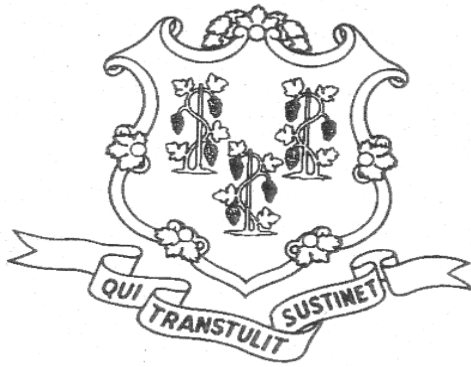


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) McLean Health Center	
Address (No. & Street, City, State, Zip Code) 75 Great Pond Road, Simsbury, CT 06070	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider 07-5216
------------------	---------------	------	-----------------------------------	------------------------------

Medicaid Provider Numbers:	CCNH 884-C	RHNS	ICF-IID 1712-RCH
----------------------------	---------------	------	---------------------

**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

### General Information

Name of Facility (as licensed) McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	Page 1	of 37
--	----------------------	------------------------------------	-----------	----------

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

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT 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 McLean Health Center [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lisa Clark			Printed Name (Owner) David Bordonaro, President		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility McLean Health Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 75 Great Pond Road, Simsbury, CT 06070				
Report Prepared By McLean Affiliates, Inc.		Phone Number (860) 658-3759	Date	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 11,582			11,582
2. Laundry wages paid	\$ 32			32
3. Housekeeping wages paid	\$ 6,306			6,306
4. Nursing wages paid	\$			
5. All other wages paid	\$ 52,741			52,741
6. <b>Total Wages Paid</b>	<b>\$ 70,660</b>			<b>70,660</b>
7. Total salaries paid	\$ 6,635			6,635
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$ 77,296</b>			<b>77,296</b>

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility (860)658-3700		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) McLean Health Center		Address (No. & Street, City, State, Zip) 75 Great Pond Road, Simsbury, CT 06070		
License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider No. 07-5216
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Lisa Clark		Nursing Home Administrator's License No.:	001842	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		





### General Information and Questionnaire Individual Proprietorship

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	Page 3B	of 37
--	----------------------	------------------------------------	------------	----------

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A





## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	Page 5	of 37
--	----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

The McLean Foundation, Inc., supports certain programs and capital acquisitions of the Health Center via donations and grants. The McLean Fund uses income from investments to fund a portion of the Operating Expenses. Any funding by these entities is at cost.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

See pre Cost Report Allocation w/s.

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

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

Name of Facility			License No.	Report for Year Ended			Page	of
McLean Health Center			884-C	9/30/2016			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Mailfinance (Formerly Neopost), 478 Weelers Farm Rd, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	05/24/11	Paid Quarterly	1,716	770	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>
							770	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	Page 7	of 37
--	----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Crowe Horwath LLP (formally Saslow, Lufkin & Buggy)	175 Powder Forest Dr, Simsbury, CT 06089
2 Blum, Shapiro & Company, P.C.	29 South Main Street, West Hartford, CT 06127
3	
4	

Services Provided by This Firm (*describe fully*)

1 Crowe - Independent Audit of 2015 Financials, Preparation of FY 2015 Medicare & Medicaid CRs	\$
2 Blum - Independent Audit of 2016 Financials, Preparation of FY 2016 Medicare CR	\$
3	\$ 48,499
4	\$
	Charge for Services Provided
	\$ 48,499

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg 15, 1D - CCNH \$21,451, RCH \$289, Outpatient/Other not on Annual Report \$26,758

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Wiggin & Dana	
2 Michalik, Bauer, Silvia	
3 Day Pitney, LLP	
4 LETIZIA,AMBROSE & FALLS P.C.	
5	

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Various Service and Advice - all costs will be adjusted on Pg 28 of the CR	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Pg 15, 1E - CCNH \$5,519, RCH \$74, Outpatient/Other not on Annual Report \$6,818 (see page 28 line 10 adjustment for \$5,519 and \$74

### Schedule of Resident Statistics

Name of Facility McLean Health Center		License No. 884-C			Report for Year Ended 9/30/2016				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	92	89		3	92	89		3	92	89		3	
B. On last day of THIS report period	92	89		3	92	89		3	92	89		3	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	85	82		3	85	82		3	77	75		2	
B. As of midnight of THIS report period	77	75		2	77	75		2	77	75		2	
3. Total Number of Days Care Provided During Period													
A. Medicare	5,773	5,773			4,342	4,342			1,431	1,431			
B. Medicaid (Conn.)	16,153	16,153			12,471	12,471			3,682	3,682			
C. Medicaid (other states)													
D. Private Pay	6,283	5,917		366	4,529	4,255		274	1,754	1,662		92	
E. State SSI for RCH	366			366	274			274	92			92	
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	28,575	27,843		732	21,616	21,068		548	6,959	6,775		184	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	28,575	27,843		732	21,616	21,068		548	6,959	6,775		184	

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

Name of Facility McLean Health Center			License No. 884-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR					
No. of Residents	16	38		21			2						
Per Diem Rate													
a. One bed rm.	488.00	471.00		474.78			191.00						
b. Two bed rms.	453.13	453.41		457.50									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								499	499				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								18,374	18,374				
<b>D. Total Physical Therapy Treatments</b>								18,873	18,873				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								187	187				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,108	1,108				
<b>D. Total Speech Therapy Treatments</b>								1,295	1,295				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								326	326				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								15,417	15,417				
<b>D. Total Occupational Therapy Treatments</b>								15,743	15,743				

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	99,683	898			1,343	12
2. Administrator(s) (Complete also Sec. III of Schedule A1)	82,865	1,182			2,179	31
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	348,213	10,755			3,113	97
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	440,528	29,753			11,582	782
6. Housekeeping Service						
a. Head Housekeeper	20,700	968			760	36
b. Other Housekeeping Workers	151,139	11,791			5,547	433
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	40,602	939			1,490	34
b. Other Maintenance Workers	48,883	1,984			1,794	73
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	23,322	2,038			32	3
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	45,193	874			609	12
b. Other Accountants	87,021	3,487			1,173	47
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	108,820	2,136				
b. RN						
1. Direct Care	1,492,016	40,009				
2. Administrative**	89,576	2,181			619	15
c. LPN						
1. Direct Care	420,934	12,523				
2. Administrative**						
d. Aides and Attendants	1,960,136	102,362			47,056	1,974
e. Physical Therapists	312,171	9,131				
f. Speech Therapists	44,791	798				
g. Occupational Therapists	225,565	7,282				
h. Recreation Workers	129,226	5,426				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	68,827	2,635				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	41,281	2,122				
<i>A-13. Total Salary Expenditures</i>	6,281,493	251,276			77,296	3,548

\* 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 A1 - Salary Information for Operators/Owners; Administrators,  
 Assistant Administrators and Other Related Parties\***

Name of Facility				License No.	Report for Year Ended			Page	of	
McLean Health Center				884-C	9/30/2016			11	37	
Name	Salary Paid			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
	CCNH	RHNS	Residential Care Home							
<b>Section I - Operators/Owners</b>										
David J. Bordonaro, CEO, President, McLean Affiliates, Inc. (Amt Claimed on C/R)	63,751		859	Standard Package	President, McLean Affiliates	414	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	1,706	260,256
Carol Barno, CFO, Treasurer, McLean Affiliates, Inc (Amt Claimed on C/R) - Hired	33,929		457	Standard Package	CFO, McLean Affiliates	380	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	1,564	138,513
Augusto R. Gautier, CFO, Treasurer, McLean Affiliates, Inc (Amt Claimed on C/R) -	2,003		27	Standard Package	CFO, McLean Affiliates	116	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	476	73,179
<b>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).</b>										

\* 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.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
McLean Health Center				884-C	9/30/2016			12	37	
Name	Salary Paid			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
	CCNH	RHNS	Residential Care Home							
<b>Section III - Administrators***</b>										
Lisa Clark, Administrator, Secretary, McLean Affiliates	82,865		2,179	Standard Package	Licensed Administrator	1,213	10 A2	McLean Outpatient Allocation	907	63,633
<b>Section IV - Assistant Administrators</b>										

\*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.

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

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	39,653	938			1,042	25
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)	65,365	479				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	7,200	72				
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						
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						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>112,218</b>	<b>1,488</b>			<b>1,042</b>	<b>25</b>

\* 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.



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

Name of Facility	License No.	Report for Year Ended		Page	of
McLean Health Center	884-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 129,131	127,562			1,570
2. Disability Insurance	\$ 4,135	4,085			50
3. Unemployment Insurance	\$ 4,070	4,021			49
4. Social Security (F.I.C.A.)	\$ 471,583	465,850			5,732
5. Health Insurance	\$ 345,108	340,913			4,195
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,003	6,918			85
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 422,006	416,877			5,130
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 32,398	32,004			394
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 21,741	21,451			289
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 5,593	5,519			74
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 33,177	32,432			745
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 14,133	13,946			188
2. Cellular Phones	\$				
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 448,567	448,567			
<b>Subtotal</b>	\$ 1,938,647	1,920,145			18,502

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of	
McLean Health Center	884-C	9/30/2016	16	37	
				Residential Care Home	
Item		Total	CCNH	RHNS	
<b>Subtotals Brought Forward:</b>		1,938,647	1,920,145		18,502
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	4,157	4,157		
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	3,951	3,903		48
4. Employee Travel	\$	2,001	1,961		40
5. Education Expenses Related to Seminars and Conventions	\$	7,944	7,847		97
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	146	141		5
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	3,103	3,092		12
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	50,033	48,457		1,576
4. Fund-Raising***	\$				
5. Medical Records	\$	1,879	1,879		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	6,649	6,410		239
7. Postage	\$	7,219	7,123		96
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	16,818	16,496		323
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	830	825		5
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete         Schedule C-2, Page 21 for each firm or individual</i> )	\$	47,915	47,321		594
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	169,273	167,598		1,675
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>2,260,565</b>	<b>2,237,354</b>		<b>23,211</b>

\* 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
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Various Marketing Expenses (Disallowed - See Pg 28)	\$ 48,457		\$ 1,576
<b>Total Other Advertising</b>	\$ 48,457	\$ -	\$ 1,576

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 5,689		\$ 77
CHA Admin Dues	\$ 2,377		\$ 32
Vistage Dues	\$ 6,939		\$ 94
CALTC	\$ 442		\$ 6
ALTCFM	\$ 35		
CLIA LABORATORY PROGRAM	\$ 133		\$ 2
ST OF CT DEPT OF PUBLIC HEALTH	\$ 91		\$ 1
CALA - CT ASSISTED LIVING ASSOC. (Adjust on Pg 28)			\$ 101
Misc Adjust (Page 28)	\$ 790		\$ 11
<b>Total Dues</b>	\$ 16,496	\$ -	\$ 323

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
NURSING_PURCHASED SERVICES	\$ 3,625		\$ -
NURSING_COMPUTER SUPPORT FEES	\$ 23,542		\$ -
THER REC_CONSULTANTS	\$ 96		\$ -
THERAPEUTIC RECREATION-COMPUTER SUPPORT FEES	\$ 54		\$ -
HEALTH_RECORDS STORAGE	\$ 14,472		\$ -
DIETARY-COMPUTER SUPPORT FEES	\$ 187		\$ 5
ADMISSIONS-COMPUTER SUPPORTFEES	\$ 678		\$ -
ADMISSIONS-EQUIPMENT	\$ 2,121		\$ -
ADMINISTRATION-COMPUTER SUPPORT FEES	\$ 674		\$ 9
ADMIN_LICENSE,PERMITS,REGIST	\$ 630		\$ 8
ADMIN_PROFESSIONAL FEES	\$ 1,283		\$ 17
ADMINISTRATION-EQUIPMENT	\$ 1,179		\$ 16
ADMINISTRATIVE SUPPORT SERVICES-COMPUTER SUPPORT F	\$ 16		\$ 0
BUS OFF_COMPUTER SUPPORT FEES	\$ 2,664		\$ 36
BUS OFF EQUIPMENT	\$ 1,964		\$ 26
ACCOUNTING_COMPUTER SUPPORT FEES	\$ 8,555		\$ 115
ACCOUNTING_BANK CHARGES	\$ 5,917		\$ 80
HUM RES_PURCHASED SERVICES	\$ 10,421		\$ 128
HUM RES_COMPUTER SUPPORT FEES	\$ 2,521		\$ 31
HUMAN RESOURCES-EQUIPMENT	\$ 44		\$ 1
TRAINING-EQUIPMENT	\$ 1,491		\$ 18
INF_SYS_COMPUTER SUPPORT FEES	\$ 83,691		\$ 1,128
INFORMATION SYSTEMS-EQUIPMENT	\$ 393		\$ 5
HOUSEKEEPING-COMPUTER SUPPORT FEES	\$ 88		\$ 3
ACRETION_EXPENSE MCLEAN	\$ 1,292		\$ 47
<b>Total Other Administrative and General</b>	\$ 167,598	\$ -	\$ 1,675



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

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	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 #
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	140,615	Inpatient Dietary Mgmt	Pg 18, 2b

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
McLean Health Center	884-C	9/30/2016		18	37
Item	Total	CCNH	RHNS	Residential Care Home	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 282,682	275,441			7,241
2. Non-Food Supplies	\$ 37,086	36,136			950
3. Other (Specify) _____ Non Controllable Dietary Related	\$ 49,003	47,748			1,255
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$ 81,309	79,226			2,083
d. Other (Specify) _____ Dietary Controllables (Sodexo) DIETARY LAUNDRY/LINEN & UNIFORMS	\$ 16,334	15,915			418
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 466,413</b>	<b>454,465</b>			<b>11,948</b>
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*	235	229			6
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No                   If yes, specify cost.					\$91,013
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No                   If yes, specify amt.					\$91,013
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Pg 30, Line IV 1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No                   If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					N/A

\* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item	Total	CCNH	RHNS	Residential Care Home
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.	6,766	6,756	9
	Amt. \$	9,834	9,677	157
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$	54,463	53,068	1,395
c. Management Services**	\$			
d. Other ( <i>Specify</i> ) Laundry Supplies	\$	6,048	6,037	11
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)	\$	70,345	68,782	1,563
3F. Laundry Questionnaire				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			N/A
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			N/A

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
McLean Health Center		884-C	9/30/2016		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel	39,457	38,060		1,397
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	21,398	20,641		757
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	21,398	20,641		757
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare	\$	182,948	182,948		
b.	Medicine Cabinet Drugs	\$	54,461	54,461		
c.	Medical and Therapeutic Supplies	\$	200,813	200,813		
d.	Ambulance/Limousine***	\$	5,889	5,889		
e.	Oxygen					
1.	For Emergency Use	\$	11,458	11,458		
2.	Other***	\$	11,680	11,680		
f.	X-rays and Related Radiological Procedures***	\$	38,073	38,073		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	47,571	47,571		
i.	Recreation	\$	12,161	11,822		339
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	16,493	16,493		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	581,547	581,208		339

\* 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.



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

Name of Facility McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2016			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
See attached schedule		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* 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 Year Ended			Page	of
McLean Health Center	884-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 162,166	156,797			5,370	
b. Heat	\$ 41,179	39,722			1,458	
c. Light & Power	\$ 187,038	180,417			6,621	
d. Water	\$ 8,720	8,411			309	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 769	759			10	
f. Other ( <i>itemize</i> )	\$ 39,980	38,565			1,415	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 439,853</b>	<b>424,670</b>			<b>15,183</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 8,211	7,891			320	
b. Building & Building Improvements	\$ 96,681	93,273			3,408	
c. Non-Movable Equipment	\$ 136,993	134,071			2,922	
d. Movable Equipment	\$ 68,966	67,564			1,403	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 310,852</b>	<b>302,799</b>			<b>8,053</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 52	51			1	
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 310,904</b>	<b>302,851</b>			<b>8,054</b>	

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	Residential Care Home
PLANT_UTILITIES-REFUSE REMOVAL	\$ 8,210		\$ 301
PLANT_UTILITIES-CABLE TV	\$ 18,545		\$ 681
PLANT_UTILITIES SEWER	\$ 11,809		\$ 433
<b>Total Other Repairs and Maintenance</b>	\$ 38,565	\$ -	\$ 1,415

-----



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

**Depreciation Schedule**

Name of Facility McLean Health Center		License No. 884-C			Report for Year Ended 9/30/2016			Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period		596,107		596,107	509,924	SL	Various	18,257					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		10,583		10,583		SL	Various	704					
A-4. Subtotal									18,961				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		11,120,690		11,120,690	7,422,199	SL	Various	376,303					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		28,870		28,870		SL	Various						
B-4. Subtotal									376,303				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		4,593,506		4,593,506	2,723,048	SL	Various	269,927					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		118,636				SL	Various	4,976					
C-4. Subtotal									274,903				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year	Exclusive of Land							
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.			X	Var	Var	42,442		42,442	42,442	SL	Various		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	2,280,950		2,280,950	1,676,011	SL	Various	134,072	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				Var	Var	72,566				SL	Various	2,402	
D-3. Subtotal													136,474
<b>E. Total Depreciation</b>													806,641

McLean Health Center  
9/30/2016

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/21/2016	Tree removal	\$ 7,040	10	\$ 704
9/30/2016	Plantings	\$ 3,543	10	\$ -
<b>Total additions for Land Improvements</b>		\$ 10,583		\$ 704
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
9/30/2016	Building Caulking/Cleaning/Restoration Exterior	\$ 28,870	15	\$ -
<b>Total additions for Building Improvements</b>		\$ 28,870		\$ -
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/5/2015	Unit 2 Kitchenette Plumbing	\$ 1,053	15	\$ 70
11/12/2015	Electrical Unit 2 Kitchenette	\$ 2,782	15	\$ 185
11/30/2015	Appliances	\$ 1,900	10	\$ 190
11/30/2015	Corian Counter Unit 2	\$ 2,955	10	\$ 296
12/7/2015	Computerized Maintenance Mgmt	\$ 5,163	5	\$ 1,033
12/17/2015	Day Room Kitchenette Unit 2	\$ 10,491	15	\$ 699
1/11/2016	140 gal expansion tank	\$ 4,240	15	\$ 283
2/1/2016	AL Rob Room Remodel 120/123Paint	\$ 1,079	5	\$ 216
2/12/2016	AL Rob Room Remodel 120/123 Valance	\$ 550	5	\$ 110
2/18/2016	AL Rob Room Remodel 120/123 Electrical	\$ 1,420	10	\$ 142
2/25/2016	Valve Replacement Hot Water Sys	\$ 4,700	15	\$ 313
3/1/2016	AL Rob Room Remodel 120/123 Carpet	\$ 4,456	5	\$ 891
3/7/2016	AL Rob Room Remodel 120/123 Carpet Install	\$ 765	5	\$ 153
3/31/2016	AL Rob Room Remodel 120/123 Construct Gen	\$ 3,190	10	\$ 319
3/31/2016	AL Rob Room Remodel 120/123Paint	\$ 380	5	\$ 76
4/28/2016	Garage Door Install & Parts	\$ 2,476	10	\$ -
5/17/2016	Louver Door Motors & install	\$ 4,244	10	\$ -

6/9/2016	Al Rob Room Remodel SP114 Painting	\$ 777	5	\$ -
6/9/2016	Al Rob Room Remodel SP114 Carpet Installation	\$ 545	5	\$ -
6/27/2016	Al Rob Room Remodel SP114 Elictrical	\$ 1,403	10	\$ -
7/7/2016	Al Rob Room Remodel SP114 Construct Gen	\$ 2,438	10	\$ -
8/15/2016	Pump Replacement/Pool Building	\$ 5,486	15	\$ -
9/9/2016	Evaporator Main Kitchen	4201.15	15	0
9/9/2016	Pump Replacement/Laundry	11041.53	15	0
8/19/2016	Cooling Equipment Replace	38600	15	0
9/30/2016	Refrigeration Piping Covers	2300	15	0
<b>Total additions for Non-Movable Equipment</b>		<b>\$ 118,636</b>		<b>\$ 4,976</b> *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

-----

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/15/2016	Furniture AL	\$ 2,135	5	\$ 427
3/11/2016	Signage Auxillary	\$ 1,444	5	\$ 289
7/22/2016	Traction Table & Bench	\$ 3,859	10	\$ -
9/20/2016	Rehab Car	\$ 8,170	10	\$ -
9/20/2016	Mattresses 22	\$ 8,265	10	\$ -
9/30/2016	Portable Balance Assessment System	\$ 9,819	10	\$ -
10/7/2015	Computer Carol Barno	\$ 3,086	5	\$ 617
3/14/2016	Ethernet Switches	\$ 5,344	5	\$ 1,069
9/29/2016	Windows 10 Installation	\$ 30,444	5	\$ -
<b>Total additions for Movable Equipment</b>		<b>\$ 72,566</b>		<b>\$ 2,402</b> *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b> *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	Unknown, Prior to 1930				
2. Date Structure Completed	1971, Additions '74,'89 & '01				
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	92				
6. Square Footage	141,249				
7. Acquisition Cost					
a. Land	29,950				
b. Building	1,460,189				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property 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 McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2016			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page )

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

Name of Facility McLean Health Center		License No. 884-C		Report for Year Ended 9/30/2016			Page of 27   37	
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other ( <i>Specify</i> )				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense ( <i>Specify</i> )				\$				
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$				
14. Insurance								
a. Insurance on Property (buildings only)				\$ 30,719	30,311			408
b. Insurance on Automobiles				\$ 1,540	1,520			20
c. Insurance other than Property (as specified above)								
1. Umbrella ( <i>Blanket Coverage</i> )				\$				
2. Fire and Extended Coverage				\$				
3. Other ( <i>Specify</i> ) Prof & Gen Liability				\$ 30,097	29,696			400
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 62,356	61,527			829
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 10,685,433	10,545,209			140,223



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
McLean Health Center				884-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 225,565	225,565		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 7,200	7,200		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1E	Accounting & Legal	\$ 5,593	5,519		74
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
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.		16 L6	Automobile Expense (e.g. personal use)	\$ 1,687	1,661		26
18.		16 M	Unallowable Advertising *	\$ 50,033	48,457		1,576
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.		16 M	Barber and Beauty	\$ 6,649	6,410		239
23.			Other - See attached Schedule	\$ 13,905	13,621		284
<b>Page 18 - Dietary Expenditures</b>							
24.		30 IV	Meals to employees, guests and others who are not residents	\$ 48,956	47,594		1,362
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 359,588	356,027		3,561

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M 13	ACCOUNTING_BANK CHARGES	\$ 5,917		\$ 80
16	L 3	HUM RES_PERS RECOG	\$ 797		\$ 10
16	L 5	ADMIN_MEETINGS	\$ 3,463		\$ 47
16	M 8	Dues & Fees	\$ 790		\$ 111
10	11	Bookkeeping McLean Game Refuge	2654		36
<b>Total Other A&amp;G Adjustments</b>			\$ 13,621	\$ -	\$ 284

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

Name of Facility				License No.	Report for Year Ended	Page	of
McLean Health Center				884-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 359,588	356,027		3,561
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5 a2	Prescription Drugs	\$ 182,948	182,948		
28.	20	5 d	Ambulance/Limousine	\$ 5,889	5,889		
29.	20	5 f	X-rays, etc	\$ 38,073	38,073		
30.	20	5 h	Laboratory	\$ 47,571	47,571		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 11,680	11,680		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 6,411	6,184		227
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.	30	IV 4	Radio and Television Revenue	\$ 8,149	7,590		559
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 660,309	655,962		4,347

\*\*\* 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.

McLean Health Center  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7C	To adjust 25 yr deprec taken on sprinkler written off as 5 yrs	\$ 6,184		\$ 227
		Note: The final year for this adjustment will be 09/30/2030			
<b>Total Other Property Adjustments</b>			\$ 6,184	\$ -	\$ 227

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
McLean Health Center	884-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 7,238,544	7,168,638		69,906		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,261,788)	(3,237,504)		(24,284)		
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,744,089	2,744,089				
b. Medicare Room and Board Contractual Allowance **	\$ 379,748	379,748				
4. a. Private-Pay Residents and Other	\$ 2,974,969	2,870,442		104,527		
b. Private-Pay Room and Board Contractual Allowance **	\$ (175,666)	(164,495)		(11,171)		
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 174,332	174,332				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (174,332)	(174,332)				
c. Prescription Drugs - Non-Medicare	\$ 23,734	23,734				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (23,722)	(23,722)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 797,624	797,624				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (813,492)	(813,492)				
c. Physical Therapy - Non-Medicare	\$ 118,064	118,064				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (112,693)	(112,693)				
4. a. Speech Therapy - Medicare	\$ 77,936	77,936				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (53,337)	(53,337)				
c. Speech Therapy - Non-Medicare	\$ 13,783	13,783				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (11,508)	(11,508)				
5. a. Occupational Therapy - Medicare	\$ 679,233	679,233				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (663,754)	(663,754)				
c. Occupational Therapy - Non-Medicare	\$ 88,334	88,334				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (86,144)	(86,144)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 3,771	3,771				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 1,229	1,229				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 9,938,952	9,799,975		138,977		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 80,820	78,190		2,630		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 14,280	7,590		6,690		
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 11,316	9,112		2,204		
8. Other ( <i>Specify</i> )	\$ 10,336	10,336				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 116,752	105,228		11,524		
<b>VI. Total All Revenue</b> (III +V)	\$ 10,055,704	9,905,203		150,501		

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Xray Medicare	\$ 30,664		
	Lab Medicare	\$ 37,666		
	Oxygen Medicare	\$ 5,673		
	Xray Medicare - Allowance	\$ (30,459)		
	Lab Medicare - Allowance	\$ (37,666)		
	Oxygen Medicare - Allowance	\$ (5,673)		
	Pharmacy Flu Vaccine - Medicare	\$ 3,566		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 3,771</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Xray Non-Medicare	\$ 4,282		
	Lab Non-Medicare	\$ 6,531		
	Oxygen Non-Medicare	\$ 321		
	Xray Non-Medicare - Allowance	\$ (4,487)		
	Lab Non-Medicare - Allowance	\$ (5,271)		
	Oxygen Non-Medicare - Allowance	\$ (147)		
<b>Total Other Resident Revenue</b>		<b>\$ 1,229</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
<b>Total Interest Income</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
	H&W_RENT OFFICES/MTG ROOMS	\$ 4,336		
	BOOKKEEPING-REFUGE	\$ 6,000		
<b>Total Other Revenue</b>		<b>\$ 10,336</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	7,849,167
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,815,172
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	324,672
a. Prepaid Insurance	85,878			
b. Prepaid Village Expense	34,389			
c. Prepaid Expense	119,418			
d. Prepaid Property Taxes	84,987			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	9,989,011
B. Fixed Assets				
1. Land			\$	29,950
2. Land Improvements	*Historical Cost	606,690	\$	77,806
	Accum. Depreciation	528,884		
	Net			
3. Buildings	*Historical Cost	11,149,560	\$	3,351,059
	Accum. Depreciation	7,798,501		
	Net			
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
5. Non-Movable Equipment	*Historical Cost	4,712,143	\$	1,714,192
	Accum. Depreciation	2,997,951		
	Net			
6. Movable Equipment	*Historical Cost	2,353,516	\$	541,030
	Accum. Depreciation	1,812,486		
	Net			
7. Motor Vehicles	*Historical Cost	42,442	\$	
	Accum. Depreciation	42,442		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	13,056,049
Village and Villa Net Assets		11,961,166		
Construction in Process		1,094,883		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	18,770,086

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

(Carry Total forward to next page)



### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2016	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	28,759,097
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	6,406,589
	PLANT REPLACEMENT TRADE REC-SCHW	6,406,589		
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	928,027
	Assets Whose Use is Limited	284,253		
	CCRC DEF RD VILLAS MARKTNG EXP-1ST1	164,977		
	INTEREST IN MCLEAN FNDTN	478,797		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	7,334,616
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	36,093,713

\* 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 McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,591,913	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties ( <i>itemize</i> )					
\$					
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )					
Refundable Entrance Fees		6,255,370			
Deferred Revenue from Nonrefundable Ent Fees		3,266,660			
FIN47 ASSET RETIRE OBLIGAT		81,485			
				\$	9,603,515
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	9,603,515
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	13,195,428

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

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	20,904,178
6. Gain or Loss for Period			\$	1,994,107
				10/1/2015 thru 9/30/2016
7. Total Net Worth			\$	22,898,285
<b>C. Total Reserves and Net Worth</b>			\$	22,898,285
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	36,093,713

### H. Changes in Total Net Worth

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	20,904,000
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	25,792,143
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	24,212,075
D. Net Income or Deficit			\$	1,580,068
E. Balance			\$	22,484,068
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
Interest and Dividend Income				429,572
Change in Unrealized Losses on Investment				(20,525)
Change in Temporary Restricted Net Assets				4,992
Adjust Prior Ending Balance due to rounding				178
F-3. Total Additions			\$	414,217
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	22,898,285
				09/30/16

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

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<p>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.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Carol Barno				
Address Address			Phone Number	
75 Great Pond Road, Simsbury, CT 06070			(860) 658-3759	