# Craig J. Lubitski Consulting LLC & CJLC LLC

#### 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

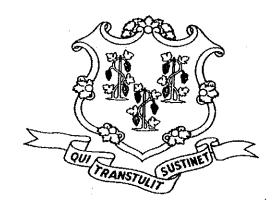


225 Pitkin Street
East Hartford
Connecticut 06108

860.610.9009 (t) 860.610.9030 (f)

cjlc.com

#### **State of Connecticut**



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

Cost Year 2015

Name of Facility (as I	•							
The Manor on Pine S	treet LLC							
Address (No. & Stree	et, City, State, Z	(Lip Code						
53 Pine Street, Water	bury, CT 06710	0						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	h Nursing				
□ Nursing Home	only		Supervision on	ly		Residentia	al Ca	re Home
(CCNH)	•		(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2014	J		9/30/2015					
License Numbers:		CCNH	RHNS	Reside	ential Care I 1869	Home	Me	dicare Provider
Medicaid Provider N	umbers:	CC	NH	RI	INS		ICI	F-IID
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	lumber	Cionada	ad Natoria	- a d	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notariz	zea	Date Received

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#### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
The Manor on Pine Street LLC	2.022	9/30/2015	1	37

#### Administrator's/Owner's Certification

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

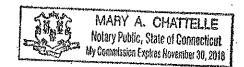
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Manor on Pine Street LLC [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my 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 (Öwner)	Date
	Contraction			
Printed Name (Administrator)			Printed Name (Owner)	
Martin Halloran		and the state of t	Martin Halloran	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public) Mary a. Chattelle	Comm. Expires
to before me.	CT	3/7/1/6	may or mane	11, 30, 18
Address of Notary Public	<u> </u>	عميمه الم	07.550	
Address of Notary Public  Lathrop 3	or, Coven	try, (1	06438	

(Notary Scal)



# State of Connecticut **Department of Social Services**

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	tm	ent		Page	of
-				1A	37
Name of Facility		Period Cov	ered:	From	То
The Manor on Pine Street LLC				10/1/2014	9/30/2015
Address of Facility					
53 Pine Street, Waterbury, CT 06710		1			
Report Prepared By		Phone Nun		Date	
Craig J. Lubitski Consulting LLC		860-610-90	)09	2/9/2015	
			GOW	<b>DID</b> IG	Residentia 1 Care
Item		Total	CCNH	RHNS	Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.** 

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

		acility Report for	Year Ended		of
	203-233-0919	9/30/2015		2	37
Name of Facility (as shown on license)	1	Vo. & Street, City, I			
The Manor on Pine Street LLC		reet, Waterbury, C			S 11 37
CCNH	H RHNS	Residential Care		Medicare I	Provider No.
License Numbers:			1869		
Type of Facility (Check appropriate box(es))					
Chronic and Convalescent	Rest Home with		1 Resident	ial Care Hor	ne
Nursing Home only (CCNH)	Supervision onl	y (RHNS)	1100100111		
Type of Ownership (Check appropriate box)					
O Proprietorship <b>O</b> LLC O Partnership	p O Profit Corp	. O Non-Profit C	orp. O	Government	O Trust
		Date Opened	Date Clo	sed	
If this facility opened or closed during report year pro	ovide:				
Has there been any change in ownership					
or operation during this report year?	O Yes	⊙ No	If "Yes,"	explain full	у
Administrator			- 1		
Name of Administrator		Nursing 1	1		
Martin Halloran		Administr			
		License	: No.:]		
Other Operators/Owners who are assistant administra	itors (full or part tim		3. T		
Name		License	No.:		
				\	

#### General Information and Questionnaire Partners/Members

Name of Facility	7	License No.	Report for \ 9/30/2015	Year Ended	Page of 3 37
The Manor on Pine Street LLC		1809	7/30/2013	State(s) and/o	or Town(s) in
Legal Name of Part	tnershin/LLC	Business A	Address		egistered
The Manor on Pine Street LLC	3	53 Pine Street, V CT 06710		СТ	
Name of Partners/Members	Business A	Address		Title	% Owned
Martin Halloran	53 Pine Street, Water	oury, CT 06710	Member		100

#### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ided	Page of
The Manor on Pine Street LLC	1869	9/30/2015		3A 37
If this facility is owned or operated as a corpo	oration, provide the	e following informa	tion:	
Legal Name of Corporation		s Address	State(s) in Whi	ch Incorporated
-				
				No. Shares
Name of Directors, Officers	Busines	s Address	Title	Held by Each
	<b>1</b>			
Names of Stockholders Owning at Least				
10% of Shares				
			<u> </u>	
			1	

State of Connecticut

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CSP-3B Rev. 10/2005

#### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
The Manor on Pine Street LLC	1869	9/30/2015	3B	37
If this facility is owned or operated as an individua	al proprietorship, j	provide the following informat	ion:	
Ow	ner(s) of Facility			
				··
				·
	-			
<del></del>				

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CSP-4 Rev. 10/2005

# General Information and Questionnaire Related Parties\*

Name of Facility The Manor on Pine Street LLC	et I.J.C	License No.	No. 1869	Report for Year Ended 9/30/2015		Page 4	of 37
		- <u> </u>					
Are any individuals rece	Are any individuals receiving compensation from the facility related	acility re	ated through		If "Yes," provide the Name/Address and	e Name/Ado	Iress and
marriage, ability to cont	marriage, ability to control, ownership, family or business association?	ess assoc		O Yes O No	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
				- ANY - ANY		****	
Are any individuals or c	Are any individuals or companies which provide goods or services,	or servi	ses,				
including the rental of p	including the rental of property or the loaning of funds to this facility,	to this fa	cility, or business	O Yes © No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this f	icility?		If "Yes," provide the following information:	e following	information:
		Als	Also Provides		Indicate Where		
		Good	Goods/Services to		Costs are included	{	(
Name of Related	Business	Non-R	Non-Related Parties	S Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company		Yes	No   %**	* Provided	Page#/Line#	Reported	Kelated Party
Martin Halloran	53 Pine Street, Waterbury, CT 06710	0	•	See page 12			
Y Accept II all accept II	53 Pine Street, Waterbury, CT	0	•	Soonage			
Matuli Hallotali II		0	0	- Gad an			
		C	•				
			) )				
		0	•				
		0	0				To the second se
		0	0				:
		0	•				
		0	0				
* T. ~	## ## ## ## ## ## ## ## ## ## ## ## ##						

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

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

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

Name of Facility	License No	),	Report for Year Ended	Page	of
The Manor on Pine Street LLC	1869		9/30/2015	5 3	37
If the facility is licensed as CDH and/or RCH o	r provides A	AIDS or TE	I services with special Medicai	d rates, costs	S
must be allocated to CCNH and RHNS as follo	ws:				
Item			Method of Allocation		
Dietary		Number of	f meals served to residents		
Laundry		Number of	f pounds processed		
Housekeeping		Number of	f square feet serviced		
			f hours of routine care provided	•	
Nursing			classification, i.e., Director (or		
<u></u>		•	l Nurses, Licensed Practical Nu	rses, Aides a	ind
		Attendants	· · ·		
Direct Resident Care Consultants			f hours of resident care provided	d by EACH	
			(See listing page 13)		
Maintenance and operation of plant		Square fee			
Property costs (depreciation)		Square fee			-
Employee health and welfare		Gross sala			
Management services			te cost center involved		
All other General Administrative expenses		<u> </u>	irect and Allocated Costs		
The preparer of this report must answer the foll	owing ques	tions applic			
1. In the preparation of this Report, were all	Yes	O No	If "No," explain fully why suc	h allocation v	was
costs allocated as required?			not made.		
2. Explain the allocation of related company ex	penses and	attach copy	y of appropriate supporting data	ι.	
	10 11 11	11 1 1	• 1•		4 0
3. Did the Facility appropriately allocate and se			_	me cost cent	ters?
(e.g., Assisted Living, Home Health, Outpati	ent Service	s, Adult Da			
	⊙ Yes	O No	If "No," explain fully why suc not made.	h allocation v	was

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# General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.			THE PARTY OF THE P				
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
The Manor on Pine Street LLC			1869	9/30/2015			
	Related * to	d * to	The state of the s			. mark	
	Owners,	ers,					
	Operators,	ators,				Annual	
	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0				* PARKETI	
9 9 9	0	0					
	0	0	Triple Control of the				
	0	0	7.77			*	
	0	0					
	0	0				77.	:
	0	0					
	0	0					
	0	0					-
	0	0				3	

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

Total \*\*\*

% 0

O Yes

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

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

# General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page of
The Manor on Pine Street LLC	1869	9/30/2015		7 37
The records of this facility for the p	period covered by this r	eport were maintained on the following ba	sis:	
	Modified Cash			
0 1100	MODITION COST			
s the accounting basis for this	Yes	If "No," explain.		
, c. 10 d ti, t =	No	II Ito, oupstier		
orevious period? O	NO			· · · · · · · · · · · · · · · · · · ·
Independent Accounting Firm		A L C Charle City State	Zin Code)	
Name of Accounting Firm		Address (No. & Street, City, State,	Zip Code)	
l				
2				
3				
4 Services Provided by This Firm (de	oscribe fully)	<u> </u>		
Services Provided by This Fifth (ac	escribe juny )			\$
1			·-··	\$
Σ				\$
3				\$ \$
4				for Services Provided
			_	
		Olysis and Lin	a No	)
	nditure Portion of This Rep	ort? If Yes, Specify Expense Classification and Lir	ic No.	
⊙ Yes O No		The state of the s		
Legal Services Information	nt Attornov		Telepho	one Number
Name of Legal Firm or Independent	nt Attorney			
1				
2				
2 3 4				
5				
Address (No. & Street, City, State,	, Zip Code )			
1				
2				
3				
4				
5	1			
Services Provided by This Firm (a	describe jully )			\$
1				
2				\$
3				\$
4				\$
5				\$
			Charge	for Services Provided
				\$
Are These Charges Reflected in the Expe	enditure Portion of This Re	port? If Yes, Specify Expense Classification and L	ine No.	
⊙ Yes O No		<u> </u>		

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CSP-8 Rev. 9/2002

# Schedule of Resident Statistics

Name of Facility			License No.	No.			Report fo	Report for Year Ended	q		Page	Jo
The Manor on Pine Street LLC			1	1869			9/30/2015	16			8	37
						eriod 10/	Period 10/1 Thru 6/30	30	,	Period 7/1 Thru 9/30	Thru 9/3	0
	Total All	Total CCNH	Total RHNS	Total Residential				Residential				Residential
	Levels	Level	Levei	Care Home	Total	CCNH	RHINS	Care Home	Total	CCNH	RHINS	Care Home
1. Certified Bed Capacity												,
<ul> <li>A. On last day of PREVIOUS report period</li> </ul>	13			13	13			13	13			13
B. On last day of THIS report period	13			13	13			13	13			13
2. Number of Residents												
A. As of midnight of PREVIOUS report period	13			13	13			13	13			13
B. As of midnight of THIS report period	13			13	13			13	13			13
12												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)			9									
D. Private Pay			:									
E. State SSI for RCH	4,745			4,745	3,549			3,549	1,196			1,196
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	4,745			4,745	3,549			3,549	1,196			1,196
Total Number of Days Not Included in Figures in 3G 4 for Which Revenue Was Received for Reserved							···					
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G+4A+4B)	4,745			4,745	3,549			3,549	1,196			1,196

**Schedule of Resident Statistics (Cont'd)** 

Name of Faci	lity			Lice	nse No.				Repor	t for Year	Ended		Page	of
The Manor or	n Pine S	treet LL	C		1869					9/30/201	5		9	37
			in the certified b		pacity du	ring tl	he repo	rt yea	r?	0	Yes	0	No	
X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	••	f Change	11011.	Cl	nange	in Bed	e		Car	nacity Afte	er Change	<u> </u>	
	-	1 lace of	Residential		<u> </u>	unge	III DOG	<u>.</u>		Ca	pacity Air	or Change	1	
Date of	CCNH	RHNS	Care Home		Lost		(	Gaine	d					
Change												Residential		
- Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
										ļi				
·														
							•							
5 704		, ,				.1							1 0	
	-	_	in certified bed o			the re	eport ye	ear (as	report	led in item	4 above)	provide the nur	nber of	
RESIDE	ENT DA	YS for	90 days followin	g the	change.					T			Τ	
			СЧ h	٠,							N 11 Y	22220	D ! - ! 4! - 1	Ø 11
1st chang	me.		Change in Re	esiden	t Days					- 00	NH	RHNS	Residentia	Care Home
2nd chan														
3rd chan														
4th chan														
6. Number	of Resid	ents and	l Rates on Septe	mber			ar				· · · · · · · · · · · · · · · · · · ·			
			Medicare		Medi	caid				Se	lf-Pay		Other Sta	te Assisted
	_			_								Residential		
No. of R	Item		CCNH	<u>C</u>	CNH	RI	INS	CC	NH	RF	INS	Care Home	R.C.H.	ICF-IID
Per Dien														
a. One b				iquinaena.	amilian shekara	all the population		<u> </u>				i i i i i i i i i i i i i i i i i i i		
b. Two l														
c. Three	or more	,												
bed r	ms.													
A.	Medica	re - Part		ments						TO	ΓAL	CCNH	RHNS	Residential Care Home
		,	usive of Part B)						i					
			Treatments  Freatments											
	Other	orative	Treatments		•									
		hysical	Therapy Treatn	ients	<u></u>	<u> </u>		-		<u> </u>		<u> </u>		· · · · ·
			Therapy Treatm											
	Medica													
			usive of Part B)											
			Treatments											
	2. Rest	oranve	<u>Freatments</u>											
		neech T	herapy Treatme	nts						<del></del>				
			tional Therapy T		nents			•						
	Medica													
В.	Medica	id (Excl	usive of Part B)											
			Treatments											
		orative '	Freatments											
	Other	nounat:	onal Therapy Ti	Pacition	ante									
D,	i viai O	ссарин	онаст негиру Т	euim	enis									/

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
The Manor on Pine Street LLC	1869		9/30/2015	i ismuuu	rage 10	37
Are time records maintained by all individuals receiving or		^	Yes		No No	
Are time records maintained by all individuals receiving co	ompensation?				No	
		1	Total Cost a	nd Hours		
					Desidential	
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*	CCNH	Hours	KHN2	Hours	Care Home	HOUIS
Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					50,036	2,086
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)					25,461	1,95
5. Dictary Service a. Head Dictitian	State					
b. Food Service Supervisor						
c. Dietary Workers	1			·	18,496	1,40
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers				X-11-20-20-20-20-20-20-20-20-20-20-20-20-20-	14,544	1,10
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance b. Other Maintenance Workers					16,670	1,26
8. Laundry Service					10,070	1,20
a. Supervisor						
b. Other Laundry Workers					6,152	46
Barber and Beautician Services						
10. Protective Services	288600000000000000000000000000000000000		Televinenski pri svorastvorini	***************************************		
11. Accounting Services						
a. Head Accountant b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	1044			Manual Constitution Constitutio		kanatan araba sa
b. RN						
Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative** d. Aides and Attendants					69,715	5,288
e. Physical Therapists					09,713	3,280
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	**************************************	TOWN TOWN TO SERVE THE SER			12,627	96
i Physicians						
Medical Director     Utilization Review						·····
2. Offization Review 3. Resident Care***						-
4. Other (Specify)						
(-F))				om market en		escal free line and a second
j. Dentists						
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management						
n. Marketing o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures					213,701	14,531

<sup>\*</sup> Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

#### Schedule of Other Salaries and Wages (Page 10)

	CC	CNH	R	HNS	Residenti	al Care Home
Position	S	Hours	\$	Hours	\$	Hours
				2.00 (50.5) (60.0)		
		10 CONTROL (10 CONTROL AND	2014/01/02/1009	60.600.600.000.600.60	Y 100 (100 (100 (100 (100 (100 (100 (100	15 15 15 15 15 15 15 15 15 15 15 15 15 1
						(a)
		500000000000000000000000000000000000000			A Brokenski stranski stra	
					\$ 12.00	
		100 100 2000				
				3 (2)		
		Access to the second	CONTROL (\$0.00)	Freduction Const	le generalista	
otal	\$ -	2	\$ -		\$ -	

#### Schedule of Other Fees (Page 13)

	CC	CNH	RI	INS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
		60 60 60 00 00 00 00	1 100 150 100 100 100			
			10 (00 10 10 10 10 10 10 10 10 10 10 10 10 1			
					e, unite	0.55 (E0.55 E.E
	(3) (A) (A) (A)				W S V	
	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	4 1000 1000 1000 1000				
			100 000 000 000 000			
					7.17.10.	
		60 00 00 00				
				1 (a) (b) (a)		
			65 45 65 66 66			
Total	\$ -	-	\$ -		\$ -	

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

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

Assistant Administrators and Other Related Parties\*

		4	T arrangement		Dancer for Veer Ended	Donort for	Veor Ended		Dage	Jo
Name of Facility	Ŧ.			License No.		Report for	Report for 1 car Ellucu		1 480	5
The Manor on Pine Street LLC				1869		9/30/2015	U		11	37
	*	Salary Paid	P	1000						
Name	CCNH	RHNS	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
	g u s s				5		R S			
					>					
	na si en e			,						
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).	x & 9 & 8 & x - 9 x + 0 5 3									
Martin Halloran II			10,174		Maintenance	959	658 7B	ARG ORT	9	
	- 0	3	10,174		Aide	859	658 12D	Dursing -direct	DRD	v
		3	10,174		Dietary	859	658 5C	DRD		
	F1 F2		/							-
		1			herither if the stiffing the stiff he birrown	poriti	-			

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties\*

Nome of Equility (as licensed)				I joense No	N esman I	Renort for Year Ended	Year Ended		Page	Û
Indille of Facility (as inclised)			•	Ciccuia ivo:		Total and Jane			P	}
The Manor on Pine Street LLC				1869		9/30/2015			12	37
		Salary Paid	d		, , , , , , , , , , , , , , , , , , ,					
				Fringe Benefits and/or Other		Total	Line Where		Total	2014
Name	CCNH	RHINS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Martin Halloran			50,036			2,080 A2	A2			
Section IV - Assistant Administrators										
		i.								
- Lineary										
*No office of the second of th	he consider	ned univer	fill informatio	n is provided. He	nrovided Ilse additional sheets if required	J				

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

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

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees** 

Name of Lacinty	License No.		Report for Y	ear Ended	Page	of 37
The Manor on Pine Street LLC	186	9	9/30/2015		13	31
			Total Cost a	and Hours	· ·	
					Residential	
			DIDIO	IYanwa	Care Home	Hours
<u> Item                                   </u>	CCNH	Hours	RHNS	Hours	Care Frome	110013
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian				<u> </u>	<del></del>	
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other 6. Social Worker						
<ol> <li>Physicians</li> <li>Medical Director (entire facility)</li> </ol>						
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee	<u> </u>		<del> </del>			
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care		ļ	<u> </u>	<u> </u>		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1 Direct Care	<u> </u>			<u> </u>		<u> </u>
2. Administrative***						
b. LPN						
1. Direct Care		<del> </del>			+	
2. Administrative***		<del> </del>		<u> </u>		
c. Aides	<del> </del>	<del>                                     </del>		<del> </del>		
d. Other						
12. Other (Specify)						
See Attached Schedule	<del></del>	<u> </u>		<del> </del>		
B-13 Total Fees Paid in Lieu of Salaries			)	Lhu manifed info	mation Page 17	<u>.1</u>

<sup>\*</sup> Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

<sup>\*\*</sup> This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must

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

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
The Manor on Pine Street LLC	1869		9/30/2015		14	37
		Related**	to Owners,			1.4 11
Name & Address of Individual	Full Explanation of Service	ce Operator	rs, Officers	Expla	nation of Re	elationship
		Yes	No			
		0	0			
		0	0			
		0	0			***************************************
		0	0			***
		0	0			****
		0	0			
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		0	0			
		0	0			
		0	0			

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

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

## **Annual Report of Long-Term Care Facility** CSP-15 Rev. 10/2005

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
The Manor on Pine Street LLC	1869		9/30/2015		15	37
						Residential
Item			Total	CCNH	RHNS	Care Home
Administrative and General						
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	8,411			8,411
2. Disability Insurance		\$			***************************************	
3. Unemployment Insurance		\$	2,872			2,872
4. Social Security (F.I.C.A.)		\$	16,348			16,348
5. Health Insurance		\$				
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		\$				
e. Legal (Services should be fully described	on Page 7)	\$				
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	1,538	35/184/###################################		1,538
h. Telephone and Cellular Phones		Ť				
1. Telephone & Pagers		\$	3,063			3,063
2. Cellular Phones		\$				· · · · ·
i. Appraisal (Specify purpose and		\$			-	
attach copy)*		*				
antien eapy)						
j. Corporation Business Taxes (franchise ta.	x)	\$	500			500
k. Other Taxes (Not related to property - Sec				1. Ac w		
1. Income*	<b>G</b> /	\$	19 July 10 Jul			
2. Other ( <i>Specify</i> )		\$				
See Attached Schedule		¥				
3. Resident Day User Fee		\$				
Subtotal		\$	32,733			32,733

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

(Carry Subtotals forward to next page)

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

The Manor on Pine Street LLC 9/30/2015

Attachment Page 15

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

Description	CCNH	RHNS	Residential Care Home
Description			
	and the same of th		
Total	\$ -	\$ -	\$ -

#### **Schedule of Other Taxes**

			Residential
Description	CCNH	RHNS	Care Home
Annual Control of the			
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for	Year Ended	Page	of
The Manor on Pine Street LLC	1869		9/30/2015		16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
Subtota	ls Brought Forwar	·d:	32,733			32,733
I. Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	818			818
4. Employee Travel		\$				
5. Education Expenses Related to Seminars ar	d Conventions	\$				
6. Automobile Expense (not purchase or depr	eciation)	\$				
7. Other (Specify)		\$	7.55			
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	s )	\$	177			177
2. Advertising Telephone Directory (all such	expenses )***	\$				
3. Advertising Other (Specify)***		\$	0###\$#################################	m#####################################		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for service	ce)***					
7. Postage		\$	186			186
* 8. Dues and Membership Fees to Professional		\$	350		1202	350
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$				
9. Subscriptions		\$	52			52
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and		\$				
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$				2.4.5
13. Other (Specify)		\$	3,348			3,348
See Attached Schedule		Φ.				27.660
C-14 Total Administrative & General Expenditures		\$	37,663			37,663

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

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

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

#### Schedule of Other Travel and Entertainment

	CCNH _	RHNS	Residential Care Home
Description	A Committee of the comm	100000000000000000000000000000000000000	
		0.0000000000000000000000000000000000000	Augusta (Alaka)
		2.02.00 (\$0.00 (	
			visionius visionius
		100000000000000000000000000000000000000	
			Commission (Cons.)
Potal Other Travel and Entertainment	s -	\$ -	\$ -

#### Schedule of Other Advertising

	CCNH	RHNS	Residential Care Home
Description		100000000000000000000000000000000000000	
		100 (2012)	(0.50 (0.16))
	912000000000000		
	· 1000000000000000000000000000000000000	\$ 4	\$ -
Total Other Advertising	4	4	

#### Schedule of Dues

		CCNH _	RHNS _	Residential Care Home
Description	e voewerdings with the end of the end of	Victoria de la composição	4.0000000000000000000000000000000000000	\$ 350
Description CARCH				
			71.03-10.00	
			16 (1024) [34-24-05-24-1	
			553874385883355	ch) cooted with a
			V (98 (98 (94 (94 (94 (94 (94 (94 (94 (94 (94 (94	3900200000000000
			30,550,500,000,000	25,000,000,000
			0.000 (60.260.28	6,000,000,000
				14 (50) (10)
	A CASA SAN SECURIO DE CASA DE		VASSEASS - 650 AGS	5/20/59/59/5
		1195 (485 (485 (485 )	10 min	v. Statisvšio 2500
		**************************************	s -	\$ 350
Total Dues		\$ -	1.2 at 15. see 2. see 3. see	Ι Ψ

#### Schedule of Contributions

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

#### Schedule of Other Administrative and General

	CCNH	RHNS	Residential Care Home
Description		A/A350555 A00	\$ 2,450
Action Payroll		300000000000000000000000000000000000000	\$ 100
BJ's Membership		\$0.5%(\$65.65)	s 1
Parking		(5)(55/100)(00)	\$ 624
CT License		20 (68 (28 (28))	\$ 100
Waterbury Health Department		2000	\$ 73
CT Fire Inspection		37/75/35/35/36/	6 763 233 163 763 8
	200	60.587.055.0557.0	
		92.023.020.0023	
	1690 Accordance	1.600000000000000	
	0.0000000000000000000000000000000000000	5054366250650	
Total Other Administrative and General	\$ -	1 Page 18 (18 (18 (18 (18 (18 (18 (18 (18 (18	\$ 3,348

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

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

Name of Facility The Manor on Pine Street LLC	License No. 1869	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

<sup>\*</sup> In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

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

Note on Page 5) of Report for Year Ended Page License No. Name of Facility 37 18 9/30/2015 1869 The Manor on Pine Street LLC Residential Care Home **RHNS CCNH** Total Item Dietary 2. a. In-House Preparation & Service 32,280 32,280 Raw Food \$ Non-Food Supplies Other (Specify) \$ b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services\*\* \$ \$ d. Other (Specify) 32,280 Total Dietary Expenditures (2a + b + c + d)32,280 Residential Care Home **RHNS CCNH** Total 2F. Dietary Questionnaire Resident Meals: Total no. of meals served per day:\* G. O No Is cost of employee meals included in 2E? O Yes Η. If yes, specify O No Did you receive revenue from employees? O Yes amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify No
 O Yes than employees or residents (i.e., Board cost. K. Members, Guests) included in 2E? If yes, specify O No Is any revenue collected from these people? O Yes amt. L. Where is the revenue received reported in the Cost Report? (Page/Line Item) M. Is cost of food (other than meals, e.g., If yes, specify snacks at monthly staff meetings, board O No O Yes cost. meetings) provided to employees included N. in 2E? If yes, specify O No Is any revenue collected from employees? O Yes amt. O. Where is the revenue received reported in the Cost Report? (Page/Line Item)

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

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

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

Nan	ne of Facility	License	e No.	Report for `		Page of
The	Manor on Pine Street LLC		1869	9/30/2015	)	19   37
•	Item		Total	CCNH	RHNS	Residential Care Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
<u> </u>	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	<ol><li>Employee items including uniforms, gowns, etc. washed, ironed and/or</li></ol>	Lbs.				
	processed.***	Amt. \$				
	<ol> <li>Personal clothing of residents washed, ironed, and/or processed.***</li> </ol>	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs. Amt. \$				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services**	\$				
	d. Other (Specify)  Laundry Supplies	\$	639			639
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	639			639
3F.	Laundry Questionnaire				If yes,	
G.	Is cost of employee laundry included in 3E? O	Yes	•	No	specify cost.  If yes,	
Н.		Yes		No	specify amt.	
I.	Where is the revenue received reported in the Cos	t Report?	·····	(Page/Line	e Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	· · · · · · · · · · · · · · · · · · ·
K.	Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cos	t Report?		(Page/Line	e Item)	

<sup>\*</sup> Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

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

<sup>\*\*\*</sup> Pounds of Laundry only required for multi-level facilities.

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

	ne of Facility	License No.	Rep	ort for Year E	nded	Page	of
The	Manor on Pine Street LLC	1869		9/30/2015		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced		2000			
''	a. In-House Care	by Personnel					
	1. Supplies - Cleaning ( <i>Mops</i> , pails, brooms, etc.)	Amt.	\$			+	
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*		\$				
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$			The state of the s	
5.	Resident Care (Supplies)**			15 32 32 1			
	a. Prescription Drugs***		- 1				
	1. Own Pharmacy		\$			Application from the production of the Change 1120	A SECTION OF THE SECT
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$	1,125			1,125
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological Procedures***		\$				
	g. Dental (Not dentists who should be inc.	luded under	\$		to him the said has been		
	salaries or fees)	and and	Ψ				
3 22 3	h. Laboratory***		\$		20(		
	i. Recreation		\$	3,501	DE183, 87		3,501
	j. Other (Specify)****		\$	2,201	COMME	(4-11)	2,201
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	i)	\$	4,625			4,625

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

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

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

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

#### Schedule of Other Resident Care

		CCNH	RHNS _	Residential Care Home
escription		CCNH	KINS	
				85 55 7
			90004000000000	
		/3.5		
		<u> </u>		
		1 1 1 1 1 1 1		
			\$ 460 (\$0.00) (\$2.00) (\$40.00)	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
, <u></u>	4.4			
<u> </u>				
	The state of the s			
		(1) (1) (1) (1) (1)		
	<del></del>			
			•	\$ -
Total Other Resident Care		\$ -	\$ -	

State of Connecticut
Annual Report of Long-Term Care Facility
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Schedule C-2 - Individuals or Firms Providing Services by Contract \* Report of Expenditures

Name of Facility The Manor on Pine Street LLC				License No. 1869	Report for Year Ended 9/30/2015				Page 21	of 37
		Related ** to Owners Operators, Officers	** to Owners,				Total Cost/	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	Ño	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
		0	0							
		0	0							
	-	0	0	ive e						
		0	0							
	-	0	0							
		0	0							
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		0	0							
		0	0							
		0	0							

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

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

<sup>\*\*\*</sup> Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Y	ear Ended		Page of
The Manor on Pine Street LLC	1869	9/30/2015			22   37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant			115		
a. Repairs & Maintenance	\$	14,717	oss		14,717
b. Heat	\$	4,763		и	4,763
c. Light & Power	\$	3,954			3,954
d. Water	\$	2,032			2,032
e. Equipment Lease (Provide detail on p	page 6) \$				
f. Other (itemize)	\$	2,447			2,447
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a	- 6f) \$	27,913			27,913
7. Depreciation (complete schedule page 23	(*)				
a. Land Improvements	\$			=	
b. Building & Building Improvements	\$	8,000			8,000
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$				
*7e. Total Depreciation Costs (7a + b + c + c	\$	8,000			8,000
8. Amortization (Complete att. Schedule Pa	ge 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				**
*8e. Total Amortization Costs (8a + b + c + c	s)				
9. Rental payments on leased real property l	ess	10			
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$	7,855			7,855
b. Real estate taxes paid by lessor	\$				TOTA SE SENS SE SE
c. Personal property taxes	\$	43			43
11. Total Property Expenses (7e + 8e + 9 +	10) \$	15,898			15,898

<sup>\*</sup> Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

#### Schedule of Other Repairs and Maintenance

		CCNH	RHNS		lential Home
Description				\$	503
Used Appliances				\$	128
H&R Appliance Repair				\$	700
Pinnacle Pest				\$	479
MJ Daly Fire Protection				\$	638
Control Controls				Ψ	
		100			
				30 (0.00)	
	7 (20)				
17/1/2000	\$	-	\$ -	\$	2,447
Total Other Repairs and Maintenance	<u> </u>		- <b>Ψ</b>	See 1994 State States	Westernand Westernan

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006 Depreciation Schedule

	Deprec	Depreciation Schedule	hedule					
Name of Facility	License No.			Report for Year Ended	nded		Page	Jo
The Manor on Pine Street LLC	1869	6		9/30/2015			23	37
	Historical Cost	Less		Accumulated Depreciation to	Method of	<del>-</del>		
Promorty Item	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
I and Improvements			1	1				
A. Leand Improvements  1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B. Building and Building Improvements							35000000	
1. Acquired prior to this report period	200,000		200,000	80,000	SI	25	8,000	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								8,000
C. Non-Movable Equipment								
1. Acquired prior to this report period	54,300		54,300	54,300	SL	25		
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
Is a mileage				7				
logbook Date of maintained? Accuisition	Historical	Less		Accumulated Depreciation to	Method of			
	Fychisive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Yes No Month Year		Value	Depreciated	Ϋ́		Life	for This Year	Totals
D. Movable Equipment  1. Motor Vehicles (Specify name, model and vear of each vehicle)								
4.								
þ.								
ರ ೯								
2. Movable Equipment								
a. Acquired prior to this report period								
b. Disposals (attach schedule)					1000			
c. Acquired during this report period								
(attach schedule)								
പി								000 0
E. Total Depreciation								0,000

Useful

The Manor on Pine Street LLC 9/30/2015

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

A Catalana Thanks	Description of Item	Cost	Life	Depreciation
Acquisition Date Additions:			Zestrija oppositionisti	
totttons.			200000000000000000000000000000000000000	
			\$100 PA	1000 000 000 000 000
		(62, 39, 62, 33, 3	\$1,450 Miles	000000000000000000000000000000000000000
   Cotal additions for Land	I I murayamanis	\$ -	to (5) (5)	\$ -
	1 improvements			
Deletions:			12 (25) (25) (26) (27)   S. (25) (25) (25)	
		(F) (C) (C) (C) (C)	B 50 S 50 S	
		p vestoaš vare das 40	77 VID BANGS SIN	
			o arasinesi (1973)	
		\$ -	0.0000000000000000000000000000000000000	\$ -
Total deletions for Land	l Improvements	A A STATE OF THE S	and service and services	

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

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

Schedule of Building Impro Acquisition Date	ovements Acquired during this report period  Description of Item	Cost	Useful Life	Depreciation
Additions:			735K 1597SF 250VS	
				50 60 60 60 60
Fotal additions for Buildir	g Improvements	\$ -		\$ -
	5IVA			screens of the second service of the SC
Deletions:				
			30.000.000.000	
			150 150 150 150	10 at
			C 370 (3) (5)	
		<u> </u>		\$ -
Total deletions for Buildin	ng Improvements		4 1000000000000000000000000000000000000	

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

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

of Item	\$		3 -
	\$		
	\$		
	\$ -		
	- s -		
	\$ -		\$ -
	<u> </u>		\$ -
reference discourse and the production of the second	44574564 ASSA 54 - 44444 ASSA 54	ST STATESTICS OF STATES	
		( )	
		S 2 910 250 US CS	
	\$ -		\$ -
The second of th		<u> </u>	<u> </u>

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

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

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

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

Useful

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

Acquisition Date	Description of Item	Cost	Life	<u>Depreciation</u>
Additions:				50 C. C.
			5	e como an esta
				500000000000000000000000000000000000000
		4	en Elementeristikkense	\$ -
		entral and the control of the contro		선거네 🎔 하라면 존라면서 안 없었다.
otal additions for Movable l	Equipment	5 -		<b>4</b>
	Equipment	<b>3</b>		
	Equipment	3 2		
	Equipment	<b>5</b> -		
	Equipment	5 -		
	Equipment	5 -		
Total additions for Movable I Deletions:	Equipment	5 -		

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

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

	nents Acquired during this report period	Cost	Useful Life	Depreciation
cquisition Date	Description of Item			
Additions:		verious de la verion de la veri		
			underwicklich (2010	
and the control of th				
The state of the s				
				\$ 93.6 93.65 S
				\$ -
otal additions for Leasehold I	nprovement		Season and the same of the same	
Deletions:	400000000000000000000000000000000000000		Villago (Caro Villago (Caro	
			1,400,400,000,000,000	
			\$510504504E	
		\$ -		\$ -
Total deletions for Leasehold I	mprovement	9	14,000,000,000,000,000,000	200 2000 2000

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

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

<sup>\*\*</sup>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
The Manor on Pine Street LLC				1869		9/30/2015			24	37
						Accumulated				
		Date of	Jo:			Amort. to				
		Acquisition	ition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item		Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense										+
1,										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense	-									
1.										
2.	1									
3.										
B-4. Subtotal										
C. Leasehold Improvements and Other	and Other									
1. Acquired prior to this report period	oort period	4	2004	10 yrs	15,700	15,700 SL	SL			
2. Disposals (attach schedule)	le)									
3. Acquired during this report period	ort period									
(attach schedule)										
C-4. Subtotal										
D. Total Amortization										
1000 cm to the the contract to	Jones of									

\* 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 En	ded		Page	of
The Manor on Pine Street LLC	1869		9/30/2015			25	37
							1
11. Property Questionnaire							
Part A	T. 1111					If "Yes," compl	ete Part B.
Is the property either owned by th	ie Facility	0	Yes	•	No	If "No," comple	
or leased from a Related Party?*			£ 1. 1.15			ii ito, compie	
*If any owner or operator of this fa	cility is related by	y family, n	larriage, ownership, abii	nty to control of			
business association to any person	or organization 11	rom whom	bunuings are leased, the	on it is considered			
a related party transaction.  Description			Total				
Date Land Purchased							
2. Date Structure Completed							
3. If <b>NOT</b> Original Owner, Date	e of Purchase						
4. Date of Initial Licensure	0.02 / 111-11111						
5. Total Licensed Bed Capacity	····		13				
6. Square Footage							
7. Acquisition Cost		1.00					
a. Land							
b. Building		<u></u>					
Part B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	gage
1. Financing							
a. Type of Financing (e.g., f	ixed, variable)	)	Fixed				
b. Date Mortgage Obtained	·	<u></u>	08/12/14				
c. Interest Rate for the Cost	Year		7.49%				
d. Term of Mortgage (numb			10				
e. Amount of Principal Born			146,836				
f. Principal balance outstan	ding as of		134,639				
Complete if Mortgage was							
During Current Cost Y							
g. Type of Financing (e.g.,		)					
h. Date of Refinancing							
i. New Interest Rate							
j. Term of Mortgage (numb	per of years)						
k. Amount of Principal Bor							
Principal Outstanding on	Note Paid-Of	f					
Part C - Arms-Length Lea	ses for Real P	roperty	Improvements Onl	у			
Name and Address of Less		Pro	operty Leased	Date of Lease	Term of Leas	e Annual Amou	nt of Lease
	ļ						
						ļ	
	1						
						<u> </u>	

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

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

Name of Facility	License No.		Report for Yea 9/30/2015	ar Ended		Page 26	of   37
The Manor on Pine Street LLC	1869		9/30/2013				tial Care
			Total	CCNH	RHNS	1	ome
Iter	<u>n</u>		Total	001111			., .
12. Interest	roment & Non-Movah	ile.	1				
A. Building, Land Improv Equipment	Vement & Mon-Movac	,10			i.		
Equipment  1. First Mortgage		\$	11,487				11,487
Name of Lender		Rate					
Address of Lender							
				3			
2. Second Mortgage		Rate	)				
Name of Lender		Rate					
Address of Lender							
Address of Lender			le le				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. Third Mortgage			\$ .				
Name of Lender		Rate					
			_				
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate	100				
Name of Dender							
Address of Lender							
B. CHEFA Loan Inform	nation			4			
1. Original Loan An	nount	<u> </u>	\$				
2. Loan Origination	Date			_			
3. Interest Rate %				_			
4. Term							
5. CHEFA Interest I	Expense	<u> </u>		<u> </u>			<u> </u>
12 B7. Total Building Interest		35)	\$ 11,48	7			11,48
12 D/. 10th Dunning Interest			(Cai	rry Subtotal	s forward to	o next paş	ge)

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

Name of Facility	License No.		Report for Y	ear Ended		Page of
The Manor on Pine Street LLC	1869		9/30/2015			27   37
						Residential
Ite	m		Total	CCNH	RHNS	Care Home
	Subtotals Bro	ught Forward:	11,487			11,487
12. C. Movable Equipment						
1. Automotive Equipme	nt	\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
71. 1011		1 2222 0223				
Lender	·					
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						11 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
12. C. 3. Total Movable Equip	ment Interest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (	Specify)	\$	F2			
13. Total All Interest Expense (	12B7 + 12C3 + 12I	<u>)</u> \$	11,487			11,487
14. Insurance						
a. Insurance on Property (b		\$				6,540
b. Insurance on Automobil		\$				
c. Insurance other than Pro						
1. Umbrella (Blanket Co		\$ \$				
2. Fire and Extended Co	overage	<u> </u>				
3. Other (Specify)		Ф				
14d. Total Insurance Expenditur	es(14a+b+c)	\$	6,540			6,540
15. Total All Expenditures (A-I		\$				350,747
				<u> </u>		

# D. Adjustments to Statement of Expenditures

Vame	e of Fa	cility	<del></del>	Lic	ense No.	Report for Ye	ar Ended	Page 28	of 37
			ne Street LLC		1869	9/30/2015	i -	1 20	) J I
					Total		1	Donidar	ntial Care
tem	Page	Line			Amount of	CONT	DINIC		mai Cai
	No.		Item Description		Decrease	CCNH	RHNS	TI.	ome
			es and Wages						
1.	1		Outpatient Service Costs	\$		<u> </u>		<del>                                     </del>	
2.	†		Salaries not related to Resident Care	\$				<del> </del>	
3.	<del>                                     </del>		Occupational Therapy	\$			ļ		
4.			Other - See attached Schedule	\$					
		Profes	sional Fees						
5.		1	Resident Care Physicians **	\$			<u> </u>	ļ	
6.	-	<u> </u>	Occupational Therapy	\$				ļ	
$\frac{-0.7}{7.}$	<del> </del>	<del>                                       </del>	Other - See attached Schedule	\$					
Dage	e 15 A	B 16 -	Administrative and General						
8.	T	1	Discriminatory Benefits	\$		<u> </u>			
9.	`	<del>                                     </del>	Bad Debts	\$					
10.	╁	<del>                                     </del>	Accounting & Legal	\$					
11.	+	<del> </del>	Telephone	\$				<u> </u>	
12.	<del>\</del> —	├──	Cellular Telephone	\$				DIA BARRISTANIAN	and the second
$\frac{12.}{13.}$		+	Life insurance premiums on the life						
13.	'		of Owners, Partners, Operators	\$					
14		+	Gifts, flowers and coffee shops	\$					elle annies principal
15		<del> </del>	Education expenditures to colleges or						
13	1		universities for tuition and related costs						
			for owners and employees	\$					
1.6		+	Travel for purposes of attending						
16	'•	1	conferences or seminars outside the						
			continental U.S. Other out-of-state						
		1	travel in excess of one representative	9				<u> </u>	·
	_	<del> </del>	Automobile Expense (e.g. personal use)	9					
17		-	Unallowable Advertising *	5					
18		<del>                                     </del>	Income Tax / Corporate Business Tax	5		0			25
19		lj	Fund Raising / Contributions						
20			Unallowable Management Fees		6				
21					8				
			Other - See attached Schedule		<b>B</b>				
23					*				
		Dieta	ry Expenditures						
24	4.]		Meals to employees, guests and others		\$				
<u> </u>			who are not residents		Ψ				
		Laun	dry Expenditures						
2:	5.		Laundry services to employees, guests		\$				
L			and others who are not residents		Ψ				
_		Hous	sekeeping Expenditures						
20	6.		Housekeeping services to employees, guest	S	ď				
L			and others who are not residents		\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	:0		+	2
l			Subtotal (Items 1 - 2	<i>.</i> 0)	<u>-</u>	(Carry Subtota	1.0		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

<sup>\*\*</sup> Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

#### Schedule of Other Salaries Adjustment

D D. £	T D . C	December 2000	COMI	DEINIC	Residential Care Home
Page Ref	Line Kei	Description	CCNH	RHNS	Care nome
02/08/09/08/07					
			W. 100 100 100 100 100 100 100 100 100 10		
Total Othe	r Salaries	Adjustment	\$ -	\$ -	\$ -
			liii		

#### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	002-00-20-00				
St. 100 (210)					
	100 A31 100 100 100 100 100 100 100 100 100 1				
	V 50 (50 (50 (50		Victoria (6.15)		
					a sa sassa a
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
					A 1 6 6 6 7 A 2 7
				5 20 C C C C C C C C C C C C C C C C C C	50 St. 5 15 50 50
					3 30 3 30 4
					27 S. S. S. S. S. S.
		The state of the s	0.0100 000 8000		
					301 (2010)
Total Othe	r A&G Ac	justments	\$ -	\$ -	\$ -

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

			D. Adjustments to Stateme		or Expend cense No.	Report for Y	ear Ended	Page	of
	e of Fa	-		LIC		9/30/2015	ear Ended	29	37
The l	Manor	on Pi	ne Street LLC		1869	9/30/2013		1 49	1 31
					Total			Recide	ntial Care
	Page		<b>7</b> . <b>7</b>		Amount of	CCNH	RHNS	1	lome
No.	No.	No.	Item Description	d)	Decrease	CCNH	KIINS	1.	250
			Subtotals Brought Forward	\$	250				230
	20 - F	Reside	nt Care Supplies***	ф.					
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$				- <del></del>	
30.			Laboratory	\$				<del> </del>	
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$		<u> </u>			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	_\$					
Page	22 - N	Mainte	enance and Property						
<i>35</i> .			Excess Movable Equipment Depreciation						
		İ	See Attached Schedule	\$		Account to the second s			
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						and the second
			Estate Taxes	\$				ļ	
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$				· · · · · · · · · · · · · · · · · · ·	Verter someone de Paris
Page	27-1	nsura	ınce						
40.			Mortgage Insurance	\$					<u>.                                    </u>
41.			Property Insurance	\$				***	
Othe	r - Mi	scella	neous						
42.	T		Research or Experimental Activities	\$				ļ <u> </u>	
43.			Radio and Television Revenue	\$					
44.	<del></del>		Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.		<u> </u>	Expenditures made for the protection,						
	1		enhancement or promotion of the						
			providers interest	\$		<u> </u>			
48.			Interest Income on Accounts Rec	\$				<u> </u>	
49		<u> </u>	Other (include personnel and other						
			costs unrelated to resident care) - See						
			Attached Schedule	\$	S				
Not	For P	rofit F	Providers Only						
50	1		Building/Non Movable Eq. Depreciation						
50	1		Unallowable Building Interest -						
	1		See Attached Schedule	9					
51	Tota	1 Ama	nunt of Decrease (Items 1 - 50)	9					250

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

The Manor on Pine Street LLC 9/30/2015

## Schedule of Other Ancillary Costs

	x 2 . 10 . 6	Description	CCNH	RHNS	Residential Care Home
Page Ref	Line Ref	<b>Description</b>			
	# # # # # # # # # # # # # # # # # # #				
	NEAVE AT A SEC				100 / 00 / 00 / 00 / 00 / 00 / 00 / 00
1 SEC 35 150 353	100000000000000000000000000000000000000		\$ -	\$ -	\$ -
Total Oth	er Ancillar	y Costs			

## Schedule of Excess Movable Equipment Depreciation

			CCNH	RHNS	Residential Care Home
age Ref	Line Ref	Description		A Property of the Automotive	
			6.000		
				S. CONTROL (1987) (1987)	
0.0000000000000000000000000000000000000	(C000000000000000000000000000000000000		0.000.000.000.000		
	- 100 AN				
	9.0000000000000000000000000000000000000				
			a de la companion de la compan		000 700 000 000 700 1
			de la companya de la	· 2	s -
otal Exce	ss Movabl	e Equipment Depreciation	<u> </u>	Ψ	ΙΨ

## Schedule of Other Property Adjustments

			CCNH	RHNS	Residential Care Home
Page Ref	Line Ref	Description			
					To Marine Spaces (2)
	51/2007/65			25. 25. 25. 35. At 35.	
	350 30 000 000			13.100.000.000.000.000	25.000.000.000.000.000
(AVCCUL) (Ville	V2000000000000000000000000000000000000				
	ASSOCIATION OF THE PROPERTY OF				
					Screen section of
\$ 100, 150, 100		y Adjustments	Q _	\$ -	\$

D D-£	Line Def	Description	CCNII	RHNS	Residential Care Home
Page Ref	Line Kei	Description			
			30,000,000,000		
					9 40 FE EL SI C
			3.5		
			72 (19) (19) (5) (5)		
	er Adjustm		\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
age Rei	I III I I I				
			0,000,000,000,000		
200000000000000000000000000000000000000					
	V. (50 100 100 100 100 100 100 100 100 100 1				
				E C 15 15 15 19 N 1 P	
A. (6. (6. (6.)	100000000000000000000000000000000000000	I region American	\$ -	s -	\$ -
Total Una	llowable B	uilding Interest	ş w anazarının ile	A STATE OF THE PROPERTY OF THE	

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

CSP-30 Rev.10/2005

F. Statement of Revenue

	F. Statement of Rev					TD	o.f
Name of Facility	License No.	- 1	Report for Y	ear Ended		Page 30	of   37
The Manor on Pine Street LLC	1869	9	//30/2015		<del>                                     </del>		
			m . 1	COMM	DING	1	ential Care Iome
	Item	- 188	Total	CCNH	RHNS	1	iome
I. Resident Room, Board & Routine	Care Revenue						00000
1. a. Medicaid Residents (CT only	·)	\$_	328,847				328,847
b. Medicaid Room and Board C	Contractual Allowance **	\$			<u> </u>	<u> </u>	
2. a. Medicaid (All other states)		\$				ļ	
b. Other States Room and Boar	d Contractual Allowance **	\$			<u> </u>	<del> </del>	
3. a. Medicare Residents (all incli	usive)	\$					
b. Medicare Room and Board C	Contractual Allowance **	\$			<u> </u>	ļ	
4. a. Private-Pay Residents and O	ther	\$				ļ	
b. Private-Pay Room and Board	l Contractual Allowance **	\$					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medica	re	\$					
b. Prescription Drugs - Medica	re Contractual Allowance **	\$			ļ		
c. Prescription Drugs - Non-M		\$					
	edicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare		\$					
b. Medical Supplies - Medicard		\$			<u> </u>	_	
c. Medical Supplies - Non-Me		\$					
	dicare Contractual Allowance **	\$				<u> </u>	
3. a. Physical Therapy - Medicard		\$				<u> </u>	
b. Physical Therapy - Medicare		\$					
c. Physical Therapy - Non-Me		\$					
	dicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare		\$					
b. Speech Therapy - Medicare	Contractual Allowance **	\$					
c. Speech Therapy - Non-Med		\$					
d. Speech Therapy - Non-Med	icare Contractual Allowance **	\$					
5. a. Occupational Therapy - Me		\$					
h Occupational Therapy - Me	dicare Contractual Allowance **	\$					
c. Occupational Therapy - No		\$					
d Occupational Therapy - No	n-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare		\$					
b. Other (Specify) - Non-Med	care	\$					
III. Total Resident Revenue (Section		\$	328,847				328,847
IV. Other Revenue*							
Meals sold to guests, employee	se & others	\$					
Rental of rooms to non-resider		\$					
	no .	\$					
Telephone     Rental of Television and Cable	Services	\$					
Rental of Television and Cable     Interest Income (Specify)	, DOLYTOGS	\$					
The state of the s		\$					
6. Private Duty Nurses' Fees	ft chone						
7. Barber, Coffee, Beauty and Gi	it shops	\$					
8. Other (Specify)		\$					
V. Total Other Revenue (1 thru 8)			<u> </u>			-	2000
VI. Total All Revenue (III+V)		\$	328,847	'		l	328,847

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

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

Schedule of O	ther Resident	Revenue -	Medicare
---------------	---------------	-----------	----------

#### Related Exp

Page Ref Description	CCNH	RHNS	Residential Care Home
age net procession			
		**************************************	
		Construction of the	05 (40 (50 (50 (50
Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

Para Vaf. Description	CCNH	RHNS	Residential Care Home
Page Ref Description			
	276 1 GE 100 2 100 100 100	Votes VS villas	1957/12/15/2004/20090
		9,000,000,000,000	98 (19 45 99 99
	00.000000000000000000000000000000000000		
Total Other Resident Revenue	\$ -	\$ -	\$ -

#### **Interest Income**

#### Account

Balance	CCNH	RHNS	Care Home
2.000 750 750 750 750 750 750 750 750 750			
V33(1450) (033-103) (244-14)	30.025 (9) (50.055)		girale de divers
30.000.000.000.000	999-1-18-19-19-19-19-19-19-19-19-19-19-19-19-19-		
	\$ -	\$ -	\$ -
	Balance	Balance CCNH	Balance CCNH RHNS

#### Schedule of Other Revenue

Dogo Dof	Description	CCNH	RHNS	Residential Care Home
rage Rei	Description		100.000.02.600.00	
			100 Color (10 St	
				5.003.000
			(2) (2) (2) (3)	Enter Boundaries
				15
				\$1000 DE 1000
100000000000000000000000000000000000000				V. C. C. C. C. C.
			1 11 12 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	W. 10. 12. 12. 13.
				20 (0.000) (0.000)
			The second secon	6//00/00/00/00/00/00/00/00/00/00/00/00/0
		<b>s</b> -	\$ -	\$ -
Total Oth	er Revenue	ф	1 0	1 4

## G. Balance Sheet

Name of Facility	License No.	Repo 9/30/	rt for Year Ended		Page 31	of 37
he Manor on Pine Street LLC	1869	9/30/	2013		Amo	<del></del>
	Account				ZIII	7Cille
Assets				1		
A. Current Assets				s		293
1. Cash (on hand and in banks)	l (I - Allamana	for Dod I	)ehte)	<del>\$</del>		25,060
Resident Accounts Receivab	le (Less Allowance	or Poloto	1 Parties)	\$		
3. Other Accounts Receivable (	Excluding Owners	or Relate	i Faities)	-   \$	· · · · · · · · · · · · · · · · · · ·	
4 Inventories				-   \$  \$		1,240
5. Prepaid Expenses			1,240			
a. Prepaid insurance			1,240			
b						
c						
d				\$		
6. Interest Receivable				<del>-  \$</del>		
7. Medicare Final Settlement R				<del> \$</del>		
8. Other Current Assets (itemiz	e)			ĮΨ		
				\$		26,59
A-9. Total Current Assets (Lines Al	thru 8)			——  <del>-</del>		20,37
B. Fixed Assets				e		
1. Land				\$ \$		
2. Land Improvements	*Historical Cost			ΙΦ.		
	Accum. Depreci		Net	\$		112,00
3. Buildings	*Historical Cost		200,000	Þ		112,00
	Accum. Depreci		88,000 Net	<u> </u>	<u> </u>	
4. Leasehold Improvements	*Historical Cost		15,700	\$		
	Accum. Deprec		15,700 Net	d d		
5. Non-Movable Equipment	*Historical Cost		54,300	\$		
	Accum. Deprec		54,300 Net			
6. Movable Equipment	*Historical Cos			\$		
• •	Accum, Deprec		Net			
7. Motor Vehicles	*Historical Cos			\$		
	Accum. Deprec	iation	Net			
8. Minor Equipment-Not Dep	reciable			\$		
				\$		
9. Other Fixed Assets (itemize	: )					
		<u> </u>				
	D.1. down (1)			\$		112,00
B-10. Total Fixed Assets (Lines	B1 เบเก ล)		<del> </del>	<u> μ</u>	<del> </del>	

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

# G. Balance Sheet (cont'd)

Name	of Facility	License No. 1869	Report f 9/30/20	or Year Ended 15		Page 32	1	of 37
he N	Manor on Pine Street LLC	Account				Am	ount	
		Account	Tota	l Brought Forward	1: \$		13	8,59 <u>3</u>
		ded for Equity Purp				<u> </u>		
J.	Leasehold or like property record	ded for Educy r arb	,05 <b>0</b> 5.		\$			
	1. Land	*Historical Cost						
	2. Land Improvements	Accum. Deprecia	ation	Net	\$			
		*Historical Cost						
	3. Buildings	Accum. Deprecia	ation	Net	<b> \$</b> _			
	11 F import	*Historical Cost						
	4. Non-Movable Equipment	Accum. Depreci	ation	Net	\$_			
		*Historical Cost				<u></u>		
	5. Movable Equipment	Accum. Depreci		Net	\$			
		*Historical Cost				<del>-</del>		
	6. Motor Vehicles	Accum. Depreci		Net	\$			
	A NI-4 Done				\$			
	7. Minor Equipment-Not Depr	etias (C1 thru 7)			\$			
_	Total Leasehold or Like Prope.	mes (CI that)						
D.	Investment and Other Assets				\$			
<u> </u>	1. Deferred Deposits				\$			
<u> </u>	2. Escrow Deposits	*Historical Cos	t					
	3. Organization Expense	Accum. Deprec		Net	\$			
<u> </u>	C. 1. 11 (Durchaged Only)				\$			
<u> </u>	<ul><li>4. Goodwill (Purchased Only)</li><li>5. Investments Related to Res</li></ul>	ident Care (itemize	)		\$	49H		
	5. Investments Related to Res	ident Care (item=	,					
]								
<u> </u>	6. Loans to Owners or Relate	d Parties (itemize)			\$		in a service a s	
<u> </u>	Name and Address	Amount		Loan Date		W. 4		
<u> </u>	Name and Address							
			,					
١.			· · ·					
<b></b>	7. Other Assets (itemize)				1	3		
ŀ	/. Other Assets (nemize)							
İ								
<u> </u>	8. Total Investments and Other	Assets (Lines D1 t	hru 7)			<u>\$</u>		120.5
10-3	9. Total All Assets (Lines A9 +	B10 + C8 + D8			<u>\</u>	<u>\$</u>		138,5

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

# G. Balance Sheet (cont'd)

Name of Facility		License No.		ort for Year E	nded	Page 33	of     37	
The Manor on Pine Street LLC			1869	<u> 19/30</u>	/2015			nount
			Account				, 111	
Liabilities								
A.	Cu	rrent Liabilities					\$	2,957
	1.	Trade Accounts Payable					\$	
u.	2.	Notes Payable (itemize)						
	2	Loans Payable for Equip	ment ( <i>Current portio</i>	n) (item	ize )		\$	
	3.	Name of Lender	Purpose		Amount	Date Due		
		Name of Bender						
						3		
						ļ		
!				Ì				
				1				
				Ì				
							Φ	6,152
	4.	Accrued Payroll (Exclus	ive of Owners and/or	Stockho	olders only)		\$	0,132
	5.	Accrued Payroll (Owner	s and/or Stockholder	rs only)			\$	500
	6.	Accrued Payroll Taxes I	ayable	,			\$	300
	7.	Medicare Final Settleme	nt Payable				\$	
	8.	Medicare Current Finan	cing Payable	<u> ·</u>			\$	
	9.	Mortgage Payable (Curr	ent Portion)				\$	
	10	). Interest Payable (Exclus	ive of Owner and/or	Related .	Parties)		\$	
	1	Accrued Income Taxes*	r .				\\\s\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	12	2. Other Current Liabilitie	s (itemize )				<b>D</b>	
						<u> </u>		
			<u> </u>		<u> </u>	<u> </u>	-	
			11.1.10	- <del></del>			\$	9,609
A-1	3. <b>T</b>	otal Current Liabilities (1	ines A1 thru 12)				ΙΨ	,,,,,,

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

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
The Manor on Pine Street LLC	1869	9/30/2015	<u></u>	34	37
		Am	ount		
	ht Forward:		9,609		
Liabilities (cont'd)					
B. Long-Term Liabilities			***************************************		
<ol> <li>Loans Payable-Equipment</li> </ol>			\$	11/534(19)11/16/16/16/16/16/16/16/16/16/16/16/16/1	
Name of Lender	Purpose	Amount	Date Due		
					4
2 Mantagaga Payahla			\$		134,639
Mortgages Payable     Loans from Owners or Relationships	oted Parties (itamiza		\$		154,055
Name and Address of Lender	Amount	Loan D	PHOTO:		
Name and Address of Lender	Amount	Loan L	zaic		
	(1)				
4. Other Long-Term Liabilitie	D.				
B-5. Total Long-Term Liabilities (	Lines B1 thru 4)		\$		134,639
C. Total All Liabilities (Lines A-	13 + B-5		\$		144,248

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

Name of Facility I		License No.			Page	of
The Manor on Pine Street LLC		1869	9/30/2015		35	37
Account					Am	ount
A.	Reserves					
	1. Reserve for value of leased land					
	2. Reserve for depreciation va					
	to be amortized		\$			
	3. Reserve for depreciation va	\$				
	4. Reserve for leasehold real p	\$				
	5. Reserve for funds set aside	\$				
	6. Total Reserves				\$	
В.	Net Worth					2 225
	1. Owner's Capital				\$	2,327
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	_
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	13,917
	6. Gain or Loss for Period	10/1/20	014 thru	9/30/2015	\$	(21,900)
	7. Total Net Worth				\$	(5,656)
C.	Total Reserves and Net Worth				\$	(5,656)
D.	Total Liabilities, Reserves, and	l Net Worth			\$	138,592

# H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	·Ended	Page	of
The Manor on Pine Street LLC		1869	9/30/2015		36	37
Account						ount
A.	Balance at End of Prior Period as	- 1	\$	(35,190)		
В.	Total Revenue (From Statement of		<u>\$</u> \$	328,847		
C.	C. Total Expenditures (From Statement of Expenditures Page 27)					350,747
D.	Net Income or Deficit				\$	(21,900)
E.	Balance				\$	(57,090)
F.	Additions					
	1. Additional Capital Contribute	• •				
	Correction of prior year b	alance	51,434			
<u> </u>						
	2. Other (itemize)					
					ф	51 42 4
	Total Additions				\$	51,434
G.	Deductions	/Dt(G:C-)			<b>ሰ</b>	
	1. Drawings of Owners/Operators/Partners (Specify)			\$		
	Name and Address (No., City	), State, Zip )	Title	Amount		
					\$	# #
	2. Other Withdrawings (Specify)					
	Purpose		Amo	ount		
	3. Total Deductions			1	\$	
H.	Balance at End of Period	09/30	/15		\$	(5,656)

## I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended Page of			
The Manor on Pine Street LLC		1869	9/30/2015 37 37			
Check appropriate category						
<u> </u>	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home			
Preparer/Reviewer Certification						
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.						
Signature of Preparer  (C) A C   Title Perform			Date Signed $2 - 12 - 16$			
Printed Name of Preparer						
Craig J. Lubitski Consulting LLC Address Phone Number						
225 Pi	tkin Street, East Hartford, CT 06108	860-610-9009				

#### State of Connecticut Long-Term Care Facility RATE COMPUTATION REPORT Based on 10/01/2014 through 09/30/2015

DRAFT

The Manor on Pine Street

Facility: 210 Page: 22

Date: 04/11/2016

Page - Lic. Type - Rate Yr Error Message

Administrator's salary needs to be entered

RC-Res. Care Home

No Self Pay rates entered po Private days

Reported, 100 sels

Pay rates Reported