00 00		
Total Other Resident Care	\$ -	\$ -	\$ 7,202		

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

of 37		Line														
Page 21		Pg														
	Total Cost/Page Ref.***	Residential Care Home														
	Total Cost	RHNS														
q		CCNH														
Report for Year Ended 9/30/2015		Full Explanation of Service Provided*														
License No. 1699		Explanation of Relationship														
	o Owners, Officers	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Related ** to Owners, Operators, Officers	Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Address											-	-		
Name of Facility Fernwood Rest Home, Inc.		Name of Individual or Company														

^{*} 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 Yo	Page	of		
Fernwood Rest Home, Inc.	1699	9/30/2015			22	37
					Residen	tial Care
Item		Total	CCNH	RHNS		me
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	43,587				43,587
b. Heat	\$	29,717				29,717
c. Light & Power	\$	21,787	-			21,787
d. Water	\$	11,484				11,484
e. Equipment Lease (Provide detail on po	ige 6) \$	6,666				6,666
f. Other (itemize)	\$	63,265				63,265
See Attached Schedule						li de
6g. Total Maint. & Operating Expense (6a -	6f) \$	176,506				176,506
7. Depreciation (complete schedule page 23*	•)					·
a. Land Improvements	\$	Ī				
b. Building & Building Improvements	\$	19,626				19,626
c. Non-Movable Equipment	\$	3,438				3,438
d. Movable Equipment	\$	6,718				6,718
*7e. Total Depreciation Costs $(7a+b+c+d)$	\$	29,782				29,782
8. Amortization (Complete att. Schedule Pag	e 24*)					******
 a. Organization Expense 	\$					
b. Mortgage Expense	\$	214				214
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs $(8a + b + c + d)$	\$	214				214
9. Rental payments on leased real property le	SS					****
real estate taxes included in item 10b	\$					
10. Property Taxes			-			
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	22,951				22,951
c. Personal property taxes	\$	978				. 978
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 1	0) \$	53,925				53,925

^{*} 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		sidential re Home
Fire - Monitoring Services				\$	6,678
R&M Purchased Services				\$	19,710
Exterminating Expense	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			\$	1,276
R&M Minor Equipment				\$	9,947
Rental Expense				\$	25,654
		10 m (2 kg (2 kg (4)	o e es acadam ou	6 030030	
	. 65 in 12 no 19 no 19 no				6 6 6 6
				(3)	0.00000
			a de començão do		
	n de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			18.73	
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	12.43			0.000	
				di viasionale Si distribu	
Total Other Repairs and Maintenance		\$ -	\$ -	\$	63,265

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	8			,	THE CANADA	area are					
Name of Facility				License No.	9		Report for Year Ended	uded		Page	of
remwood Kest Home, Inc.				1699	60		9/30/2015			23	37
				Historical			Accumulated				
				Cost	Less		Depreciation to	Method of			
				Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item				Land	Value	Depreciated	Year's Operations	I	Life	for This Year	Totals
A. Land Improvements								-			
 Acquired prior to this report period 				20,252		20,252	20,252		••••		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	h schedule)										
A-4. Subtotal			02402								
B. Building and Building Improvements									A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF A		
 Acquired prior to this report period 				830,339		830,339	653,300			15 130	
2. Disposals (attach schedule)										007,01	
3. Acquired during this report period (attach schedule)	h schedule)			\$2,090		52,090				4 4 4 9 6	
B-4. Subtotal			Research								19 676
C. Non-Movable Equipment											12,020
 Acquired prior to this report period 				151,705		151,705	128.648			3 438	
2. Disposals (attach schedule)					-	Ì					
3. Acquired during this report period (attach schedule)	h schedule)										
C-4. Subtotal			2200								3.438
	Is a mileage logbook	Date of	jo	Historical			Accumulated				
	maintained?	Acquisition	ition	Cost	Less		Depreciation to	Method of			
				Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment					i e						
 Motor Vehicles (Specify name, model 											
and year of each vehicle)	^	Í	900	04.040		01010	1 1 7				ii.
	<u> </u>	7	2002	21,542		21,342	555,61	Z.	5	4.268	
2											
d.											
2. Movable Equipment											
a. Acquired prior to this report period				224,100		224.100	219 730			1 \$50	
						225				1,500	
c. Acquired during this report period											
				8,994		8.994				UUO	
D-3. Subtotal											6 718
E. Total Depreciation											29 782
							CANAL SECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF 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Fernwood Rest Home, Inc. 9/30/2015

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		60 C 20 C	60.000.000.000	8.160.000.000.000
		Mar 55 15 15 15 15 15 15 15 15 15 15 15 15		5 30 30 55 43
1 10 10 10 10				
5 (6 (5 (5 (5 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6			33.80.60	
Total additions for	r Land Improvements	\$ -		\$ -
Deletions:				
		(68) (61) (62) (63)		
		desirate per transiti	er rebola i con les	870(5)(100)(108)(100)
			SA MINISTER SA ISA	50.000.000.000.000
Total deletions for	Land Improvements	\$ -		s -
	and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th			

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

			Usetul	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
12/22/2014	Kitchen Cabinets	\$ 21,386	15	\$ 1,426
4/8/2015	Doors	\$ 7,885	5	\$ 788
5/8/2015	Boaster Heater	\$ 1,595	5	\$ 160
5/15/2015	WaterLine	\$ 867	5	\$ 87
6/5/2015	Gas Line	\$ 1,914	5	\$ 191
6/12/2015	Doors	\$ 7,915	5	\$ 791
9/17/2015	Trim Windows	\$ 2,552	5	\$ 255
9/24/2015	Doors	\$ 7,975	5	\$ 798
Total additions for	Building Improvements	\$ 52,090	31.30	\$ 4,496
Deletions:				
				A COLUMN
			20 M M 50 A	
				90 S S S S S S S S S S S S S S S S S S S
2010201282012	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	3 (3) (0) (0)	e	60.630.000.000.000.0
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Total deletions for	Building Improvements	\$ -		\$ -

^{*}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:				
		50 SU SU 75 S		
			190 100 100 100 100	
		100 100 100 100 100	160 at 180 at 180	
		(2) 100 (3) (3) (3)		68 (60 (60) 60)
			city of New York of Section 1995	961199377899001517535
Total additions for	Non-Movable Equipment	\$ -	25 5 3 3 3	\$ -
Deletions:				
				A
10.45 4.45 6.55		000000000000000000000000000000000000000	6. 6. 14 (6. 6.	56,000,000,000
			1811 (A) 182 (A) (B) (B)	Control of the control
147 (57 (38 (30 (39 (3)		60.00.00.00	30 of -3 (c) (3)	
			W 65 18 661.50	
		30 50 50 50	1911	\$10000000000000000000000000000000000000
Total deletions for l	Non-Movable 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

			Usetul	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
2/25/2015	ID Maker Value	\$ 1,544	% - 5	\$ 154
3/27/2015	Refrigerator	\$ 1,828	5	\$ 183
4/30/2015	lce Machine	\$ 2,061	5	\$ 207
7/1/2015	2 Beds	\$ 1,196	5	\$ 120
7/5/2015	Chair	\$ 2,365	5	\$ 236
			92.00 This college line:	Gr. 1881 (1971) (1981) (1982)
Total additions for	Movable Equipment	\$ 8,994		\$ 900
Deletions:	THE MANAGEMENT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF			
				60 (60 (60 (60 (60
			10 (00 (00 40 40	2000 Sec. (2006)
Fotal deletions for l	Moyable Equipment	\$ -		\$ -

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			00 (eff.ce= 50/10X)	200000000000000000000000000000000000000
		0.000	Control (Algorithm Control (Algorithm Control	30 (30 (30 (30 (30 (30 (30 (30 (30 (30 (
	11.15 (11.15)			
	-0.00		10 10 10 10 10	
Total additions for Leasehold)	Improvement	\$ -		\$ -
Deletions:				
			08/42/00/00/48/48/	
				80 CE (CE (CE (CE)
	(197.00.00)		30.00	Section Control (Section Con-
			1994 tage (945 (197) 146	00-100-100-00-00-00-00-00-00-00-00-00-00
Total deletions for Leasehold I	mprovement	\$ -	100	S -

^{*}Ties to Page 24, Line C3

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

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

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Fernwood Rest Home, Inc.		169	1699	9/30/2015			24	37
				Accumulated	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th			
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month Year	. Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								
1.								
2.								
· ·								P
A-4. Subtotal								
B. Mortgage Expense								
1. Thomaston Savings Bank	2 201	2011 25 Years	5,356	733	SL		214	
2.								
3.								
B-4. Subtotal								214
C. Leasehold Improvements and Other	ı							
1. Acquired prior to this report period	q							
2. Disposals (attach schedule)								
3. Acquired during this report period								100
(attach schedule)								
C-4. Subtotal								
D. Total Amortization								214
* * * * * * * * * * * * * * * * * * * *								

* Straight-line method must be used.** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

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

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

Name of Facility	License No.	Report for Year Er	nded		Page of
Fernwood Rest Home, Inc.	1699	9/30/2015			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	e Facility	. 37	0	3.7	If "Yes," complete Part B.
or leased from a Related Party?*	. •	Yes	U	No	If "No," complete Part C.
*If any owner or operator of this fa					
business association to any person	or organization from whon	n buildings are leased, th	en it is considered		
a related party transaction. Description		Total			
Date Land Purchased		1954 and 1979			
Date Structure Completed		. Various			
3. If NOT Original Owner, Date	of Purchase				
4. Date of Initial Licensure			4.5		
Total Licensed Bed Capacity		68			
Square Footage					
7. Acquisition Cost					
a. Land		35,417			
b. Building		44,830			
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	1 2-11-5				
a. Type of Financing (e.g., fi	xed, variable)	Commerical			
b. Date Mortgage Obtained c. Interest Rate for the Cost	Vane	02/28/11 600.00%			
d. Term of Mortgage (number	7/20/20/20/20	25			
e. Amount of Principal Born		425,000	<u></u>		
f. Principal balance outstand		387,001			
Complete if Mortgage was I					
During Current Cost Ye					
g. Type of Financing (e.g., fi		Parameter of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	Journal of Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Str		
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (numbe					
k. Amount of Principal Borre					
l. Principal Outstanding on I					
Part C - Arms-Length Leas					
Name and Address of Lesso	r 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 Yea	ar Ended		Page of
Fernwood Rest Home, Inc.	1699		9/30/2015			26 37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest						
A. Building, Land Improver	nent & Non-Movabl	е				
Equipment						
1. First Mortgage		\$	22,372			22,372
Name of Lender		Rate				
Thomaston Savings Bank Address of Lender						
Main StreetThomaston, CT						
2. Second Mortgage		\$				
Name of Lender		Rate	1-7			
Traine of Benedi		7.000				
Address of Lender						
3. Third Mortgage		\$				
Name of Lender		Rate				
Address of Lender						(Carp. 100)
		Φ.				
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender		.				
Address of Echder						
B. CHEFA Loan Information	'n					
1. Original Loan Amour	 ıt	\$				
2. Loan Origination Date	<u>a</u>					
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expe	ense					
12 B7. Total Building Interest Expe	nse (A1 - A4 + B5)	· · · \$	22,372			22,372
			(()	. C. htatala t	forward to n	

(Carry Subtotals forward to next page)

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

Name of Facility	License No.			Report for Y	oar Endad		Page of
Fernwood Rest Home, Inc.	1699			9/30/2015	ear Ended		27 37
Tommoda reset izonio, inc.	1 1000			775072015			Residential
Ite	em			Total	CCNH	RHNS	Care Home
		Brought For	ward:	22,372	CCIVII	KIIKO	22,372
12. C. Movable Equipment	<u>Suototuis 1</u>	orought ro	77414.	22,312			22,312
1. Automotive Equipm	ent		\$				
A. Item	Rat	e Amo					
Lender	F						
Address of Lender							
2. Other (Specify)			\$				
A. Item	Rat	e Amo	unt				
Lender							
Address of Lender							
B. Item	Rat	e Amo	unt				
							100
Lender							
Address of Lender							
12. C. 3. Total Movable Equip	ment Interest						
Expense (C1 + 2)	′a		\$				
12. D. Other Interest Expense (specify).		\$	743			743
Other Interest Expense							
13. Total All Interest Expense (12D7 ± 12C2 ± 1	3D)	\$	22.115			22.115
14. Insurance	12D) 12QJ T]	40)	Φ	23,115			23,115
a. Insurance on Property (b	mildings only)		\$	30,014			20.014
b. Insurance on Automobil			\$	2,667			30,014 2,667
c. Insurance other than Pro		ed above)	ψ	2,007			2,007
1. Umbrella (<i>Blanket C</i>			\$.			
2. Fire and Extended Co			\$				
3. Other (Specify)	<i>G</i>		\$				
14d. Total Insurance Expenditur	es~(14a+b+c)		\$	32,681	A Tarana Managara		32,681
15. Total All Expenditures (A-1	3 thru C-14)		\$	1,493,284			1,493,284

D. Adjustments to Statement of Expenditures

Nam	e of Fa	cility		Lie	cense No.	Report for Ye	ar Ended	Page	of
			Iome, Inc.		1699	9/30/2015		28	37
					Total				
Item	Page	Line			Amount of			Residen	tial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	Но	me
Page	10 - S	alarie	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	1,304				1,304
Page	13 - I		sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					TALLACO MONDEAN LOUISON
Page	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.			Accounting & Legal	\$					
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.	15	1f	Life insurance premiums on the life						
			of Owners, Partners, Operators	\$	8,570				8,570
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$,
18.	16	m3	Unallowable Advertising *	\$	1,147				1,147
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	116,104				116,104
Page	18 - L	Dietar	Expenditures		ME BANKET STEEL				
24.			Meals to employees, guests and others		100	olecular and		NAME OF TAXABLE PARTY.	
			who are not residents	\$	<u> </u>				
Page	19 - L	aund	ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			
Page	20 - I	Iouse	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$		THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O			
		l	Subtotal (Items 1 - 26)	\$				İ	127,125

^{*} 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 Re	Description	CCNH	RHNS	Residential Care Home
30	I1a	MAT Training - Recreation Disallowance			\$ 508
30	Ila	MAT Training - Office Disallowance			\$ 186
30	Ila	MAT Training - Aides & Attendants Disallowance			\$ 610
					100 000 000 000
				10.5 4 5	
					110000000000000000000000000000000000000
Total Othe	r Salaries	Adjustment	\$ -	\$ -	\$ 1,304

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -				
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	1650 APT 025 APA			Access and place and access	100
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	I1a	MAT Training Travel			\$ 225
16	m13	Late Fee/Finance Charges		2 22 18 18 18	\$ 120
16	m13	Unallowable Expense		0.00	\$ 51,959
16	m13	Fire Expenses			\$ 63,800
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				21.51	
				0.0000000000000000000000000000000000000	
Total Othe	r A&G Ad	justments	\$ -	\$ -	\$ 116,104

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

			D. Adjustments to Statemen					В	
1	e of Fa			Lic	ense No.	Report for Y	ear Ended	Page	of
Ferny	wood I	Rest F	Iome, Inc.		1699	9/30/2015		29	37
					Total			<u>_</u>	
Item	Page				Amount of				ntial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	Н	ome
			Subtotals Brought Forward	\$	127,125			(00)	127,125
	20 - I	<i>Reside</i>	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	\$				<u></u>	
Page	22 - A	<u> Iainte</u>	enance and Property					(9)(1)	
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.	22	10b	Unallowable Property and Real						
			Estate Taxes	\$	333				333
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	27,199				27,199
Page	27 - I	nsura							
40.			Mortgage Insurance	\$					
41.	27		Property Insurance	\$	186				186
Other	r - Mis								
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45.	ľ		Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,						
			enhancement or promotion of the						
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See						
	Į		Attached Schedule	\$			*		1111
Not 1	For Pr	ofit P	roviders Only						
50.	Γ		Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$	2,991				2,991
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	157,834				157,834

^{***} 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.

Fernwood Rest Home, Inc. 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	-31.453 /40.00 55		33.00 (50.00)	9 30 50 60 70 88	
				0.000	
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67.63.36.55	20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (550 550 750 750 750	and the second con-	100000000000000000000000000000000000000
				0.000	
					1618.88
				1 10 10 10 10 10 10 10 10 10 10 10 10 10	
	25014050005001405 480100500440054				
Total Othe	r Ancillary	Costs	\$ -	\$	\$ =

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
				50.00.00.00	8 8 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
				100 000 000 000	2 (2) (2) (2) (2)
	10 (D) (E)				
			ACT THE THE TOTAL		
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100 (00 PM 10) 100 (90 VM)	50 (% S) (S		8 30 00 50 50		
			100 mm (NA		9/01/10/02/03/03
	300 000 000 000			1465 1465 1465 1465	
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6a-d	Apartment disallowances - see attachment			\$ 1,545
22	6f	Rental Expense			\$ 25,654
			A Section		
			60,000,000,000		1,011,050,000,000,05
	65 S. S. S.				
(4) (3) (4) (2)					
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450.000.000				(p., p., 25) . See . Ces . See .	41.000.000.000.000.000
	08/05/05/05				
Total Otho	r Property	Adjustments	\$ -	\$ -	\$ 27,199

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
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	9500,400,000,000		of collections	(3)	
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6 6 6 6 6	65 (9) (65 (20)			100000000000000000000000000000000000000	
Total Othe	r Adjustme	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Depreciation on Rental		90 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO	\$ 2,991
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			and the second	0.00	
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Total Unal	lowable Bu	rilding Interest	\$ -	\$	\$ 2,991

Fernwood Rest Home 9/30/2015 Apartment Calculation

Apartment Allocation Percentage

Total Beds (lic	69	
Addition bed t	or Apartment	1
Costs as a per-	cent of total	1.45%
Expenses		
A&G	Repairs & Maintenance	43,587
	Heat	29,717
	Light and Power	21,787
	Water	11,484
	Total	106,575
	Apartment Allocation	1.45%
	Unallowable Amount	1,545 29/39
Conital		
Capital	Property Insurance Only (No Lab)	12,854
	Apartment Amount	1.45%
	Unallowable Amount	186 29/41
	Real Estate Taxes	22,951
	Apartment Amount	1.45%
	Unallowable Amount	333 29/37
Total Disallow	red Expenses	2,063

F. Statement of Revenue

Name of Facility License No.	CVCIII	Report for Y	ear Ended		Page of
Fernwood Rest Home, Inc. 1699		9/30/2015			30 37
					Residential Car
Item		Total	CCNH	RHNS	Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	1,288,971			1,288,971
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 **	\$			<u> </u>	
4. a. Private-Pay Residents and Other	\$	112,778		<u> </u>	112,778
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 **	\$			<u> </u>	
3. a. Physical Therapy - Medicare	\$			ļ .	
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$		****		
b. Speech Therapy - Medicare Contractual Allowance **	\$		*******		
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	1,401,749		~11 may may provide the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	1,401,749
IV. Other Revenue*					
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$	27,350			27,350
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				ļ
5. Interest Income (Specify)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	168,914			168,914
V. Total Other Revenue (1 thru 8)	\$	196,264			196,264
VI. Total All Revenue (III +V)	\$	1,598,013			1,598,013

^{*} 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

				Residential
Page Ref	Description	CCNH	RHNS	Care Home
51000045068		11/24/10/01/25/10/25	\$50 (\$10 89) (\$10 Typ.	2000/00/2009/2009/00/20
Account (Say)		100 100 100 100 100	150000000000000000000000000000000000000	1553 (157) og et 1005 (169)
Various Association is				
			Sec. 30. 30. 31. 30.	
200000000000000000000000000000000000000			60 60 60 60	000 000 000 000 000
Constitution		125000000000000000000000000000000000000	0.000 (640-66) (66	
Total Othe	er Resident Revenue - Medicare	\$	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

				Residential
Page Ref	Description	CCNH	RHNS	Care Home
1.000/666025600		5 (20) (30) (30) (30)		
984 (95 (95) (53) (55 (95)				
		1 (2)		(2) (3) (3) (3) (3)
6500300000		0.00.72.10.10.10	100000000000000000000000000000000000000	es es es es es es es es
				130 (0.3)
Total Othe	er Resident Revenue	\$ -	\$ -	\$

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Care Home
		2.00			000000000000000000000000000000000000000
			0.000.000.000		
Total Inter	rest Income	0.000	\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
		ven en kristin.		
			500000000000000000000000000000000000000	
	Fire Proceeds			\$ 167,385
30/IV8	MAT Training			\$ 1,529
100			to the country was	reconstitution and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished and accomplished accomplished and accomplished and accomplished and accomplished and accomplished
100 (000 000)		65 (60 (6) (60)	0.0000000000000000000000000000000000000	dri salesiyo dayas
1007076 1004				A. 20020 01.00
10000000000			00 Se 08 67 5	
		2853.003.0653.6563		120 (200 (200 (200 (200 (200 (200 (200 (
Access Associated		tangan dipelah dipensional		100111001100000000000000000000000000000
Total Othe	er Revenue	S	\$ -	\$ 168,914

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Fernwood Rest Home, Inc.	1699	9/30/2015	31	37
	Account			Amount
Assets				
A. Current Assets				50.40
1. Cash (on hand and i			\$	58,436
100000000000000000000000000000000000000	eceivable (Less Allowance		\$	121,782
	eivable (Excluding Owners o	or Related Parties)	\$	
4 Inventories			\$	<u> </u>
5. Prepaid Expenses		60.054	\$	60,954
a. <u>Prepaid - Insuran</u>		60,954	_	
_			\dashv	
d.			ø	
6. Interest Receivable 7. Medicare Final Settl	am ant Dagairrahla		\$ \$	
			\$	
8. Other Current Assets	(((lemize)		Ф	
A-9. Total Current Assets (I	ings A 1 thru 8)		\$	241,172
B. Fixed Assets	mics A1 unu 6)		Ψ	271,172
1. Land			 \$	35,417
2. Land Improvements	*Historical Cost	20,252	\$	33,417
2. Land improvements	Accum, Depreciat		Ψ	
3. Buildings	*Historical Cost	882,429	\$	209,503
J. Dunames	Accum. Depreciat		۳	
4. Leasehold Improven		1011 072,520 1101	\$	
i. Doubbliote improven	Accum. Depreciat	ion Net	T	
5. Non-Movable Equip		151,705	\$	19,620
or riour rivo i work which	Accum. Depreciat			. ,
6. Movable Equipment	*Historical Cost	233,093	\$	10,915
· · · · · · · · · · · · · · · · · · ·	Accum. Depreciat			,
7. Motor Vehicles	*Historical Cost	21,342	\$	1,520
	Accum. Depreciat	· · · · · · · · · · · · · · · · · · ·		
8. Minor Equipment-N			\$	
9. Other Fixed Assets (itemize)		\$	
J. Children and Annie (····· ·· 			
B-10. Total Fixed Assets	Lines B1 thru 9)		\$	276,975

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

G. Balance Sheet (cont'd)

Nan	ne of Facility	License No.	License No. Report for Year Ended		Page	of
Fern	nwood Rest Home, Inc.	1699	9/30/2015		32	37
		Account			Amo	unt
			Total Brought Forward:	\$		518,147
C.	Leasehold or like property rec	orded for Equity Purpos	es.			
	1. Land			\$		
	2. Land Improvements	*Historical Cost				
		Accum, Depreciation	on Net	\$		
	3. Buildings	*Historical Cost		Ė		
		Accum, Depreciation	on Net	\$		
	4. Non-Movable Equipment	*Historical Cost				
		Accum, Depreciation	on Net	\$		
	5. Movable Equipment	*Historical Cost]		
		Accum. Depreciation	on Net	\$		
	Motor Vehicles	*Historical Cost				
		Accum. Depreciation	on Net	\$		
	7. Minor Equipment-Not Dep			\$		
C-8		erties (C1 thru 7)		\$		
D.	Investment and Other Assets					
	1. Deferred Deposits			\$		
	2. Escrow Deposits			\$		
	3. Organization Expense	*Historical Cost	5,356			
		Accum. Depreciation	on 947 Net	\$		4,408
	4. Goodwill (Purchased Only			\$		
	5. Investments Related to Res	sident Care (itemize)		\$	Anaportoriinasi Direkariin	attennes in the free from the property of the second second
	Western III					
	6. Loans to Owners or Relate	d Parties (itemize)		\$		
	Name and Address	Amount	Loan Date			
	7. Other Assets (itemize)		* ^	\$		52
	Due From Owners		52			
T. C		1 //: 51 / 5		<u> </u>		4 460
	. Total Investments and Other)	\$		4,460
D-9.	. Total All Assets (Lines A9 + 1	D10 + C8 + D8)		\$		522,608

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

G. Balance Sheet (cont'd)

Account	Name of Fac	•		License No.	Report for Year I	Ended	Page	of
Liabilities	Fernwood R	est H	ome, Inc.	1699	9/30/2015		33	37
A. Current Liabilities 1. Trade Accounts Payable 2. Notes Payable (itemize) 3. Loans Payable for Equipment (Current portion) (itemize) Name of Lender Purpose Amount Date Due 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Exclusive of Owner and/or Related Parties) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accrued - Other Accru				Account			An	nount
1. Trade Accounts Payable \$ 108,61 2. Notes Payable (itemize) \$ 3. Loans Payable for Equipment (Current portion) (itemize) \$ Name of Lender Purpose Amount Date Due								
2. Notes Payable (itemize) \$ 3. Loans Payable for Equipment (Current portion) (itemize) \$ Name of Lender Purpose Amount Date Due 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) \$ 5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other Taxes* (408) Accrued Interest - R. Adkins (62.75 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827	A.	Cu				l,		
3. Loans Payable for Equipment (Current portion) (itemize) Name of Lender Purpose Amount Date Due 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll (Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued - Other Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827		1.						108,612
Name of Lender		2.	Notes Payable (itemize)			3		
Name of Lender								
Name of Lender								
Name of Lender								
Name of Lender		3	Loans Payable for Equipp	ent (Current portio	n) (itemize)	\$		
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued - Other Accrued - Other Accrued - Other Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827						Date Due		
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827			Titalio of Monage	1 0.p				
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								100
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								50236
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								
5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								20.060
6. Accrued Payroll Taxes Payable \$ 5,64 7. Medicare Final Settlement Payable \$ 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ 120,95 Accrued - Other \$ 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins \$ 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								20,869
7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827					only)			
8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								5,641
9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								
10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827								
11. Accrued Income Taxes* \$) 1 (ID (')			
12. Other Current Liabilities (<i>itemize</i>) Accrued - Other 1,247								
Accrued - Other 1,247 Accrued Property Tax (408) Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827				''				120.056
Accrued Interest - R. Adkins 66,275 Due to DSS 19,117 Payroll Clearing (102) Line of Credit 34,827		12.			247 Ammed Bernette Terr			120,930
Payroll Clearing (102) Line of Credit 34,827				**************************************				
Line of Credit 34,827								
1 A-13 I Mai Current Liaduntes (Lines A.) thru 12) IS 20.07	A-13	To			3021	\$		256,079

^{*} 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			· Ended	Page	of
Fernwood Rest Home, Inc.	1699	9/30/2015		34	37
	Account			An	nount
		Total Broug	ht Forward:		256,079
Liabilities (cont'd)					
B. Long-Term Liabilities			\$		
1. Loans Payable-Equipment					
Name of Lender	Purpose	Amount	Date Due		
	<u> </u>				
Mortgages Payable	<u>. </u>	<u>I</u>	\$		387,001
3. Loans from Owners or Re	lated Parties (itemize)		\$		97,877
Name and Address of Lender	Amount	Loan D	ate		
Various	97,877				
	'				
4. Other Long-Term Liabiliti	\$				
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		\$		484,878
C. <i>Total All Liabilities</i> (Lines A	-13 + B-5)		\$		740,957

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

	ne of Facility	License No.	Report for Year Ended		age of
Feri	wood Rest Home, Inc.	1699	9/30/2015	3	5 37
<u> </u>		Account			Amount
A.	Reserves				
	1. Reserve for value of leased	and		\$	
	2. Reserve for depreciation val	ue of leased build	lings and appurtenances		
	to be amortized			\$	
	3. Reserve for depreciation val	ue of leased perso	onal property (<i>Equity)</i>	\$	
	4. Reserve for leasehold real pr	roperties on which	h fair rental value is based	\$	
	5. Reserve for funds set aside a	\$			
	6. Total Reserves	\$			
B.	Net Worth				
	1. Owner's Capital			\$	
	2. Capital Stock		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	\$	10,000
	3. Paid-in Surplus			\$	
	4. Treasury Stock			\$	(47,046
	5. Cumulated Earnings			\$	(286,031
	6. Gain or Loss for Period	10/1/2	014 thru 9/30/2015	\$	104,728
	7. Total Net Worth			\$	(218,349
C.	Total Reserves and Net Worth			\$	(218,349
D.	Total Liabilities, Reserves, and	Net Worth		\$	522,608

H. Changes in Total Net Worth

Nan	ne of Facility	License No.	Report for Year	r Ended	Page	of
Ferr	wood Rest Home, Inc.	1699	9/30/2015		36	37
		Account			An	ıount
A.	Balance at End of Prior Period as	shown on Report of	09/30/2014	1	\$	(371,031)
В.	Total Revenue (From Statement of				\$	1,598,013
C.	Total Expenditures (From Statem	ent of Expenditures I	Page 27)		\$	1,493,284
D.	Net Income or Deficit				\$	104,728
Е.	Balance				\$	(266,303)
F.	Additions 1. Additional Capital Contributed (itemize) 2. Other (itemize)					
F-3.	Total Additions		,		}	
G.	Deductions				<u>r</u>	
	1. Drawings of Owners/Operator	s/Partners (Specify)			\$	
	Name and Address (No., City	, State, Zip)	Title	Amount		
	Other Withdrawings (Specify)					
<u> </u>	Purpose	P				
	3. Total Deductions		Amo	unit .		
H.	Balance at End of Period	09/30/1	15	9		(266,303)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of				
Fernwood Rest Home, Inc.	1699	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						
P	reparer/Reviewer Certifica	tion						
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	Date Signed	16						
Printed Name of Preparer			•					
Craig J. Lubitski Consulting LLC	Craig I Lubitski Consulting LLC							
Address		Phone Number						
•								
225 Pitkin Street, East Hartford, CT 06108		860-610-9009						