Cover

Page

Page 3

Page 3A

Page 3B

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line numbe

O Yes O No

Services Provided by This Firm

Charge for Service Provided

Page 14

Page 17

Page 18

Page 19

Page 25

⊙ Yes ○ No

Did you receive revenue from employees? Where is the revenue received reported in the Cost Report? O Yes O No II yes, specify ant. If yes, specify ant. If yes, specify ant. O Yes O No II yes, s	Are time records maintained by all individuals recei	ving compensation?			⊙ Yes ○	No	
	Name & Address of Individual	Full Explanation of Services	Explanation	of Relationship			
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BII	Principal Outstanding on Note Paid-Off					
						-
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	Improvements Only	Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Lease
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Printed Name of Preparer
Davis, Mascola & Phillips, LLC

35 Barnes Rd - Ste 207 - Wallingford, CT 06492

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Print Manager

NOTE:

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along with the corresponding

							T		
355	A	B 27	C Prescription Drugs	D 0	Е	F	G	Н	I
356		28	Ambulance/Limousine	0					
357		29	X-rays, etc.	0					
358		30	Laboratory	0					
359		31	Medical Supplies	0					
360 361		32 33	Oxygen (not emergency) Occupational Therapy	0					
362		34	Other Ancillary Costs Page 29 Schedule			-	-		
363		Page .	22 - Maintenance and Property	_					
364		35	Excess Movable Equipment Depreciation Page 29 Schedule	0		-	-		
365 366		36 37	Depreciation on Unallowable Motor Vehicles Unallowable Property and Real Estate Taxes	0					
367	29	38	Rental of Building Space or Rooms	0					
368	Page 29	39	Other Property Costs Page 29 Schedule	0	-	-	-		
369 370	_	_	27 - Insurance						
370 371		40	Mortgage Insurance	0					
372		41 Other	Property Insurance - Miscellaneous	0					
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances Duplication of functions or services	0					
377 378		46 47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense Page 29 Schedule	0	-	-	-		
381			or Profit Providers Only	0					
382 383		50	Building/Non Movable Eq. Depreciation <u>Unallowable Build Int</u> Page 29 Schedule	0	-	-	-		
384		51	Total Amount of Decrease	0	0	0	0		
385									
							Residential		
386		Line #	# Description	Total	CCNH	RHNS	Care Home		
387			ent Room, Board & Routine Care Revenue	2000	001122	1111110			
388		I1a	Medicaid Residents (CT Only)	769,841			769,841		
389		I1b	Medicaid Room and Board Contractual Allowance Medicaid (All Other States)	0					
390 391		I2a I2b	Other States Room and Board Contractual Allowance	0					
392			Medicare Residents (all inclusive)	0					
393		I3b	Medicare Room and Board Contractual Allowance	0					
394			Private-Pay Residents and Other	38,325			38,325		
395 396		I4b	Private-Pay Room and Board Contractual Allowance Resident Revenue	0					
397			Prescription Drugs - Medicare	0					
398			Prescription Drugs - Medicare Contractual Allowance	0					
399			Prescription Drugs - Non-Medicare	0					
400			Prescription Drugs - Non-Medicare Contractual Allowance	0					
401 402			Medical Supplies - Medicare Medical Supplies - Medicare Contractual Allowance	0					
403			Medical Supplies - Non-Medicare Medical Supplies - Non-Medicare	0					
404			Medical Supplies - Non-Medicare Contractual Allowance	0					
405		II3a	Physical Therapy - Medicare	0					
406	30		Physical Therapy - Medicare Contractual Allowance	0					
407 408	Page 30		Physical Therapy - Non-Medicare Physical Therapy - Non-Medicare Contractual Allowance	0					
408			Speech Therapy - Medicare Speech Therapy - Medicare	0					
410			Speech Therapy - Medicare Contractual Allowance	0					
411			Speech Therapy - Non-Medicare	0					
412			Speech Therapy - Non-Medicare Contractual Allowance	0					
413 414			Occupational Therapy - Medicare Occupational Therapy - Medicare Contractual Allowance	0	-				
415			Occupational Therapy - Non-Medicare Occupational Therapy - Non-Medicare	0					
416			Occupational Therapy - Non-Medicare Contractual Allowance	0					
417			Other (Specify) - Medicare Other Resident Rev	0	-	•	-	=	
418 419		II6b III	Other (Specify) - Non-Medicare Total Resident Revenue	0 808 122	- 0	- 0	• QAQ 1 <i>22</i>		
420			Revenue	808,166	U	U	808,166		
421		IV1		0					
422			Rental of rooms to non-residents	0					
423		IV3	1 0 1	0					
424 425		IV4 IV5	Rental of Televisions and Cable Services Interest Income (Specify) Interest Income	0	لــــــا		_		
425			Private Duty Nurses' Fees	0			<u> </u>		
427		IV7	•	0					
428		IV8	Other (Specify) Other Revenue	0	-	-	-	-	
429 430		V	See Attached Schedule Total Other Revenue	0	0	0	0		
430	30	V VI	1 otal Other Revenue Total All Revenue	808,166	0	0	808,166		
			20100120120,0000	,	•	<u> </u>	,00		

	В	С	D	Е	F	G
46	7A	Physical Therapy - Medicare Part B	0			
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	0			
50	7D	Total Physical Therapy Treatments	0	0	0	0
51	8A	Speech Therapy - Medicare Part B	0			
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	0			
55	8D	Total Speech Therapy Treatments	0	0	0	0
56	9A	Occupational Therapy - Medicare Part B	0			
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	0			
60	9D	Total Occupational Therapy Treatments	0	0	0	0
61						

Resident Stats Page 1

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

		Name	CCNH	RHNS	Residential Care Home	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
_	Jwner											
io etion	Operators/Owner s											
•	Oper											
		Dwayne Spurley			21,124	1,090	A4	Pension	Operations Director	Essex Village Manor, 59 S Main	1,406	27,248
æ 12	Section II-Other Related Parties											
Page 11 & 12	Section Relate											
Pa	•2											
	r. iors	Kalpesh Patel			55,633	2,106	A2	Pension & health ins	Administrator			
	Section III- Administrators											
	Sec											
	ant s											
	Assist trator											
	Section IV-Assistant Administrators											
	Sect											

List all contracted services - not just those you consider pertain to resident care.

		Related to Owner				Total	Cost/Page Ref.		
Name of Individual/Company	Address	Operators, Officers	Explanation of Relationship	Full Explanation of Services Provided	CCNH	RHNS	Residential Care Home	Page	Line
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		O Yes O No							
		○ Yes ○ No							
		○ Yes ○ No							

Please fill in the Depreciation Schedule as follows:

	Asset Addition Schedule				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
A1	Land Improvements - Acquired prior to report period				Exclusive of Land	value	Depreciateu	rear s Operations	Depreciation	Useful Elle	Ital
A2	Land Improvements - Disposals				÷						
A3	Land Improvements - Acquired during this report period (attach schedule)										-
B1	Building Improvements - Acquired prior to this report period										
B2	Building Improvements - Disposals				-						-
В3	Building Improvements - Acquired during this report period (attach schedule)										-
C1	Non-Movable Equipment - Acquired prior to this report period										
C2	Non-Movable Equipment -Disposals				-						_
C3	Non-Movable Equipment - Acquired during this report period (attach schedule)										-
	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle) Is a milear logbook maintainee Area Vers No.	1?	Date Acquis Ionth	sition	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
D1a		_									
D1b D1c											
D1d											
D2a	Movable Equipment - Acquired prior to this report period				32,317		32,317	27,703	SL	various	1,463
D2b	Disposals				-					I	-
D2c	Movable Equipment - Acquired during this report period (attach schedule)				3,775						63
	Please fill in the Amortization Schedule as follows:										
	Organization Expense		Date Acquis Ionth	sition	Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year	_
A1 A2											
A3											1
B1	Mortgage Expense									I]
B2 B3											
	Leasehold Improvements and Other - Acquired prior to this report period				various	129,483	73,697	SL		8,235	<u></u>
C2	Leasehold Improvements and Other - Disposals					-				-]
C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)									-]

Property Page 1

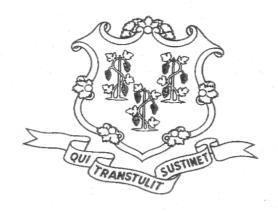
	A	В	С	D	Е
1	71	Line #		Subtotal	Total
2		Currei	nt Assets		
3		A1	Cash (on hand and in banks)		19,091
4		A2	Resident Accounts Receivable		63,851
5		A3	Other Accounts Receivable		
6		A4	Inventories		
7			Prepaid Expenses (itemize)		7,768
8			Prepaid Insurance	7,260	
9			Prepaid Taxes	508	
10		c			
11		d	Letonort Described		
12		A6	Interest Receivable Medicare Final Settlement Receivable		
14		A7 A8	Other Current Assets (itemize)		0
15		Ao	other current Assets (nemize)		1
16					
17					
18					
19		A9	Total Current Assets (Lines A1 thru 8)		90,710
20			,		,
21		Fixed .	Assets		
22	31	B1	Land		
23	Page 31	B2	Land Improvements		0
24	Pa		Historical Cost		
25			Accumulated Depreciation		
26		В3	Buildings		0
27			Historical Cost		
28		D.4	Accumulated Depreciation		45 551
29 30		B4	Leasehold Improvements Historical Cost	120 492	47,551
31			Accumulated Depreciation	129,483 81,932	
32		В5	Non-Movable Equipment	01,732	0
33		DJ	Historical Cost		
34			Accumulated Depreciation		
35		В6	Movable Equipment		6,863
36		_ ~	Historical Cost	36,092	
37			Accumulated Depreciation	29,229	
38		B7	Motor Vehicles	<u> </u>	0
39			Historical Cost		
40			Accumulated Depreciation		
41		B8	Minor Equipment-Not Depreciable		
42		B9	Other Fixed Assets (itemize)		0
43					
44					
45		B10	Total Fixed Assets (Lines B1 thru 9)		54,414
46 47		Laggal		d Brought Forward	145,124
48			hold or like property recorded for Equity Purposes Land		
49			Land Improvements		0
50		C2	Historical Cost		
51			Accumulated Depreciation		
52		C3	Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55		C4	Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58		C5	Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61		C6	Motor Vehicles		0
62			Historical Cost		
63		C.	Accumulated Depreciation		<u> </u>
64		C7	Minor Equipment -Not Depreciable		^
65 66	2	C8	Total Leasehold or Like Properties (C1 thru 7)		0
67	e 32	Invest	ment and Other Assets		
68	Page		Deferred Deposits		
69		D2	Escrow Deposits		
<i></i>					

	A	В	С	D	Е
70	7 1		-	В	0
		D3	Organization Expense		. "
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		
74		D5	Investments Related to Resident Care		. 0
75					
76					
		D.	I + O D I + I D +		i _
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
			Loan Date		
81					
82		D7	Other Assets		0
83					1
84					
85					
86		D8	Total Investments and Other Assets (Lines D1 t	hru 7)	0
87		D9	Total All Assets (Lines A9 + B10 + C8 + D8)		145,124
		D9	10th At Assets (Lines A) + D10 + C0 + D0)		145,124
88					
89		Curre	nt Liabilities		
90		A1	Trade Accounts Payable		12,013
					· ·
91		A2	Notes Payable (itemize)		0
92					
93					
				_	
94					
95					
96		A3	Loans Payable for Equipment	-	0
97		110	Name of Lender		1
98			Purpose		
99			Amount		
100			Date Due		
			Date Due		i
101					_
102			Name of Lender		
103			Purpose		
			-		
104			Amount		
105			Date Due		
106	33				4
	Page 33	A 1	Accrued Payroll (Exclusive of Owners & Stockho	ldars)	4.005
107	Pa	A4	•	iders)	4,805
108		A5	Accrued Payroll (Owners & Stockholders only)		
109		A6	Accrued Payroll Taxes Payable		1,185
110		A7	Medicare Final Settlement Payable		,
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113			Interest Payable		
			•		
114		A11			
115		A12	Other Current Liabilities (itemize)		22,122
116			Pesion Payable	22,122	1
				22,122	
117					1
118]
119					
120					
121					
122					
123					
		4.10	Tetal Comment I at 122 and I are 10		10 105
124		A13	Total Current Liabilities Lines A1 thru 12)		40,125
125			To	otal Brought Forward	40,125
126		Long-	Term Liabilities		
127		B1	Loans Payable-Equipment		20,158
		ומ		** • • • • •	20,130
128			Name of Lender	Univest Cap	1
129			Purpose	Generator	1
130			Amount	17,188	1
					1
131			Date Due	08/15/20	į į
132					
133			Name of Lender	Financial Pacific	1
					1
134			Purpose	Oven	į l
135			Amount	2,970	1
136			Date Due	03/04/20	1
				US/U 1 /2U	i
137					
138		B2.	Mortgages Payable		1

193 7		A	В	C	D	Е
Mare and Address of Lender	139			_	D	
Loan Date		ge 3			Kalpesh Patel	
Loan Date		Pa			_	
144				Loan Date	·	
Mane and Address of Lender				•	- F	
141	144			Name and Address of Lender		
143	145			Amount		
B4	146			Loan Date		
149	147			•		
150	148		B4	Other Long-Term Liabilities (itemize)		0
State	149					
153	150					
BS	151					
124,688 124,688 125 12						
Reserves						′
Reserves			C	Total All Liabilities (Lines A13 + B5)		124,688
A1 Reserve for value of leased land Reserve for depreciation value of leased buildings and appurtenances to be amortized Reserve for depreciation value of leased personal Part of the property (Equity) Reserve for depreciation value of leased personal Part of the property (Equity) Part of the property	-		_			
Reserve for depreciation value of leased buildings and appurtenances to be amortized Reserve for depreciation value of leased personal Property (Equity) Propose Property (Equity) Propose Propo					ī	
188	157		Al			
Reserve for depreciation value of leased personal property (Equity)	1.50		A2			
159	158					
Reserve for leasehold real properties on which fair rental value is based	150		A3			
161 162 163 164 165	139					
A5 Reserve for funds set aside as donor restricted	160		A4			
162			۸.5			
164		35	_			0
164		ıge				•
165		$\mathbf{P}_{\mathbf{\hat{z}}}$			Ī	
166				•		
167	\vdash			=		
168				÷		
169				-		18,500
Total Reserves and Net Worth 20,436 172				_		·
172	170		В7	Total Net Worth		20,436
173	171		C	Total Reserves and Net Worth		20,436
174			D	Total Liabilities, Reserves, and Net Worth		145,124
175					-	
Total Expenditures S06,230 177						·
177			_			
Total Additions Convers/Operators/Partners Name and Address Title Amount Name and Address Title Amount Conversion C				_		·
F1 Additional Capital Contributed (itemize)	-					·
180						20,436
181			Fl	Additional Capital Contributed (itemize)		1
182 183 184 185 186 187 188 189 190						
183						
184						
185 186 187 188 189 190			EΩ	Other (itemize)		
186			1.2	Other (hernize)		
187 188 189 F3 Total Additions						
188 189 190						
F3 Total Additions G1 Drawings of Owners/Operators/Partners Name and Address Title Amount						
191		36	F3	Total Additions		0
191		age				
193 Amount 194 195 Name and Address 196 Title 197 Amount 198 G2 Other Withdrawings 199 Purpose 200 Amount 201 202 Purpose 203 Amount		Ь				
194 195 Name and Address 196 Title 197 Amount 198 G2 Other Withdrawings 199 Purpose 200 Amount 201 Purpose 202 Purpose 203 Amount	192			Title		
195 Name and Address 196 Title 197 Amount 198 G2 Other Withdrawings 199 Purpose 200 Amount 201 Purpose 202 Purpose 203 Amount	193			Amount		
196 Title 197 Amount 198 G2 Other Withdrawings 199 Purpose 200 Amount 201 Purpose 202 Purpose 203 Amount	194			•		
197 Amount 198 G2 Other Withdrawings 199 Purpose 200 Amount 201 Purpose 202 Purpose 203 Amount	195			Name and Address		
198 G2 Other Withdrawings 199 Purpose 200 Amount 201	196			Title		
199 Purpose 200 Amount 201 202 Purpose 203 Amount				Amount		
200 Amount 201			G2	Other Withdrawings		
201 202 Purpose 203 Amount				_		
202Purpose203Amount				Amount		
203 Amount				-		
204 G3 Total Deductions						
	204		G3	Total Deductions		

	A	В	С	D	Е
205		Н	Balance at End of Period		20,436

State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2017

N f.E:114 (1: 1)							
Name of Facility (as	*							
Meadowbrrok Manor								
Address (No. & Stree	•							
63 Westbrook Rd, Ce	enterbrook, CT	06409						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	th Nursing	,			
□ Nursing Home	e only		Supervision on	ıly	\square	Residential	Ca	re Home
(CCNH)			(RHNS)					
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2016	C		9/30/2017					
License Numbers:		CCNH	RHNS	Reside	ential Care	Home	Me	dicare Provider
					1880			
Medicaid Provider N	umbers:	CC	CNH	RI	HNS		ICI	F-IID
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	Jumber	Cionada	nd Motorino	7.	Data Dagairead
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notarize	ea	Date Received
			1		1			

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Meadowbrrok Manor, LLC	1880	9/30/2017	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 Meadowbrrok Manor, LLC [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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)			Printed Name (Owner)	
Kalpeh Patel			Kalpesh Patel	
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

Data Required for Real Wage Adjus	Page	of		
			1A	37
Name of Facility	Period Cov	ered:	From	То
Meadowbrrok Manor, LLC			10/1/2016	9/30/2017
Address of Facility 63 Westbrook Rd, Centerbrook, CT 06409				
Report Prepared By Davis, Mascola & Phillips, LLC	Phone Num 203-265-04		Date	
Item	Total	CCNH	RHNS	Residentia 1 Care 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

			ne No. of Fac	cility	-	Year Ended	_	of
		860	-873-3915		9/30/2017	a 51)	2	37
Name of Facility (as shown on license)			Address (No			_	00	
Meadowbrrok Manor, LLC	CCNH	T	RHNS		dential Care	ok, CT 0640		Provider No.
License Numbers:	CCNII		KIIINS	Kesi	dential Care	1880	Medicale i	Tovidel No.
Type of Facility (Check appropriate box(es))					1000		
Chronic and Convalescent	,	Rec	t Home with	Murci	ina			
Nursing Home only (CCNH)			ervision only		_	☑ Residenti	ial Care Hor	ne
Type of Ownership (Check appropriate box))	~ F		(~ /			
		_		_	N. D. C.	a a	~	0 =
O Proprietorship O LLC O I	Partnership	O	Profit Corp.	O	Non-Profit	Corp. O	Government	O Trust
				Date	e Opened	Date Clo	sed	
If this facility opened or closed during repor	t year provid	le:						
II dhana haan ana ahan a in annanahin								
Has there been any change in ownership or operation during this report year?		\circ	Yes	•	No	If "Vec "	explain full	5 7
or operation during this report year:			168		110	11 168,	explain full	y.
Administrator								
Name of Administrator					Nursing	Home		
Kalpesh Patel					Adminis			
					Licens	se No.:		
Other Operators/Owners who are assistant a	dministrators	s (ful	l or part time)) of th	nis facility.			
Name					Licens	se No.:		

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Meadowbrrok Manor, LLC		1880	9/30/2017		3 37
Legal Name of Part	nershin/LLC	Business A	Address	State(s) and/o Which R	
Meadowbrook Manor LLC		63 Westbrook R Centerbrook, C7	.d,	CT	egistered
Name of Partners/Members	Business Ac	ldress	,	Гitle	% Owned
Kalpesh Patel	23 Hillsboro Rd, Trum	bull, CT 06611	Member		90
Kevin L Dows	54 North Stonington R 06355	oad, Mystic, CT	Member		10

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General Information and Questionnaire Corporate Owners

Name of Facility		Report for Year Ended 9/30/2017		Page	of	
Meadowbrrok Manor, LLC	1880			3A	37	
If this facility is owned or operated as a corpo						
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ich Incorporated		
				No. S	homos	
Name of Directors, Officers	Busines	s Address	Title	Held by		
				Tield by	Lacii	
Names of Stockholders Owning at Least						
10% of Shares						

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Meadowbrrok Manor, LLC	1880	9/30/2017	3B	37
If this facility is owned or operated as an ind	ividual proprietorship.	, provide the following inform	ation:	
•	Owner(s) of Facility			
	•			

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of	
Meadowbrrok Manor, LLC		1880 9/30/2017			9/30/2017	1			
Are any individuals rece	eiving compensation from the fa	acility re	elated th	rough		If "Yes," provide the	ne Name/Ad	dress and	
marriage, ability to cont	rol, ownership, family or busin	ess asso	ciation?	0	Yes ⊙ No	complete the inform	nation on Pa	age 11 of the report.	
Are any individuals or c	companies which provide goods	or serv	ices,						
	property or the loaning of funds		•						
	ssociation, common ownership								
association to any of the	e owners, operators, or officials	of this f	facility?			If "Yes," provide the	e following	information:	
			so Provi			Indicate Where			
			Goods/Services to			Costs are Included			
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the	
Individual or Company		Yes	No	%**	Provided	Page # / Line #	Reported	Related Party	
Meadowbrook Real Estate LLC	63 Westbrook Rd, Centerbrook, CT 06409	0	•		Rental of real estate	P 22, L 9	86,004	86,004	
Kalpesh Patel	23 Hillsboro Rd, Trumbull, CT 06611	0	•		Loan	P 34, L b3	64,405	64,405	
Essex Village Manor LLC	59 S Main St, Essex, CT 06426	0	•		Shared pension	P 15, L 1a7	22,122	22,122	
Essex Village Manor LLC	59 S Main St, Essex, CT 06426	0	•		Shared health insurance	P 15, L 1a5	62,389	62,389	
		0	•						
		0	0						
		0	0						
		0	0						
		0	0						

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	•	Report for Year Ended	Page of			
Meadowbrrok Manor, LLC	1880		9/30/2017	5 37			
If the facility is licensed as CDH and/or RCH of	r provides A	IDS or TB	I services with special Medic	caid rates, costs			
must be allocated to CCNH and RHNS as follo	ws:						
Item			Method of Allocation	on			
Dietary		Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping		Number of	square feet serviced				
		Number of	hours of routine care provid	ed by EACH			
Nursing		employee o	classification, i.e., Director (or Charge Nurse),			
		Registered	Nurses, Licensed Practical I	Nurses, Aides and			
		Attendants					
Direct Resident Care Consultants		Number of	hours of resident care provi-	ded by EACH			
		specialist	(See listing page 13)				
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet					
Employee health and welfare		Gross salar	ries				
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 foll	lowing quest	ions applic	able to the cost information	provided.			
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why s	uch allocation was			
costs allocated as required?	O Tes	0 110	not made.				
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting d	ata.			
3. Did the Facility appropriately allocate and so	elf-disallow	direct and i	ndirect costs to non-nursing	home cost centers?			
(e.g., Assisted Living, Home Health, Outpat	ient Services	s, Adult Da	y Care Services, etc.)				
	• Yes	O No	If "No," explain fully why s	uch allocation was			
			not made.				

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	
Meadowbrrok Manor, LLC			1880	9/30/2017			6 37
		ed * to ners,					
		ators,				Annual	
	_	icers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Wells Fargo Vendor Financial Services, LLC, PO Box 41564, Philadelphia, PA 19101	0	•	Copy Machine	01/29/13	5 years	1,012	1,012
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All l	Leased V	ehicles	? O Yes	0	No	Total ***	1,012

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

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

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Meadowbrrok Manor, LLC	1880	9/30/2017		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
Accrual	Modified Cash				
Is the accounting basis for this					
	Yes	If "No," explain.			
previous period?	No	-			
Independent Accounting Firm		That are an extensive and are			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	E 0 < 400		
1 Davis, Mascola & Phillips, LL	C	85 Barnes Rd - Ste 207 - Wallingford, C7	1 06492		
2 3					
Δ					
Services Provided by This Firm (de	escribe fully)				
1 Monthly bookkeeping, preparation of	f cost report & tax return, and assis	tance with state audits	\$	4,800	
2			\$		
3			\$		
4			\$		
			Charge for	Services Pr	rovided
			\$	4,800	
		Yes, Specify Expense Classification and Line No.			
O Yes O No	P 15, L 1d1				
Legal Services Information					
Name of Legal Firm or Independen	t Attorney		Telephone	Number	
1					
2					
3					
4 5					
Address (No. & Street, City, State,	Zip Code)		L		
1	in come)				
2					
3					
4					
5					
Services Provided by This Firm (de	escribe fully)				
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
				Services Pr	rovided
			\$		
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	Yes, Specify Expense Classification and Line No.			
O Yes O No	•				

Schedule of Resident Statistics

	e of Facility		License I	No.			Report for Year Ended				Page	of	
Mead	lowbrrok Manor, LLC			1	880			9/30/2017				8	37
							Period 10	/1 Thru 6/	/30	Period 7/		1 Thru 9/30	
		Total All	Total CCNH	Total RHNS	Total Residential				Residential				Residential
		Total All Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
	Certified Bed Capacity												
Α	. On last day of PREVIOUS report period	25			25	25			25	25			25
	. On last day of THIS report period	25			25	25			25	25			25
	Jumber of Residents												
Α	A. As of midnight of PREVIOUS report period	24			24	24			24	23			23
В	. As of midnight of THIS report period	22			22	23			23	22			22
3. T	otal Number of Days Care Provided During Period												
Α	. Medicare												
В	. Medicaid (Conn.)												
C	C. Medicaid (other states)												
Γ	D. Private Pay	365			365	273			273	92			92
Е	. State SSI for RCH	8,290			8,290	6,265			6,265	2,025			2,025
F	. Other (Specify)												
	6. Total Care Days During Period (3A thru F)	8,655			8,655	6,538			6,538	2,117			2,117
	otal Number of Days Not Included in Figures in 3G												
	or Which Revenue Was Received for Reserved												
	eds Madisaid Rad Rasama Dans												
-	A. Medicaid Bed Reserve Days G. Other Bed Reserve Days												
	Cotal Resident Days (3G + 4A + 4B)	8,655			8,655	6,538			6,538	2,117			2,117

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Report	t for Year	Ended		Page	of
Meadowbrrok Manor, LLC 4. Were there any changes in the certific					1880					9/30/201	7		9	37
		-	in the certified b		pacity du	ring tl	he repo	rt yea	r?	0	Yes	•	No	
II YES	T			non:	CI		· D 1				** A C	CI.		
		Place of	f Change Residential		Ci	nange	in Bed	S		Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	Care Home		Lost		(Gained				5		
Change	(1)	(2)	(2)	(1)	(2)	(2)	(1)	(2)	(2)	CONII	DIING	Residential	Reason for Change	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason I	or Change
		_	in certified bed o	_	-	the re	eport ye	ear (as	report	ted in item	a 4 above)	provide the nur	mber of	
			Change in Re	esider	nt Days					CC	NH	RHNS	Residential	Care Home
1st chan														
2nd char														
3rd chan	_													
4th chan 6. Number		lente an	d Rates on Septe	mher	30 of Co	ct Ve	ar							
o. Ivamoei	OI RESIG	icits air	Medicare	inoci	Medi		ш			Se	lf-Pay		Other Sta	te Assisted
			Wedicare				Residential	o ther sta	te i issisted					
	Item		CCNH	CCNH RHNS		CC	CNH	RE	INS	Care Home	R.C.H.	ICF-MR		
No. of R	esidents											1	21	
Per Dien	n Rate													
a. One b												105.00	94.91	
b. Two	bed rms.													
c. Three	or more	e												
bed r	ms.													
	ımber of Medica	•	al Therapy Treat t B	tments						TOTAL CCNI		CCNH	RHNS	Residential Care Home
B.		•	lusive of Part B)											
			e Treatments											
		torative	Treatments											
	Other	1	The second True and	4										
			Therapy Treatn											
	Medica		Therapy Treatn	lems										
			lusive of Part B)											
Maintenance Treatments														
			Treatments											
C.	Other													
		peech T	Therapy Treatmo	ents										
9. Total Nu	ımber of	Occupa	ational Therapy	Treati	ments									
	Medica													
B.			lusive of Part B)											
			e Treatments											
		torative	Treatments											
	Other)	in and The Co	l						!				
D.	1 otal C	<i>ccupati</i>	ional Therapy T	reatn	ients					1			I]

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Suluii	Report for Yea		Page	of
Meadowbrrok Manor, LLC	1880		9/30/2017	ii Liided	10	37
					1	31
Are time records maintained by all individuals receiving co	mpensation?	•	Yes		No	
		ı	Total Cost	and Hours	1 1	
_					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					55,633	2,106
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)					45,695	2,634
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor					44.005	2.017
c. Dietary Workers					44,805	2,817
Housekeeping Service a. Head Housekeeper						
b. Other Housekeeping Workers					7,227	454
7. Repairs & Maintenance Services					7,227	757
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					52,031	3,270
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					14,453	908
9. Barber and Beautician Services						
10. Protective Services 11. Accounting Services						_
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**				1	111 200	6,996
d. Aides and Attendants e. Physical Therapists					111,289	0,990
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					34,688	2,180
i. Physicians						
Medical Director						
Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists						-
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify)						
See Attached Schedule				1	265 001	21 265
A-13. Total Salary Expenditures		<u> </u>	L		365,821	21,365

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

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

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

Schedule of Other Salaries and Wages (Page 10)

		NH		RHNS		Residential Care Home		
Position	\$	Hours	\$	Hours	\$	Hours		
Total	\$ -	-	\$ -	-	\$ -	-		

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential Care Home		
Service	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

CSP-11 Rev. 10/2005

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

			Looistaii	T				,	T	
Name of Facility				License No.		Report for	Year Ended		Page	of
Meadowbrrok Manor, LLC				1880		9/30/2017			11	37
		Salary Pai	Residential	•	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by										
facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Dwayne Spurley			21,124	Pension	Operations Director	1,090		Essex Village Manor, 59 S Main St, Essex, CT	1,406	27,248

^{*} 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.

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

Name of Facility (as licensed)	eadowbrrok Manor, LLC					Report for Y	ear Ended		Page	of
Meadowbrrok Manor, LLC				1880		9/30/2017			12	37
Maria	CCNH	Salary Pai	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked		Name and Address of All	Total Hours Worked	Compensation Received
Name Section III - Administrators***	CCNH	KIINS	Care Home	(describe runy)	Services Relidered	Worked	Page 10	Other Employment**	Worked	Received
Kalpesh Patel			55,633	Pension & health ins	Administrator	2,106				
Section IV - Assistant Administrators										
_										

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	90	Report for Y 9/30/2017	ear Ended	Page 13	of 37
Meadowbrrok Manor, LLC	100	<u>80</u>		1 TT	13	31
			Total Cost	and Hours	1 1	
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care					1	
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians Medical Director (antine facility)						
a. Medical Director (entire facility)b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
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						
3-13 Total Fees Paid in Lieu of Salaries						

^{*} Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility Meadowbrrok Manor, LLC	License No. 1880		Report for Y 9/30/2017	ear Ended	Page 14	of 37
IVICAGOWOITOK IVIAIIOI, LLC	1000	Related**	* to Owners,		31	
Name & Address of Individual	Full Explanation of Service	Operator	rs, Officers	Expla	nation of Rel	ationship
		Yes	No			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.		Report for Ye	ear Ended	Page	of
Meadowbrrok Manor, LLC	1880		9/30/2017		15	37
		1				
						Residential
Item			Total	CCNH	RHNS	Care Home
1. Administrative and General						
a. Employee Health & Welfare Benefits						
1. Workmen's Compensation		\$	15,530			15,530
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	6,495			6,495
4. Social Security (F.I.C.A.)		\$	26,777			26,777
5. Health Insurance		\$	62,389			62,389
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	22,122			22,122
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (<i>Specify</i>)		\$				
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and	l	\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
c. Bad Debts*		\$				
d. Accounting and Auditing		\$	4,800			4,800
e. Legal (Services should be fully described	on Page 7)	\$				
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	2,072			2,072
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	4,333			4,333
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$				
attach copy)*						
j. Corporation Business Taxes (franchise to		\$				
k. Other Taxes (Not related to property - Se	ee Page 22)					
1. Income*		\$				
2. Other (Specify)		\$				
See Attached Schedule		_				
3. Resident Day User Fee		\$				
Subtotal		\$	144,518			144,518

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

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

Meadowbrrok Manor, LLC 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Description	001(11		
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

......

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

Name of Facility	License No.	Report for `	Year Ended	Page	of
Meadowbrrok Manor, LLC	1880	9/30/2017		16	37
					Residential
Item		Total	CCNH	RHNS	Care Home
Subtotal	ls Brought Forward:	144,518			144,518
Travel and Entertainment					
Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars an	d Conventions \$				
6. Automobile Expense (not purchase or depr	eciation) \$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expense	s)	551			551
2. Advertising Telephone Directory (all such a					
3. Advertising Other (<i>Specify</i>)***	\$				
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					
7. Postage	\$	214			214
* 8. Dues and Membership Fees to Professional	\$				75
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.*** \$				
9. Subscriptions	\$				539
10. Contributions***	\$				
See Attached Schedule	·				
11. Services Provided by Contract (Specify and	Complete \$				
Schedule C-2, Page 21 for each firm or ind					
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$				2,345
See Attached Schedule	7	,-			,-
C-14 Total Administrative & General Expenditures	\$	148,242			148,242

^{*} 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

			Residential
Description	CCNH	RHNS	Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

			Reside	
Description	CCNH	RHNS	Care F	Iome
CARCH			\$	75
Total Dues	\$ -	\$ -	\$	75

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pension Administration Fees			\$ 985
Bank Charges-routine			\$ 49
Sec of the State			\$ 20
Payroll Processing			\$ 1,291
Total Other Administrative and General	\$ -	\$ -	\$ 2,345

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Meadowbrrok Manor, LLC	1880	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

	e of Facility		Licens		-	Year Ended	Page of
Mea	dowbrrok Manor, LLC			1880	9/30/201	1 /	18 37
	Item			Total	CCNH	RHNS	Residential Care Home
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$	57,031			57,031
	2. Non-Food Supplies		\$				5,011
	3. Other (<i>Specify</i>)		_ \$				
	b. Purchased Services (by contract other		\$				
	than through Management Services)						
	(Complete Schedule C-2 att. Page 21)						
	c. Management Services**		\$				
	d. Other (Specify)		_ \$				
2E.	Total Dietary Expenditures $(2a + b + c + d)$		\$	62,042			62,042
							Residential Care
2F.	Dietary Questionnaire			Total	CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	r da	y:*	75			75
H.	Is cost of employee meals included in 2E?	0	Yes	•	No		
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Co	st Repor	t? (Page/Line	Item)		
17	Is cost of meals provided to persons other	_	X.7	0	N	If yes, specify	
K.	than employees or residents (i.e., Board Members, Guests) included in 2E?	O	Yes	•	No	cost.	
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.	
M.	Where is the revenue received reported in the	Co	st Repor	t? (Page/Line	Item)		
	Is cost of food (other than meals, e.g.,						
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	•	No	If yes, specify cost.	
O.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Co	st Repor	t? (Page/Line	Item)		

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

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

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

Name of Facility		icense		-	Year Ended	Page	of
Meadowbrrok Manor, LLC			1880	9/30/2017	7	19	37
Item			Total	CCNH	RHNS		ntial Care ome
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies	,	Lbs.					
gowns and other resident care items washed, ironed, and/or processed.***	A	Amt. \$	741				741
2. Employee items including uniforms, gowns, etc. washed, ironed and/or		Lbs.					
processed.***	Α	Amt. \$					
3. Personal clothing of residents		Lbs.					
washed, ironed, and/or processed.***	A	Amt. \$					
4. Repair and/or purchase of linens.***		Lbs.					
	A	Amt. \$	935				935
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	2,865				2,865
c. Management Services**		\$					
d. Other (Specify)		\$					
3E. Total Laundry Expenditures $(3a + b + c + d)$		\$	4,541				4,541
G. Is cost of employee laundry included in 3E?	O Y	Zes .	•	No	If yes, specify cost.		
H. Did you receive revenue from employees?	O Y	Zes .	•	No	If yes, specify amt.		
I. Where is the revenue received reported in the	Cost R	eport?		(Page/Lin	e Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	O Y	es	•	No	If yes, specify cost.		
K. Did you receive revenue from these people?	O Y	es	•	No	If yes, specify amt.		
L. Where is the revenue received reported in the	Cost R	eport?		(Page/Lin			

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, $\overline{2}$, 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)

Nar	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Me	adowbrrok Manor, LLC	1880		9/30/2017		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced		1000	001,11	11111	
•	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (<i>Mops</i> , pails, brooms, etc.)	Amt.	\$	9,790			9,790
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$	3,496			3,496
	c. Management Services*	•	\$				
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a +	$\mathbf{h} + \mathbf{c} + \mathbf{d}$	\$	13,286			13,286
5.	Resident Care (Supplies)**	0 + C + U)	ψ	13,280			13,280
٥.	a. Prescription Drugs***		- 1				
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$	384			384
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$				
	i. Recreation		\$	1,104			1,104
	j. Other (Specify)****		\$				
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	J)	\$	1,488			1,488

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Description	CCIVII	KIIIAB	Care Home
Tradel Other Devident Come	¢	¢	¢
Total Other Resident Care	\$ -	\$ -	\$ -

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

Name of Facility Meadowbrrok Manor, LLC				License No. 1880	Report for Year Ende 9/30/2017	d			Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

st 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

Naı	me of Facility	License No.	Report for Yo	ear Ended		Page	of
Me	adowbrrok Manor, LLC	1880	9/30/2017			22	37
						Residenti	al Care
	Item		Total	CCNH	RHNS	Hon	ne
6.	Maintenance & Operation of Plant						
	a. Repairs & Maintenance	\$	55,553				55,553
	b. Heat	\$	8,186				8,186
	c. Light & Power	\$	16,194				16,194
	d. Water	\$	4,578				4,578
	e. Equipment Lease (Provide detail on pa	<i>age</i> 6) \$	1,012				1,012
	f. Other (itemize)	\$					
	See Attached Schedule						
6g.	Total Maint. & Operating Expense (6a -	6f) \$	85,523				85,523
7.	Depreciation (complete schedule page 23*	*)					
	a. Land Improvements	\$					
	b. Building & Building Improvements	\$					
	c. Non-Movable Equipment	\$					
	d. Movable Equipment	\$	1,526				1,526
*7e	e. Total Depreciation Costs $(7a + b + c + d)$	\$	1,526				1,526
8.	Amortization (Complete att. Schedule Pag	re 24*)					
	a. Organization Expense	\$					
	b. Mortgage Expense	\$					
	c. Leasehold Improvements	\$	8,235				8,235
	d. Other (Specify)	\$					
*8e	e. Total Amortization Costs $(8a + b + c + d)$	\$	8,235				8,235
9.	Rental payments on leased real property le	ess					
	real estate taxes included in item 10b	\$	86,004				86,004
10.	Property Taxes						
	a. Real estate taxes paid by owner	\$					
	b. Real estate taxes paid by lessor	\$	11,575				11,575
	c. Personal property taxes	\$	388				388
11.	Total Property Expenses $(7e + 8e + 9 + 1)$	0) \$	107,728			1	07,728

^{*} 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
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-23 Rev. 10/2006

Depreciation Schedule

						tation 50	incuuic	ı			1	
Name of Facility					License No.					Page	of	
Meadowbrrok Manor, LLC					188	80		9/30/2017			23	37
			·		Historical			Accumulated				
					Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals		
A. Land Improvements												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
 Acquired prior to this report period 												
2. Disposals (attach schedule)												
Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												
	Is a m	nileage										
		oook	Dat	e of	Historical			Accumulated				
	_	ained?	Acqui		Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment									-			
Motor Vehicles (Specify name, model												
and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					32,317		32,317	27,703	SL	various	1,463	
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)					3,775						63	
D-3. Subtotal												1,526
E. Total Depreciation												1,526

Schedule of Land Improvements Acquired during this report period

-	or required during time report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Land Impro	vements	\$ -		\$ -
Deletions:				
Total deletions for Land Impro	vements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

~ 8	provements required during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Build	ling Improvements	\$ -		\$ -
Deletions:				
Total deletions for Build	ing Improvements	\$ -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Non-Mova	ble Equipment	\$ -		\$ -
Deletions:				
Total deletions for Non-Mova	ble Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

			Useful		
Acquisition Date	Description of Item	Cost	Life	Deprecia	tion
Additions:					
8/25/2017	Panasonic Air Conditioner	\$ 3,775	5	\$	63
Total additions for I	Movable Equipment	\$ 3,775		\$	63
Deletions:					
Total deletions for N	Movable Equipment	\$ -		\$	-

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

		Useful	
Description of Item	Cost	Life	Depreciation
Improvement	\$ -		\$ -
Improvement	\$ -		\$ -
	Improvement	Improvement \$ -	Description of Item Cost Life

^{*}Ties to Page 24, Line C3

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

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

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Amortization Schedule*

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
Mead	dowbrrok Manor, LLC			1880		9/30/2017			24	37
			e of sition	Length of		Accumulated Amort. to Beginning of	Basis for			
	•.	3.6 .1	T 7	Length of	Cost to Be	Year's	Computing		Amortization	m . 1
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.										
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period			various	129,483	73,697	SL		8,235	
	2. Disposals (attach schedule)									
	3. Acquired during this report period (attach schedule)									
C-4.	Subtotal									8,235
D.	Total Amortization									8,235

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year Er		Page of		
Meadowbrrok Manor, LLC	1880	9/30/2017			25 37	
11. Property Questionnaire						
Part A						
Is the property either owned by the	ie Facility) Yes	•	No	If "Yes," complete Part B	
or leased from a Related Party?*		7 103	O	110	If "No," complete Part C.	
*If any owner or operator of this fa						
business association to any person a related party transaction.	or organization from who	m buildings are leased, th	ien it is considered			
Description		Total				
Date Land Purchased		1000				
2. Date Structure Completed		12/27/06				
3. If NOT Original Owner, Date	e of Purchase					
4. Date of Initial Licensure						
Total Licensed Bed Capacity		25				
6. Square Footage						
7. Acquisition Cost						
a. Land			_			
b. Building		=	0.126		44.36	
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	
1. Financing	ivad variabla)					
a. Type of Financing (e.g., fb. Date Mortgage Obtained	ixed, variable)	12/27/06				
c. Interest Rate for the Cost	 Year	variable				
d. Term of Mortgage (numb		20				
e. Amount of Principal Borr	•	865,022				
f. Principal balance outstand		_				
Complete if Mortgage was 1	Refinanced					
During Current Cost Ye	ar					
g. Type of Financing (e.g., f	ixed, variable)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (numb						
k. Amount of Principal Borrl. Principal Outstanding on						
Part C - Arms-Length Leas		Improvements Only	<u> </u>			
Name and Address of Lesso		operty Leased	•	Term of Lease	Annual Amount of Lease	
Name and Address of Lesso	1 11	operty Leased	Date of Lease	Term of Lease	Aimuai 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		Report for Year Ended			Page of	
Meadowbrrok Manor, LLC	1880		9/30/2017			26 37
						Residential Care
	em		Total	CCNH	RHNS	Home
12. Interest A. Building, Land Impro Equipment	ovement & Non-Movab	ole				
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		I				
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Inform	nation		-			
1. Original Loan An	nount	\$				
2. Loan Origination	Date					
3. Interest Rate %						
4. Term						
5. CHEFA Interest I	Expense					
12 B7. Total Building Interest B	Expense $(A1 - A4 + B5)$	5) \$				

(Carry Subtotals forward to next page)

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

Meadowbrrok Manor, LLC	1880			9/30/2017		27 27	
	Titous well on Financi, EEC 1000						27 37
Ite	em			Total	CCNH	RHNS	Residential Care Home
	Subtotals	Brought	Forward:	10111	CCIVII	KIIKO	cure frome
12. C. Movable Equipment	Suc totals	21008110	2 01 // 41 07				
1. Automotive Equipme	ent		\$				
A. Item	Ra						
Lender							
Address of Lender							
Address of Lender							
2. Other (<i>Specify</i>)			\$	2,565			2,565
A. Item	Ra		mount				
Generator Lease	10.6	66%	2,095				
Lender							
Address of Lender							
radiess of Lender							
B. Item	Ra	ite A	mount				
Oven Lease	13.5	57%	470				
Lender							
Address of Lender							
Address of Echael							
12. C. 3. Total Movable Equip	ment Interest						
Expense $(C1 + 2)$			\$	2,565			2,565
12. D. Other Interest Expense (\$	1,380			1,380
Credit card interest \$ 64	0 / Insurance FC	C \$ 740					
13. Total All Interest Expense (12B7 + 12C3 +	12D)	\$	3,945			3,945
14. Insurance	1227 1 1203 1	120)	Ψ	3,713			3,7 13
a. Insurance on Property (b	ouildings only)		\$	13,464			13,464
b. Insurance on Automobil			\$				150
c. Insurance other than Pro	operty (as specifi	ied above	e)				
1. Umbrella (<i>Blanket C</i>			\$ \$				
2. Fire and Extended Co	overage						
3. Other (<i>Specify</i>)							
14d. Total Insurance Expenditur	res(14a+b+c))	\$	13,614			13,614
15. Total All Expenditures (A-1	806,230			806,230			

D. Adjustments to Statement of Expenditures

	of Fa	•		Lic	ense No.	Report for Ye	ar Ended	Page of
Mead	lowbri	ok M	anor, LLC		1880	9/30/2017		28 37
					Total			
Item	Page	Line			Amount of			Residential Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	Home
Page	10 - S	alarie	es and Wages					
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
Page	13 - I	rofes	sional Fees					
5.			Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$				
Pages	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.			Accounting & Legal	\$				
11.			Telephone	\$				
12.			Cellular Telephone	\$				
13.			Life insurance premiums on the life	Ψ				
13.			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$		†		
15.			Education expenditures to colleges or	Ψ				
13.	13.		universities for tuition and related costs					
			for owners and employees	\$				
16.			Travel for purposes of attending	Ψ				
10.			conferences or seminars outside the					
			continental U.S. Other out-of-state					
			travel in excess of one representative	Φ				
17.			-	\$ \$				
18.			Automobile Expense (e.g. personal use)			+		
			Unallowable Advertising *	\$				
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$				
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.	10 7	<u> </u>	Other - See attached Schedule	\$				
	18 - L		y Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$				
	19 - L		ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
	20 - I		keeping Expenditures					
26.			Housekeeping services to employees, guests					
			and others who are not residents	\$				
			Subtotal (Items 1 - 26) \$				

^{*} 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

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
Total Othe	er Salaries A	Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	er Fees Adji	istments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
Total Othe	Fotal Other A&G Adjustments			\$ -	\$ -

.....

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

Moss	o of Eo	: 1 : 4	D. Adjustments to Statemen					Door	o.f
	e of Fa	•		L1C	ense No.	Report for Y	Page	of	
Meac	iowbri	OK IVI	anor, LLC	_	1880	9/30/2017	1	29	37
τ.	D .	т.			Total			D . 1	1.0
	Page		T. D. C.		Amount of	CCNIII	DIING		ential Care
No.	No.	No.	Item Description	Ф	Decrease	CCNH	RHNS	l.	lome
_	20 1		Subtotals Brought Forward	\$					
	20 - K	leside	nt Care Supplies***	Ф					
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
	22 - N	Aainte	enance and Property	4					
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable	_					
			Motor Vehicles	\$					
37.			Unallowable Property and Real	_					
20			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
_	27 - I	nsura		Φ.					
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
	r - Mis	scella		_					
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,						
			enhancement or promotion of the	إر					
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See	إ					
			Attached Schedule	\$					
	For Pr	ofit P	roviders Only	_					
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$					

^{***} 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Daga Daf	Time Def	Description	CCNII	DIING	Residential
Page Ref	Line Kei	Description	CCNH	RHNS	Care Home
Total Excess Movable Equipment Depreciation				\$ -	\$ -

Schedule of Other Property Adjustments

D D-6	I : D . C	Description	COMIT	DIING	Residential Care Home
Page Ref	Line Kei	Description	CCNH	RHNS	Саге ноше
Total Other Property Adjustments			\$ -	\$ -	\$ -

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Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
T uge Itel	Bille Rei	Description	CCIVII	THE 18	
Total Othe	Total Other Adjustments			\$ -	\$ -

Schedule of Unallowable Building Interest

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
Total Unal	lowable Bu	nilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility Meadowbrrok Manor, LLC	License No. 1880		Report for Ye 9/30/2017	ear Ended		Page of 30 37
						Residential Care
	Item		Total	CCNH	RHNS	Home
I. Resident Room, Board & Routine	Care Revenue					
1. a. Medicaid Residents (CT onl.	y)	\$	769,841			769,841
b. Medicaid Room and Board (\$				
2. a. Medicaid (All other states)		\$				
b. Other States Room and Boar	rd Contractual Allowance **	\$				
3. a. Medicare Residents (all incl		\$				
b. Medicare Room and Board (,	\$				
4. a. Private-Pay Residents and O		\$	38,325			38,325
b. Private-Pay Room and Board		\$				
II. Other Resident Revenue						
a. Prescription Drugs - Medica	re	\$				
b. Prescription Drugs - Medica		\$				
c. Prescription Drugs - Non-M		\$				
	edicare Contractual Allowance **	\$				
a. Medical Supplies - Medicare		\$				
b. Medical Supplies - Medicare		\$				
c. Medical Supplies - Non-Med		\$				
	dicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare		\$				
b. Physical Therapy - Medicare		\$				
c. Physical Therapy - Non-Med		\$				
	dicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	C4	\$				
b. Speech Therapy - Medicare		\$				
c. Speech Therapy - Non-Medi		\$				
d. Speech Therapy - Non-Medi		\$				
5. <u>a. Occupational Therapy - Me</u>		\$				
	dicare Contractual Allowance **	\$				
c. Occupational Therapy - Nor		\$				
	n-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare		\$				
b. Other (Specify) - Non-Medic		\$				
III. Total Resident Revenue (Section	I. thru Section II.)	\$	808,166			808,166
IV. Other Revenue*		J				
Meals sold to guests, employees	s & others	\$				
2. Rental of rooms to non-resident	S	\$				
3. Telephone		\$				
4. Rental of Television and Cable	Services	\$				
5. Interest Income (Specify)		\$				
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift	shops	\$				
8. Other (Specify)		\$				
V. Total Other Revenue (1 thru 8)		\$			<u> </u>	
VI. Total All Revenue (III+V)		\$	808,166			808,166

^{*} 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
Total Othe	er Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Care Home
Total Othe	er Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Inte	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	er Revenue	\$ -	\$ -	\$ -

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G. Balance Sheet

Name of Facility	License No.	1		
Meadowbrrok Manor, LLC	1880	9/30/2017	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in l			\$	19,091
2. Resident Accounts Red			\$	63,851
Other Accounts Received	vable (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	
Prepaid Expenses			\$	7,768
a. Prepaid Insurance		7,260		
b. Prepaid Taxes		508		
c				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlen	nent Receivable		\$	
8. Other Current Assets (itemize)		\$	
			_	
-				
A-9. Total Current Assets (Lin	es A1 thru 8)		\$	90,710
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
3. Buildings	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
4. Leasehold Improvement	nts *Historical Cost	129,483	\$	47,551
	Accum. Deprecia	tion 81,932 Net		
5. Non-Movable Equipme	ent *Historical Cost		\$	
	Accum. Deprecia	tion Net		
6. Movable Equipment	*Historical Cost	36,092	\$	6,863
	Accum. Deprecia			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not	Depreciable		\$	
9. Other Fixed Assets (<i>ite</i>	emize)		\$	
	•			
B-10. Total Fixed Assets (Li	ines B1 thru 9)		\$	54,414

^{*} 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		f Facility	License No.	Report for Year Ended		Page of
Meadowbrrok Manor, LLC		brrok Manor, LLC	1880	1880 9/30/2017		32 37
			Account			Amount
			\$	145,124		
C.	Le	asehold or like property record	ded for Equity Purpose	s.		
	1.	Land			\$	
	2.	Land Improvements	*Historical Cost			
			Accum. Depreciation	n Net	\$	
	3.	Buildings	*Historical Cost			
			Accum. Depreciation	n Net	\$	
	4.	Non-Movable Equipment	*Historical Cost			
			Accum. Depreciation	n Net	\$	
	5.	Movable Equipment	*Historical Cost			
			Accum. Depreciation	n Net	\$	
	6.	Motor Vehicles	*Historical Cost			
			Accum. Depreciation	n Net	\$	
		Minor Equipment-Not Depre			\$	
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		\$	
D.		vestment and Other Assets				
	1.	Deferred Deposits			\$	
	2.	Escrow Deposits			\$	
	3.	Organization Expense	*Historical Cost			
			Accum. Depreciation	n Net	\$	
	4.	\			\$	
	5.	Investments Related to Resid	dent Care (itemize)		\$	
	6.	Loans to Owners or Related	1		\$	
		Name and Address	Amount	Loan Date		
		0.1 4 (2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2			\$	
	7. Other Assets (<i>itemize</i>)					
D C	7F	4.174			Φ.	
		tal Investments and Other As	,		\$	145 104
D-9.	10	tal All Assets (Lines A9 + B1	0 + Co + Do)		\$	145,124

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

G. Balance Sheet (cont'd)

Name of Facility		License No. Report for Year Ended		Page	10		
Meadowbrrok Manor, LLC		1880	9/30/2017		33	37	
			Account			Am	ount
Liabilities A.	Cu	rrent Liabilities					
71.	1.					\$	12,013
		Notes Payable (<i>itemize</i>)				\$	12,013
	2.	1 (otes 1 ayasie (wennige)				Ψ	_
	3.	Loans Payable for Equipm	ent (Current portion	n) (itemize)		\$	
		Name of Lender	Purpose	Amount	Date Due		
			1				
	4.	Accrued Payroll (Exclusive	· ·	•		\$	4,805
	5.	Accrued Payroll (Owners of		only)		\$	
	6.	Accrued Payroll Taxes Pay				\$	1,185
	7.	Medicare Final Settlement	•			\$	
	8.		- -			\$	
	9.	00,	•			\$	
		Interest Payable (Exclusive	e of Owner and/or R	Related Parties)		\$	
		Accrued Income Taxes*				\$	
	12.	Other Current Liabilities (itemize)			\$	22,122
		Pesion Payable	22	,122			
A 10	Tar	tal Commont Linkilities (Lin	as A 1 thm, 12)			Ф	40.105
A-13	. 10	tal Current Liabilities (Lin	es A1 unu 12)			\$	40,125

^{*} Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page	
Meadowbrrok Manor, LLC	1880	9/30/2017		34	37
	Account				Amount
		Total Broug	ht Forward:		40,125
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipm				<u> </u>	20,158
Name of Lender	Purpose	Amount	Date Due		
Univest Cap Financial Pacific	Generator Oven	17,188 2,970	8/15/20 3/4/20		
Mortgages Payable Loans from Owners or	Related Parties (itemize	2)		5	64,405
Name and Address of Lender	Amount	Loan D		P	01,102
Kalpesh Patel	64,40	5 open			
4. Other Long-Term Liab	vilities (itemize)			5	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	84,563
C. Total All Liabilities (Lines				<u> </u>	124,688

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

Nan	ne of Facility	License No.	Report for `	Year Ended	Page	e of
Mea	dowbrrok Manor, LLC	1880	9/30/2017		35	37
	Account				Amount	
A.	Reserves					
	1. Reserve for value of leased l	and			\$	
	2. Reserve for depreciation value	ue of leased build	ings and appurt	enances		
	to be amortized				\$	
	3. Reserve for depreciation value	ue of leased perso	onal property (E	quity)	\$	
	4. Reserve for leasehold real pr	operties on which	n fair rental valu	e is based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	18,500
	6. Gain or Loss for Period	10/1/20)16 thru	9/30/2017	\$	1,936
	7. Total Net Worth				\$	20,436
C.	Total Reserves and Net Worth				\$	20,436
D.	Total Liabilities, Reserves, and	Net Worth			\$	145,124

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of	
Mea	dowbrrok Manor, LLC	1880	9/30/2017		36	37	
	Account				Amount		
A.	A. Balance at End of Prior Period as shown on Report of 09/30/2016				\$	18,500	
B.	<u> </u>				\$	808,166	
C.	Total Expenditures (From Statem	nent of Expenditures	Page 27)		\$	806,230	
D.	Net Income or Deficit				\$	1,936	
E.	Balance				\$	20,436	
F.	Additions						
	1. Additional Capital Contribut	ed (<i>itemize</i>)					
	2. Other (<i>itemize</i>)						
F-3.					\$		
G.	Deductions						
	1. Drawings of Owners/Operato	/Operators/Partners (Specify)			\$		
	Name and Address (No., Cit	ty, State, Zip)	Title	Amount			
	2. Other Withdrawings (Specify	·)			\$		
	Purpose Amount			ount			
	3. Total Deductions		ı		\$		
H.	Balance at End of Period	09/30	0/17		\$	20,436	
	- y	37/30	= .		т	20,150	

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page		of				
Meadowbrrok Manor, LLC	1880	9/30/2017	37	37				
Check appropriate category								
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home						
Preparer/Reviewer Certification								
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed						
Printed Name of Preparer Davis, Mascola & Phillips, LLC								
Address	Phone Number							
85 Barnes Rd - Ste 207 - Wallingford, CT 06	203-265-0488							

Error Check

Level Item Reported as