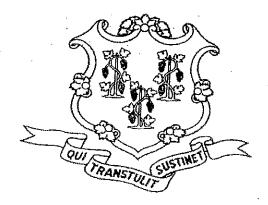
State of Connecticut



15/31

Annual Report of Long-Term Care Facility

		C	Cost Year 2	2015		REC	EIV	ED		
Name of Facility (as	licensed)	· · · · · · · · · · · · · · · · · · ·				FEB	Ą	50/10	1.	
Stamford Elderly Ho			anor		!					
Address (No. & Stre						DEPT. OF S	nocial	SERVICE	Sucs	
614 Scofield Road, S	Stamford, CT 06	5903			OF	FIGE OF CO	MARD	AAI E Shil	I IXI.	
Type of Facility										
Chronic and C Nursing Hom	Convalescent ae only (CCNH)		Rest Home win Supervision on (RHNS)		g ☑	Resident	ial Ca	re Home	?	
Report for Year Beg 10/1/2014	~		Report for Yea 9/30/2015	r Ending						
License Numbers:	CCNH	RHNS	Reside	Me	edicare P	rovider	r			
Medicaid Provider N	umbere	CC	CNH I	Dĭ	TNIC	1	IC	n m		_
	uniocis.			T.T.	INS		IC.	F-IID		
For Department Us	e Only				· · · · · · · · · · · · · · · · · · ·					
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned Sign			Signed and Notarized			Receive	d

RECEIVED

FEB 09 2016

WYERS & STAUFFER LC

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G. Balance Sheet (Cont by) H. Changes in Total Net Worth Changes in Total Net Worth	
I. Preparer s/recvis	

Annual Report of Long-Term Care Facility

CSP-1 Rev.9/2002

General Information

Ge	neral Information	Report for Year Ended	Page	of
Name of Facility (as licensed) Stamford Elderly Housing Corp. d/b/a Scofield Manor	LICEUSC IVO.	9/30/2015	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Stamford Elderly Housing Corp. d/b/a Scoffeld Manor [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(1) Subject to Desk Audit Review

Signed (Administrator)	1-28-16	Signed (Owner) Printed Name (Owner)	Date 1 - 28 - 16
Printed Name (Administrator)		Timed Tunio (-	
Lavern Jarrett		1 OI (Public)	Comm. Expires
Subscribed and Sworn Sta	ate of Date	Signed (Notary Public)	
to before me: 1/28/2016	OT 128/16	lucurps	CONSUELO VILLEGAS
Address of Notary Public		No.	CONSUELO VILLEON tary Public-Connecticut My Commission Expires March 31, 2017
22 Clinton Arenu	je, Stamford, C	00101	le de la constant de

(Notary Seal)

State of Connecticut Annual Report of Long-Term Care Facility CSP-1A Rev. 6/95

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	stm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Stamford Elderly Housing Corp. d/b/a Scofield Manor				10/1/2014	9/30/2015
Address of Facility					• "
614 Scofield Road, Stamford, CT 06903					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-9600		12/30/2015	
					Residential Care
Item		Total	CCNH	RHNS	Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

JP ***	v				
	Phone No. of Fac	ility Report for Year	Ended	Page	of 37
	203-329-2388	19/30/2015		<u> </u>	<u></u>
(Loonse)	Address (No	o. & Street, City, Stat	e, Zip)		
ame of Facility (as shown on license) camford Elderly Housing Corp. d/b/a Scofield Man	or 614 Scofield	Road, Stamford, C'	06903	Medicare	Provider No
amford Elderly Housing Corp. drova Section CCN	IH RHNS	Residential Care Ho	me	lytetteare	
1 North or of		1822-RCH			
icense Numbers: ype of Facility (Check appropriate box(es))					
Chronic and Convalescent	Rest Home with	Nursing 🗹	Resident	tial Care Ho	me
Nursing Home only (CCNH)	Supervision only	(RHNS)			
Nulsing Home only (. O T
ype of Ownership (Check appropriate box) O D J. C O Partners	ship O Profit Corp.	Non-Profit Cor	р. О	Governmen	t O Trus
O Proprietorship O LLC O Partners		Date Opened	Date Cl	osed	
		Date opened	ì		
f this facility opened or closed during report year p	rovide:		\		
		_1			11
Has there been any change in ownership	O Yes	No	If "Yes,	," explain fu	lly.
or operation during this report year?					
Administrator		Nursing	Iome		
Name of Administrator		Administr			
Lavern Jarrett		License	: NO.:		
Other Operators/Owners who are assistant admin	istrators (full or part tin	ne) of this facility. Licens	a No ·		
		Licens	0 140		
Name N/A					

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

General Information and Questionnaire Partners/Members

me of Facility Imford Elderly Housing Corp. d/b/a Scofield Manor			Report for Y 9/30/2015 s Address	T State(s) and	Page of 3 37 and/or Town(s) in a Registered		
Legal Name of Partn N/A	ership/LLC	Busines	s Addicss				
Name of Partners/Members	Business A	ddress		Title	% Owned		
N/A							
		· · · · · · · · · · · · · · · · · · ·					

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

General Information and Questionnaire Corporate Owners

T	icense No.	Report for Year	Ended	Page	of
ame of Facility	1822-RCH	9/30/2015		3A_	37
amford Elderly Housing Corp. d/b/a Scofiel this facility is owned or operated as a corpora	ation provide th	e following inform	ation:		
this facility is owned or operated as a corpora	Rusin	ess Address	State(s) in	Which Inco	rporated
Legal Name of Corporation					
			ļ		
				No.	Shares
Officers	Busin	ess Address	Title		by Each
Name of Directors, Officers					
ee Attached			Ì		
				,	
				\	
	·				
		-	ļ		
	<u> </u>				
			Ì		
	Ì				
Names of Stockholders Owning at Least 10%	, 			1	
Names of Stockholders Owining at Least 1991	1				
of Shares			}	ļ	
			1	ļ	
	 				
	Ì		ļ	Ì	
	1		}	ļ	
				Ì	
				1	
·	L				'

Stamford Elderly Housing Corporation Officers 12/11/13 to Present

President:

Home Address

Courtney A. Nelthropp

47 Shagbark Road Stamford, CT 06903

Home Phone: 203/322-4233

Work Phone: 203/325-1180

Vice President:

Kristella Garcia

30 Brightside Drive

Stainford, CT 06902 Home Phone: 203/966-5804 Work Phone: 203/335-0237

Director;

Jack Penfield

109 East Cross Street Stamford, CT 06907

Home Phone: 203/329-0222

Director:

Sheila Williams-Brown

64 Fairgate Drive Stamford, CT 06902

Home Phone: 203/406-0025

Director:

William J. McCullough

202 June Road

Stamford, CT 06903

Home Phone: 203-536-7909 Work Phone: 203-967-8144

Secretary/Treasurer:

Vincent J. Tufo

40 Pipers Hill Road

Wilton, CT 06897

Home Phone: 203/834-9833

Work Phone: 203/977-1400, X3305

Office Address

Sir Speedy Printing 15 Bank Street

Stamford, CT 06901

Willow Monument Works

2766 North Avenue

Bridgeport, CT 06604

N/A

N/A

1100 Summer Street

Stamford, CT 06905

Charter Oak Communities

22 Clinton Ave.

Stamford, CT 06901

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Individual Proprieto	•		
	Report for Year Ended	Page	of
License No.	Report for Tour Enter	3B_	37
me of Facility Me of Facility 1822-RCF	9/30/2015 in 6	ermation:	
me of Facility amford Elderly Housing Corp. d/b/a Scofield Mail 1822-RCF this facility is owned or operated as an individual proprietorsh Owner(s) of Facili	in, provide the following into	311nation.	
aminord Electry	14×1		1
this facility is owned or open Owner(s) of Facili	ity		
			
11.6			l
/A			
		_	
			
	_		

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

General Information and Questionnaire Related Parties*

Name of Facility Stamford Elderly Housi	Name of Facility Stamford Elderly Housing Corp. d/b/a Scofield Manor	License N 1822	se No. 1822-RCH	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece marriage, ability to cont	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel	ated through iation?	Yes O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	te Name/Add	lress and ge 11 of the report.
Are any individuals or c including the rental of p related through family a association to any of the	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	or service this factorial control, of this factorial factorials	es, cility, or business cility?	⊙ Yes O No	If "Yes," provide the following information:	e following	information:
		Also J Goods/S	Also Provides Goods/Services to		Indicate Where Costs are Included		
Name of Related Individual or Company	Business Address	Non-R Yes	Non-Related Parties Yes No %**	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the Related Party
Stamford Housing Authority Stamford, CT	Stamford, CT	0	•	Operations of Facility	Pg. 16 / Line m12	106,748	106,748
Wormser	Stamford, CT	0	0	Meals	Various	146,696	146,696
Rentention Group (HARRG) Stamford, CT	Stamford, CT	0	0	Health Insurance	Pg. 15 / Line 1a5	344,100	344,100
Municipal Employee Retirement Fund	Stamford, CT	0	•	Pension	Pg. 15 / Line 1a7	108,692	108,692
Stamford Housing Authority Stamford, CT	Stamford, CT	0	•	Property, Liability Auto Insurance	Pg. 27 / Line 14d	25,048	25,048
Stamford Housing Authority Stamford, CT	Stamford, CT	0	0	Workers Compensation	Pg. 15/Line lal	79,952	79,952
Stamford Housing Authority	Stamford, CT	0	•	All Employee Payroll	Pg. 10 / Line A13	1,006,459	1,006,459
City of Stamford	Stamford, CT	0	•	Leasehold Improvements	Pg. 22 / Line 8c	32,729	32,729
City of Stamford	Stamford, CT	0	•	Real Estate			
* I Is additional chasts if necessaria	if necessary						

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

	License No.		Report for Year Ended	Page of			
Name of Facility	1000 00	ч	9/30/2015	5 37			
Stamford Elderly Housing Corp. d/b/a Scofie If the facility is licensed as CDH and/or RCH	1022-10	me or TRI	services with special Medic	caid rates, costs			
f the facility is licensed as CDH and/or RCF	or provides A	ומני זט פעון	SOL A LOOP ALLEN OF THE				
nust be allocated to CCNH and RHNS as fo	ollows:		Method of Allocat				
Item		NTl. ou of	meals served to residents				
Dietary		Number of	pounds processed				
Laundry		Number of	square feet serviced				
Housekeeping		Number of	hours of routine care provi	ded by EACH			
		Number of	lassification, i.e., Director	(or Charge Nurse),			
Nursing		employee	Nurses, Licensed Practical	Nurses, Aides and			
				1,0.200,			
		Attendants	hours of resident care prov	ided by EACH			
Direct Resident Care Consultants		Number of	(G., listing page 13)	1404 07 == 1			
			(See listing page 13)				
Maintenance and operation of plant		Square fee					
Property costs (depreciation)		Square fee		<u></u>			
Employee health and welfare		Gross sala	ries				
Management services		Appropriate cost center involved Total of Direct and Allocated Costs					
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. If "No " explain fully why such allocation was							
The preparer of this report must answer the	following ques	tions applic	able to the cost information	wouch allocation was			
1. In the preparation of this Report, were a	Yes	O No	11 110, 014910111111	y Such anocation was			
costs allocated as required?	<u> </u>		not made.				
N/A - One level of care							
				1			
2. Explain the allocation of related compar	ny expenses and	attach cop	of appropriate supporting	data.			
N/A - One level of care	<u> </u>						
N/A - One level of care			,				
3. Did the Facility appropriately allocate a	and self-disallov	w direct and	indirect costs to non-nursing	ig home cost centers?			
3. Did the Facility appropriately anocace of (e.g., Assisted Living, Home Health, O	utnatient Service	es, Adult D	ay Care Services, etc.)				
(e.g., Assisted Living, Home Health, O	utpationt sor		If "No," explain fully wi	hy such allocation was			
	Yes	O No	not made.				
		<u> </u>	not made.				

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Page of 6 37			A month	Claimed												**
		•	Annual	Amount of Lease												Total ***
ar Ended	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			Term of						\ \ -\-	\ -\-			\ \ \ \		% 0
Report for Year Ended	9/30/2017			Date of	Lease						\ \ \ 				-	
	1822-RCH				Description of Items Leased											O Yes
		Related * to	Owners,	Operators,	oN N	0	0	0	0	0	0	0	0	0	0	1
Operating Leases - Include all long-tonic should not be included in these amounts.	Name of Facility	Stamford Elderly Housing Corp. Corp. Related	ô _	ăO	ľ	Name and Address of Least	0	0	0	0		0				

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

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

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

General Information and Questionnaire Accounting Basis

	License No.	Report for Year Ended 9/30/2015	Page 7	of 37
	1822-RCH	port were maintained on the following basis:		
e records of this facility for the p	period covered by this re	port were maintained on the following basis:		
Accrual O Cash O	Modified Cash			
the accounting basis for this				
riod the same as for the •	Yes	If "No," explain.		
evious period? O	No			
ATTOGS POATS				
dependent Accounting Firm		O' Chata Tip Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ame of Accounting Firm		Address (No. & Street, City, State, Zip Code) 06511	
Marcum LLP		555 Long Wharf Drive, New Haven, CT	00511	
.,				
ervices Provided by This Firm (a			\$ 3	34,291
Annual audit, Tax preparation, Med	licaid cost report preparation		\$	
			\$	
			\$	
			Charge for Serv	vices Provided
			1	34,291
		Cl. 15 stine and Line No.	<u></u>	
re These Charges Reflected in the Expe	enditure Portion of This Repor	t? If Yes, Specify Expense Classification and Line No.	_	<u> </u>
	Page 15, Line 1d			
egal Services Information			Telephone Nur	nber
	lent Attorney		973-993-8100	
Name of Legal Firm or Independ	o o mandan IID			
Name of Legal Firm or Independ McElroy, Deutch, Mulvaney	y & Carpenter LLP			
McElroy, Deutch, Mulvaney	y & Carpenter LLP			
McElroy, Deutch, Mulvaney	y & Carpenter LLP			
McElroy, Deutch, Mulvaney	y & Carpenter LLP			
McElroy, Deutch, Mulvaney	y & Carpenter LLF			
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta	y & Carpenter LLr			
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More	y & Carpenter LLr			
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More	y & Carpenter LLr			
McElroy, Deutch, Mulvaney Representation of the second of	y & Carpenter LLr			
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More 2 3	nte, Zip Code) ristown, NJ 07960			
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More 2 3	nte, Zip Code) ristown, NJ 07960		•	8.786
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More 3 4 5 Services Provided by This Firm	y & Carpenter LLP ate, Zip Code) ristown, NJ 07960 (describe fully)		\$	8,786
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More Services Provided by This Firm Union negotiations for contract re	y & Carpenter LLP ate, Zip Code) ristown, NJ 07960 (describe fully)		\$	8,786
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More 3 4 5 Services Provided by This Firm	y & Carpenter LLP ate, Zip Code) ristown, NJ 07960 (describe fully)		\$ \$	8,786
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More Services Provided by This Firm Union negotiations for contract re	y & Carpenter LLP ate, Zip Code) ristown, NJ 07960 (describe fully)		\$ \$ \$	8,786
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More Services Provided by This Firm Union negotiations for contract re 1 Union negotiations for contract re	y & Carpenter LLP ate, Zip Code) ristown, NJ 07960 (describe fully)		\$ \$ \$ \$	
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More Services Provided by This Firm Union negotiations for contract re	y & Carpenter LLP ate, Zip Code) ristown, NJ 07960 (describe fully)		\$ \$ \$ Charge for Se	ervices Provid
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More Services Provided by This Firm Union negotiations for contract re Union negotiations for contract re	nte, Zip Code) ristown, NJ 07960 (describe fully) enewal		\$ \$ \$ \$	
McElroy, Deutch, Mulvaney Address (No. & Street, City, Sta 1 1300 Mt Kemble Ave, More Services Provided by This Firm Union negotiations for contract re Union negotiations for contract re	nte, Zip Code) ristown, NJ 07960 (describe fully) enewal	port? If Yes, Specify Expense Classification and Line No.	\$ \$ \$ Charge for Se	ervices Provid

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

Schedule of Resident Statistics

											Dage	to
		17	License No.				Seport for	Report for Year Ended			8	37
Name of Facility			1822	1822-RCH			1/30/2013			Dariod 7/1	05/6 Thm 9/30	
Stamford Elderly Housing Corp. d/b/a Sconell Manual						Period 10/1 Thru 6/30	Thru 6/.	02	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	בווסמו		
	Fotal All		Total RHNS	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
	Levels	Level	3					20	99			50
1. Certified Bed Capacity	20			20	50			50	50			\$20
A. On last day of THIS report period	50			20	SS							48
- 1				48	48			48	48			
2. Number of Acceptance of PREVIOUS report period	48	+		F 5				48	42			77
R As of midnight of THIS report period	42			7								
1 74											-	
A. Medicare	 								1			
B. Medicaid (Conn.)				<u></u>							-	92
C. Medicaid (other states)				365	5 273			273	_		 -	4 2 2 4
D. Private Pay	S .			16,851	1 12,627	7		12,627	4,224		-	
E. State SSI for RCH	109,61										-	4,316
F. Other (Specify)	17,216			17,216	6 12,900			12,900	4,516			
1 .												218
4. Total Number of Days Formand for Reserved Beds for Which Revenue Was Received for Reserved Beds	ds.			4	442 22	224		224		218	_	
A. Medicaid Bed Reserve Days						<u> </u>	_		1 524	72	_	4,534
B. Other Bed Reserve Days	037 5.			17,658	58 13,124	24	_	13,124		ţ,		
5. Total Resident Days (3G + 4A + 4B)	17,638		-									

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

			Scho	du	le of F	<u> esi</u>	dent	St	atist	or Year E	ont'd)			Page		of
·				icens	e No.			\R	Chorry	or year f 9/30/2015				9		37
ame of Facil	ity t., Hone	ing Corp	, d/b/a Scofiel	1822	RCH				9	730/2013						Ì
tamford Elde	rly Hous	sing Corp	<u></u>				a rennit	veat	?	0 `	Yes		⊙ N	0		1
4 Were the	re any cl	hanges in	the certified b	ed car	pacity dur	mg u	ie report	,	•							
TEUVES"	provide	the follo	owing informat	on:						Car	acity Afte	r Char	ige			
н ты	, pro-	Place of (Change		Ch:	ange	in Beds		†	i			1			
			Residential		Lost	}	G	ained	1	l		n :	dential			İ
Date of	CCNH	RHNS	Care Home		Lost						DINI		e Home	Rea	ason for C	hange
	1		(0)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Car	5 Home			
Change	(1)	(2)	(3)	(1)	_/						<u> </u>					
	<u> </u>	├		 						} -	 					
	 	\ +		-		Γ	 -			 	 					
		╂╼╼╼┼				<u> </u>	<u> </u> 1		L	<u></u>			- do the num	her of	f	
		1	in certified bed		sto durin	the i	report ye	ear (a	s report	ted in ite	m 4 above)) provi	de me nan	100. 0	-	
5. If there	was any	change i	in certified bed	capac	a change	5 .						τ				
RESIT	ENT D	AYS for	90 days follow	ng tn	e change.					T		1		l Resid	dential C	are Home
										C	CNH	∔	RHNS	10051		
			Change in	Keside	ent Days							+		 		
1st cha	ange											+		T		
2nd ch												+				
3rd ch	ange															Aintad
4th ch	ange	oidente at	nd Rates on Se	ptemb	er 30 of C	Cost Y	ear				Self-Pay			0	ther State	Assisted
6. Numb	er of Re	SIGCIALS AL	Medicare	\perp	Me	dicaio	<u> </u>	╂╌				7	—	1		
						1		}		\			esidential		,	ICF-MR
			1	1		- }	21210	1	CCNH	1	RHNS _		are Home	R	L.C.H.	ICF-WIN
1	Item	,	CCNH		CCNH		RHNS	-+-	CCIVIT				animentalisti	1 2000	41	
No. (of Reside			1000		2000 BUS				90			100	- 1	122,73	
	Diem Rat					No.	A CONTRACTOR	Section States	escenses years				128.0 125.0		122.73	
a. O	ne bed r	m.				-+-						-+-	123,0	~		
	wo bed 1							T		- }		}		1	Ì	
c. T	hree or r	nore		l		- }										
11	oed rms.									}		ļ		l	!	Resident
	_									l l	TOTAL		CCNH	1	RHNS	Care Ho
		. C Dlane	sical Therapy 7	`reatm	ents						TOTAL					
7. Tota	4 7.7.	- ALOOPE - I	Pari D													
	A. Me	edicaid (E	Exclusive of Pa	rt B)	_					B336306						
	1	Mainten	ance Treatmen	เธ												
	2.	Restorat	ive Treatments													1
	C. O	her		Cuanti												
	D. To	otal Phys	ical Therapy	ream	ents						all grant at					
8. To	tal Numl	per of Spe	eech Therapy T	(Catin	CITES											
			(Exclusive of P								to the state of th					-\
L	B. M.	legicalu (Mointe	nance Treatme	nts										}		
	1	Restors	nance Treatment	s										}		
	<u></u>														2.7	
	2)ther		reatn	ients											
	C. C		ech Therapy T		OTHER	เเอ				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			l			COLUMN TO SERVICE SERV
	C. C D. 7	otal Spe	ech Therapy T ccupational Th	erapy	Teathici						NAME OF TAXABLE PARTY.	CONTRACTOR OF THE PARTY OF THE	2012/01/2012/01	(1)		1.0
	C. C D. 7 otal Nun	otal Spe aber of O	ccupational In	erapy	Treatmon									1		
	C. C D. 7 otal Nun A. N	notal Spender of Ordedicare	ccupational 1n - Part B (Exclusive of	erapy Part B	Treatmon											
	2 C. C D. 7 otal Nun A. M B. 1	nber of O Medicare Medicaid	ccupational Th - Part B (Exclusive of enance Treatm	erapy Part B ents	Treatmon											
	C. C D. 7 otal Nun A. M B. I	nber of O Medicare Medicaid 1. Maint 2. Restor	ccupational 1n - Part B (Exclusive of	erapy Part B ents ots	3)											

Report of Expenditures - Salaries & Wages

Report of Exp		- Salarie	s & wage	5	Dage	of
Name of Facility	License No.		Report for Year	Ended	Page 10	37
stamford Elderly Housing Corp. d/b/a Scofield Manor	1822-RCH		9/30/2015			
are time records maintained by all individuals receiving con	pensation?	•	Yes	0	No	
ile talle to the second of the			Total Cost ar	nd Hours		
					D idential	
				l TY	Residential Care Home	Hours
Item	CCNH	Hours	RHNS	Hours	Care Home	110013
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1) 2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	Hodus			water to an about 10 Mar	71,773	2,189
3. Assistant Administrator (Complete also Sec. IV						the state of the state of
of Schedule A1)						
4. Other Administrative Salaries (telephone					126,460	4,75
operator, clerks, receptionists, etc.)						
5. Dietary Service				Name and Address of the Control of t		
a. Head Dietitian b. Food Service Supervisor					270 270	14,40
c. Dietary Workers		0.000			278,278	14,40
6. Housekeeping Service	74 5 4 5 5 5					
a. Head Housekeeper		-			38,059	3,47
b. Other Housekeeping Workers 7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance					39,537	2,08
b. Other Maintenance Workers		PANA SERVA MANA	1		39,337	2,00
8. Laundry Service		262				
a. Supervisor b. Other Laundry Workers		 			26,733	2,07
Other Eatherly Workers Barber and Beautician Services						
10. Protective Services						1000 200
11. Accounting Services			A CONTRACTOR OF STREET			
a. Head Accountant						
b. Other Accountants 12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						- ministration of the Vi
b. RN					27,000	1,1
1. Direct Care					36,892	1,1
2. Administrative**						
c. LPN		CONTROL SECURITION				
Direct Care Administrative**	 					170
d. Aides and Attendants					343,153	17,8
e. Physical Therapists		_			<u> </u>	
f. Speech Therapists				-		
g. Occupational Therapists		 		<u> </u>	45,57	4 1,8
h. Recreation Workers i. Physicians		3.76				
Nedical Director	G. St. Composition					
Utilization Review					-	
3. Resident Care***						
4. Other (Specify)				THE STATE OF THE S	THE PERSONNELS OF THE PERSON TO SEE	
j. Dentists	<u> </u>					ļ
k. Pharmacists				- 	- 	
1. Podiatrists					+	
m. Social Workers/Case Management						
n. Marketing						
Other (Specify) See Attached Schedule			Three South Branch (State State Stat			10 40
A-13. Total Salary Expenditures			_1		1,006,45	9 49,

^{*} 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.

of Other Salaries and Wages (Fage 17)			RH	NS =	Residential C	Hours
ule of Other Salaries and Wages (Page 10)	CCN	41		Hours	\$	
	 	Hours	\$	110		
	\$	Hours	 			
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Total				,		

ule of Other Fees (Page 13)			RH	NS	Residential	Но
		CCNH	\$	Hours		
	\$	Hours				
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ce	111					
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			<u></u>			
			- \$			
	\$					

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

		Ţ	ASSISTABLE	Adminisha	ASSISTAIL Administrators and Cure	277777]]]	J-0	
Name of Facility				License No.		Report for	Report for Year Ended		- 28c	, te	
Stamford Elderly Housing Corp. d/b/a Scoffeld Manor	/b/a Scofie	ld Manor		1822-RCH		9/30/2015			*1		
Stanton Diagram		Solom Doi	т.								
		Salary Fall	- 1	Fringe Benefits		Total	Line Where		Total		
	ELASO	SNHa	Residential	and/or Other Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation	
Name	CCINE	CATTAIN S	2								
Section I - Operators/Owners											
	<u></u>	<u> </u>						,			
Section II - Other related narties of Operators/Owners											
employed in and paid by											
facility (EXCEPT those who											
may be the Administrator of Assistant Administrators who											
are identified on Page 12).											_
			-								
		1									
		w									 _
		$\frac{1}{1}$				-				į	
											
		-								i 	
<u> </u>							-				
	_	 -			The additional sheets if required	Frequired.					

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

						,	7.1.1		Dogo	4
Name of Facility (as licensed)			<u> </u>	License No.		Report tor Year Ended	ar Ended		- 28c	5 ;
Stamford Elderly Housing Corp. d/b/a Scofield Manor	a/s Scoffeld	Manor		1822-RCH		9/30/2015			12	37
, and the second second		Solom, Daid						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
		Salary r a		Fringe Benefits			Line Where		Total	
Name	CCNH	RHINS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation Received
Section III - Administrators***										
Judith Bernadine Jordan			12 020	12 070 May Disamin	Administrator	354 A2	A2			
(10/1/2014 - 1/24/2015)			12,070	Non Discani						
Lavern Jarrett (November 3, 2014			59,703	59,703 Non Discrim	Administrator	1,835 A2	A2			ļ
- 1100011)										
Section IV - Assistant										
Administrators										
				.,						
		<u> </u>								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 he consid	l Pred unless	full informati	on is provided. Us	is provided. Use additional sheets if required.	quired.				

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

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

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

Annual Report of Long-Term Care Facility

-13 Rev. 9/2002 B. Report of Ex	penarears		Report f	or Year	r Ended	Pa	ge	of
	TICELIZE LAG.	i i	9/30/20	15		1.	<u>3</u>	37
ne of Facility Inford Elderly Housing Corp. d/b/a Scofield Man	1822-R	CH	T-4-1 (oct an	d Hours			
nford Elderly Housing Corp.			Total	JUST 411	u 110			\
						Resid	lential	
	j		DYD	īC	Hours	Care	Home	Hours
Yénna	CCNH	Hours	RHN	10	Hours			
Item								
Direct care consultants paid on a fee for service basis in lieu of salary								
(For all such services complete Schedule B1)	4						SIES NEED TO	[]
(For all such services complete			 			1		
1. Dietitian		 	 			_		
2. Dentist		<u> </u>				_		
3. Pharmacist	Warner 200							
4. Podiatrist						2000	2000	
5. Physical Therapy		<u> </u>	 					T
a. Resident Care		<u> </u>						
b. Other								
6. Social Worker		TOTAL PRODUCTION OF THE PRODUC						
7. Recreation Worker							70.00	
Physicians a. Medical Director (entire facility)		en e				700		
a. Medical Director (entire memory)				100			Carlo Ca	200
b. Utilization Review (Title 18 and 19 only) monthly meeting	ng				 			
(Title 18 and 19 only) monthly								
c. Resident Care** d. Administrative Services facility							Start Section Section 1	
d. Administrative Services Identify 1 Infection Control Committee		ļ	1		1			
(Quarterly meetings)								
2 Pharmaceutical Committee								
(Overterly meetings)	_			_		1		
3. Staff Development Committee								
(Once annually)							2222	Parls II
e. Other (Specify)							7	
			e de la compansión de l					(Mary 10-10-10-10-10-10-10-10-10-10-10-10-10-1
9. Speech Therapist								
a. Resident Care				ne e				
b. Other						27/2000 BER		
10. Occupational Therapist								
a. Resident Care		www.comatoness.com	esenioreise micro					
b. Other 11. Nurses and aides and attendants								
11. Nurses and aldes and attendance				5,000		A CONTRACTOR OF THE PARTY OF TH	Name of the last o	
a. RN								
1. Direct Care								
2. Administrative***			A sec					
b. LPN								
1. Direct Care								
2. Administrative***								
c. Aides			120					
d. Other	1					a de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya de la companya de la companya dela comp	A SHARE THE REAL PROPERTY.	Espelia es
12. Other (Specify) See Attached Schedule							+	
			l l		1		tion, Page 1 ay residents	

^{*} 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

^{***} 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*

Schedule B1 - Information of Facility	ofield Manor	License No. 1822-RCH		Report for Y 9/30/2015	ear Ended	Page 14	of 37
of Facility ford Elderly Housing Corp. d/b/a Sc Name & Address of Individual		lanation of Service	Related** Operator Yes	to Owners, s, Officers No	Expla	nation of Re	elationship
Tunio			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
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) 0			

^{*} Use additional sheets if necessary.

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

of Connecticut al Report of Long-Term Care Facility 15 Rev. 10/2005 C. Expenditures Other Than Salaries - License No.	Admi	nistra	auve an	T Page	of
C Expenditures Other Than 5	TReport	for Ye	ar Ended	rago 15	37
	9/30/2	.015		1.7	
e of Facility nford Elderly Housing Corp. d/b/a Scofield M. 1822-RCH	19190	<u> </u>			Residential
oford Elderly Housing Corp. Word 2	1	1	1	- rnic	1 77
	\ _T	otal	CCNH	RHNS	Caro
¥1	_	Hai			
<u> </u>					79,952
Administrative and General		70.052			7,322
- 1 Health & Wellard		79,952			1,,,,,,
1 Workmell's Company	_\$\	7,322			00.226
Disability Insurance	\$	- 20/			90,226
Themployment Histianeo	\$	90,226			344,100
Social Security (F.I.C.A.)	\$	344,100)		
				No. of Concession, Name of Street, or other Persons, Name of Street, or ot	
is a suppose (employees only)	\$				108,692
6. Life Insurance (on pro- (not-owners and not-operators) (not-owners and not-operatory)	\$	108,69	2		
· · · · · · · · · · · · · · · · · · ·				District Control	<u> </u>
7. Pensions (Non-Distributions) (not-owners and not-operators)	\$				16,82
(not-owners and not op-	\$	16,8	25	second second	
8. Uniform Allowance	*_				
9. Other (Specify)		A STATE OF THE STA			
See Attached Schedule	4				
b. Personal Retirement Plans, Pensions, and					
- Ct Charing Plans IV.					
Operators (Discriminatory)*	e				
	\$	34	,291		
c. Bad Debts*	\$		3,786		
d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) e. Legal (Services of Owners and	\$,760		
	\$	ns (
c Incurance on Lives of			- 5/2		
Operators (Specify)*	\$		5,563		
g. Office Supplies			- (01		
g. Office Supplies h. Telephone and Cellular Phones Pagers	\$,[7,681		
h. Telephone & Pagers 1. Telephone & Pagers	\$	ـــــاهٰ	713		
ut t Dhones		\$			
i. Appraisal (Specify Fun F					
attach copy)*		\$	-		
j. Corporation Business Taxes (franchise tax) Out related to property - See Page 22)		4			
j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22)		\$	335500000000000000000000000000000000000		
V Other Taxes (Not retailed to 1		\$	50	S CONTRACTOR S	
1 Income:		Φ			
Other (Specify)		-0			
Cas Affached Schodary		<u>\$ </u>	704,201		<u></u>
3. Resident Day User Fee		\$1	704,201	Comy Subto	tals forward to ne

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

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

Stamford Elderly Housing Corp. d/b/a Scofield Manor 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

	CCNH	RHNS	Residential Care Home
Description			·
			\$ 14,325
Dental TV 10 mm/Outless			\$ 2,500
Uniform/Other			
			·
Total	\$ -	\$ -	\$ 16,825

Schedule of Other Taxes

Description				C	CNH	R	HNS	ential Home
Description								
Business Tax for Fu	ındraising					<u> </u>		\$ 50
Total			:	\$	_	\$	-	\$ 50

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

C. Expenditures Other Than Sal	aries (cont a)					
		Thanor	+ for Ye	ear Ended	Page	of
	License No.	Kepon	(101 ± 2015	1	16	37
		9/30/2	<u> </u>			T
ne of Facility mford Elderly Housing Corp. d/b/a Scofield Manor	1		1	,	1	Residential
miora Edde.		1	1	~ CIVILI	RHNS_	Care Home
			otal	CCNH	10.2.	704,201
Item	als Brought Forwa	rd: 7	704,201			
Subtota	ıls Brougm 10.	1				
l. Travel and Entertainment		\$		<u>. </u>		+
Travel and Entertainment Resident Travel and Entertainment		\$		1		175
1. Resident Havor data		-\$	175	Ī		617
Resident Tractions for Staff Note: Staff and Residents		\$	617	<u></u>		1,256
2 Gifts to Staff and Residents		\$	1,256			$\frac{1,230}{2,217}$
4 Employee Travel	and Conventions	\$	$\frac{1,230}{2,217}$			
5. Education Expenses Related purchase or de	preciation)			+		
6. Automobile Expense (11-1)		\$\				
Tother (Snecily)						50(
			500	A Company		500
Other Administrative and General Day	meas)	\$		4		
m. Other Administrative and General Expension. 1. Advertising Help Wanted (all such expension). Telephone Directory (all such expension).	h ornenses)***	\$				600
	n experie	\$	600)		
2 Advertising Only (Speed)						BRESTOWN:
See Attached Schedule		\$				
4. Fund-Raising***		\$				
Fund-Raising Medical Records Medical Records	lied	\$				
5. Medical Records 6. Barber and Beauty Supplies (if this serv	vice is supplied					
6. Barber and Beauty Supplies (I this or directly and not by contract or fee for se	,ervice)***	\$	1	98		
directly and not by comme		<u>\$</u>		550		
7. Postage	ional	Ψ [
7. Postage * 8. Dues and Membership Fees to Profession (Spacify)	-					
A esociations (Specify)					Barre .	
See Attached Schedule 8a. Dues to Chamber of Commerce & Other	Non-Allowable Org."	*** \$		541		
8a. Dues to Chamber of Commerce & Other	Non	\$	 	341		
o Subscriptions		\$				
10 Contributions***		!			A CONTRACTOR OF THE PARTY OF TH	45
See Attached Schedule	Complete	\$, 45	5,722		
See Attached Schedule 11. Services Provided by Contract (Speci,	fy ana Comp					106
11. Services Provided by Contract (specifically Schedule C-2, Page 21 for each firm	or inalviduo,	\$	Ψ I	6,748		
Schedule C-2, Page 21 for each grant Services 12. Administrative Management Services	s**	\$		4,562		
12. Administrative						86
13. Other (Specify)			\$ 86	57,887		
See Attached Schedule See Attached Schedule See Attached Schedule	ıditures		<u>-1</u>	<u></u>		
See Attached Schedule C-14 Total Administrative & General Expensions, which sho	ould go in item 9.	***	"Il not "	be allowed.	i.	
- C Least COL WILLIAM STORY		ditture V	JUL 1100	JC and		

^{*} 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

			CCNH_	RHNS	Residential Care Home
escription			T		ļ
				1.	
	<u> </u>				
			·		
	<u> </u>			11	
	<u> </u>		2007 1		T
			+		_
			 	e -	s
Total Other Travel an	d Entertainment			<u> </u>	

Schedule of Other Advertising

	CCNH	RHNS	Residential Care Home
Description			\$ 600
Advertising & Marketing			\$ 600
Total Other Advertising	\$	1 3	

Schedule of Dues

re Home	Resid Care	<u>s</u> ,	HN	R		CNH	cc											
		1												 			ption	escri
650	\$	$\neg \neg$	_		-1										-			
		$\neg \neg$	_		-1						<u> </u>	:_				-	н	ARC
		—1									<u> </u>		_					ucc
					_:-		<u>. </u>			٠				 				
								<u>.</u>	-					 <u> </u>				
	——		_	<u> </u>										 				_
	 -			<u></u>			ļ				<u> </u>	<u> </u>		 				_
	<u> </u>	·												 				
	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	<u>:</u>		 	7.							<u>-</u>		 				
. 65	\$_		<u> </u>	\$			s							 			<u> </u>	_
	s			\$			\$							 			Dues	otal

Schedule of Contributions

			Residential
	CCNH	RHNS	Care Home
Description			
			\
	s	<u> </u>	<u> </u>
Total Contributions			

Schedule of Other Administrative and General

CCNH	RHNS	Residential Care Home
T		<u>-</u> _
1		\$ 17
 		\$ 3,099
+		\$ 41
 		\$ 615
+		\$. 790
 		
		T
+	t	
	 	T
	S	\$ 4,563
	CCNH	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Stamford Elderly Housing Corp. d/b/a Sco	1822-RCH	9/30/2015	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 #
Stamford Housing Authority	106,748	Accounting, Payroll, Personnel, Union Contract, Secretarial & Clerical	Pg. 16 / Line m12

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

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

•	Expenditures outer 1	No	te on	Page <u>5)</u> _					
Iom	e of Facility		icense			ort for Yea	ar Ended	Page	of 37
tam tam	ford Elderly Housing Corp. d/b/a Scofield Man	or	18:	22-RCH	9/	/30/2015		18 Resident	
tuii.	Total District					TO III	RHNS	Ho	
	Item			Total		CCNH	KHNS	110	ine .
	Dietary								
	a. In-House Preparation & Service		φ.	202.604					203,694
	1. Raw Food		\$	203,694					1,018
	2. Non-Food Supplies		\$ \$	1,016					
	3. Other (Specify)		Ф						
	b. Purchased Services (by contract other		\$						
	than through Management Services)								
	(Complete Schedule C-2 att. Page 21)								e de la companya de l
	c. Management Services**		\$		-				
	d. Other (Specify)		\$						
	1)			204.713					204,712
2E.	Total Dietary Expenditures $(2a+b+c+d)$		\$	204,712	+-			Resider	ntial Care
						COMI	RHNS	1	ome
2F.	Dietary Questionnaire			Total	-	CCNH	Kiino		
G.	Resident Meals: Total no. of meals served per						1		<u></u>
Н.	Is cost of employee meals included in 2E?	0	Yes	0	No)			
		0	Yes	0	No)	If yes, specify		
I.	Did you receive revenue from employees?						amt.		
J.	Where is the revenue received reported in the	Cost	t Report	? (Page/Line	Item)			
	Is cost of meals provided to persons other	_			.	_	If yes, specify		
K.	than employees or residents (i.e., Board	•	Yes	C) No	3	cost.	See pag	e 29
	Members, Guests) included in 2E?						If yes, specify		
т	Is any revenue collected from these people?	•	Yes	C) No	0	amt.	S	lee page 3
L.		-	. D	40. (Decent inc	Itam	<u>,, </u>			
М.	Where is the revenue received reported in the	Cos	t Repor	t? (Page/Line	Iten	1)			
	Is cost of food (other than meals, e.g., snacks			_			If yes, specify		
N.	at monthly staff meetings, board meetings)	•	Yes) N	o	cost.		
1	provided to employees included in 2E?								
_	F						If yes, specify		
lo.	Is any revenue collected from employees?	0	Yes	(N	io	amt.		
Ľ.	_		4 D	49 (Daco/I inc	Iton	n)			
P.	Where is the revenue received reported in the	Cos	st Kepo	nr (Page/Lme	TICI	··· <i>/</i>			

^{*} 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)

ame of Facility tamford Elderly Housing Corp. d/b/a Scofield Manor	Li	cense 182	No. 2-RCH	R	eport for \ 9/30/2015	ear Ended	Page 19	o 3' dential	7
Item			Total		CCNH	RHNS	Resi	Home	
 Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, 		Lbs.					<u> </u>		
gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$ Lbs.	·			 	<u> </u>		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	-	Amt. \$		- - 			 		
3 Personal clothing of residents	+	Lbs.		- - -					
washed, ironed, and/or processed.***	+	Amt. \$ Lbs.		-			 		
4. Repair and/or purchase of linens.***		 Amt. \$ \$		44					7,24
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					1 <u>7</u> 1 (200			in the second	
c. Management Services** d. Other (Specify) Linen Rentals		\$							7,24
3E. Total Laundry Expenditures $(3a+b+c+d)$			7,2	244				,	
3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E?	0	Yes		0	No	If yes, specify co	st.		
H. Did you receive revenue from employees?		Yes		•	No (Page/I	If yes, specify an ine Item)	nt.		
I. Where is the revenue received reported in the Co	ost	Report	<u> </u>		(Tagoria	If yes,			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		Yes		<u>⊙</u>	No	specify co	st.		
K. Did you receive revenue from these people?		Yes		<u>•</u>	No (Page/I	specify ar ine Item)	nt.		
L. Where is the revenue received reported in the C	ost	Report	<u>:{</u>		(1 agori	/110 100111/			

^{*} 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)

Nan	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Star	nford Elderly Housing Corp. d/b/a Scofield l	1822-RCH		9/30/2015		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced		10111	001111		
7.	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$,		
}	pails, brooms, etc.)	7 mil.	*				-
	b. Purchased Services (by contract other	Sq. Ft. Serviced			· · · · · · · · · · · · · · · · · · ·		
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)	7 Mill.	Ψ				
\vdash	c. Management Services*		\$				
\vdash	d. Other (Specify)		\$	19,340			19,340
1	Housekeeping Supplies		Ť	,			
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	19,340			19,340
5.	Resident Care (Supplies)**						4
	a. Prescription Drugs***			100			
	1. Own Pharmacy		\$			100000000000000000000000000000000000000	
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$	534			534
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
1	Procedures***						
	g. Dental (Not dentists who should be inc.	luded under	\$				TOTAL WASHINGTON
	salaries or fees)						
	h. Laboratory***		\$				
	i. Recreation		\$	16,510			16,510
	j. Other (Specify)****		\$	2,031	Viciological property, messen in conserva-time	C TANGGRANG BANGGRANG AND	2,031
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	19,075			19,075

^{*} 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	Reside Care E	
				-
Medical Supplies			\$	2,031
		<u>-</u>		
		1	41	
				-
	129			
			 	
Total Other Resident Care	\$ -	\$ -	\$	2,031

Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001 State of Connecticut

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

of 37

Page 21

Renort for Year Ended	9/30/2015	Total Cost/F	rided* CCNH RHNS Care round	la la	Snow Removal 10, 000 Janitorial Services 23,752 22 6f	Elevator Maintenance 12,461						1 Domort (Pages 16, 18, 19, 20 or 22).
Schedule C-2 - Individuals or Firms 1.	License No. 1822-RCH	Name of Facility Stamford Elderly Housing Corp. d/b/a Scofield Manor	L		cycling Stamford, CT 06907 29 Lake Drive, Darien, O © CT 06820	301 Commerce Drive, O Fairfield, CT 06825 425 Fairfield Ave, O Stamford, CT 06902	Northeast Elevator Service Cong.	0 0	0	0 0	1 2	* I ist all contracted services over \$150.500 ** 1 ist all contracted services 160.000 **

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

CSP-22 Rev. 0/93	conf	/d) - M/	aintenan			
CSP-22 Rev. 6/93 C. Expenditures Other Than Salaries (Company)			Tadad		Page	of 37
		port for Yea	ar Ended		22	
		0/2015		7	TReside	ential Care
Name of Facility Name of Facility Ly Housing Corp. d/b/a Scofield 1822-RCH	+-		- 	RHNS	T P	Tome
Name of Facility Stamford Elderly Housing Corp. d/b/a Scofield 1822-RCH	1	Total	CCNH	Knive	-	
	-+-	1000			1	26,632
Item		26,632	1_			48,439
1 . I I atomunita to or	\$ -	48,439				60,678
6. Maintenance a. Repairs & Maintenance	\$		L			9,016
b. Heat	\$	60,678	- 1			
c. Light & Power	\$	9,016	4			97,012
c. Light war name 6)	\$					97,012
d. Water e. Equipment Lease (Provide detail on page 6)	\$	97,012	2			-07
(itam178)	A					241,777
f. Other (itemize) See Attached Schedule France (6a - 6f)	- \$	241,77	17			
	_	 	7	1	1	
See Attached Schedule 6g. Total Maint. & Operating Expense (6a - 6f) 7. Depreciation (complete schedule page 23*)	• •	1				4,565
La Donrectation Conf		-1	565			4,262
	\$	2	262			12,492
pailding & Building imple	\$	<u></u>				21,319
Non-Movable Equipment	\$	<u></u>	,492			
d. Movable Equipment Costs (7a + b + c + d)		\$ 21,	,319		_ \	
d. Movable Equipment *7e. Total Depreciation Costs (7a + b + c + d) **re. (Complete att. Schedule Page 24*)		7				
1		\$]				32.70
8. Amortization (Compared a. Organization Expense		\$				32,729
a. Organization Expense		\$ 32	32,729			
b. Mortgage Expense		\$				32,72
c. Leasehold Improvements			32,729			
d. Other (Specify) $(8a+b+c+d)$		-> 			1	1
*Re. Total Amortization Costs (careal property less		_ \	1			\
*8e. Total Amortization Costs (6a 1 5 9. Rental payments on leased real property less included in item 10b		\$				1
real estate taxes included	_	1	\	1		
		\$				
		\$				5/
neal estate taxes para 52		\$				54
b. Real estate taxes c. Personal property taxes C. Personal property taxes C. Personal property taxes			54,048			
c. Personal property taxes 11. Total Property Expenses (7e + 8e + 9 + 10)				· Amortization	Page 23 ar	ad Page 24.
11. Total Property Large	on Sch	nedule for De	preciation and	Amore		
- must agree Willi uctuar	J11 ~	-				

^{*} 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
			_
OM&O Materials - Appliance Parts			\$ 751
OM&O Materials - Electrical			\$ 615
OM&O Materials - Other Materials			\$ 2,304
OM&O Materials - Paint			\$ 670
OM&O Materials - Plumbing	- 1. - 1.		\$ 1,029
OM&O Contracts - Garbage/Trash Removal			\$ 10,934
OM&O Contracts - Heating/Cooling			\$ 6,911
OM&O Contracts - Snow Removal			\$ 10,760
OM&O Contracts - Elevator			\$ 12,461
OM&O Contracts - Landscape/Grounds			\$ 5,750
OM&O Contracts - Electrical			\$ 4,497
OM&O Contracts - Plumbing			\$ 6,212
OM&O Contracts - Extermination			\$ 2,730
OM&O Contracts - Janitorial			\$ 29,096
OM&O Contracts - Miscellaneous			\$ 2,292
			,
			:
			·
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 97,012

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

CSP-23 Rev. 10/2000	Depreciation Schedule	on Schedu		Report for Year Ended	b	-	Page	of 3.7	
Name of Facility Corp. d/b/a Scoffeld Manor Corp. d/b/a Scoffeld Manor	License No. 1822-RCH	_	9/30 A	9/30/2015 Accumulated		_	67		
	ot	Less Salvage Cos	Cost to Be February	Depreciation to Beginning of Year's Operations	Method or Computing U	Useful D Life fo	Depreciation for This Year	Totals	
Property Item	Land	1							
A. Land Improvements 1. Acquired prior to this report period									
3. Acquired during this report porter.						Various	2,255		
B. Building and Building Improvements	1,083,806		1,082,104	1,079,850 S/L (42,561) S/L		Various	010		_
1. Acquired prior to this report period 7. Dismosals (attach schedule)	(42,561)					Various	2,210	4,565	
3. Acquired during this report period (attach schedule)									
B-4. Subtotal		-	950 371	152,481	S/L	Various	4,262		
1	165,056		000,001						Sansteek
1. Acquired prior to this report person		+	 					4.262	<u> </u>
2. Disposals (attach schedule)									и -
3. Acquired during this report power of Subtotal									
Is a mileage logbook	宝 			Accumulated Depreciation to	Method of	17.	Depreciation		
? Acquisi	Ä	٠	Cost to Be Depreciated	Beginning of Year's Operations	Computing	Useru	for This Year	r Totals	
Yes No Month Year	ar Land								
D. Movable Equipment					10,055165.56				
	123.989		123,989	123,989	SAL	Various	5,259	<u>م</u> ا	1
X var	-		26,295	17.71	⊤ '		\ \ \ -+		
a Sierma									
d.				210 104	4 S/T,	Various	4,128	28	
lovable Equipment	ır 251,381		249,202	212,17					
a. Acquired prior to this report portor					200	Various	3,105		7.1
c. Acquired during this report period	ar 15,523		15,523		S/L	Vallous		12,492	25
ttach schedule)					Torus (-		615,12	21
D-3. Subtotal									
E. John Depres									

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1		-	·	
				1 1
		-	74	
				1.
Total additions for	Land Improvements	\$ -		\$ -
Deletions;				
1.				
			7,4 77 4	
				*
	· .	**. *		-
100	手筆()	· .		1.
Total deletions for I	and Improvements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	Sample comments rectained against the relative			Useful		
Acquisition Date	Description of Item	,	Cost	Life	I	Depreciation
Additions:		<u> </u>				
1/28/2015	New Flooring	\$	23,097	- 1	0 \$	2,310
		1			-	
					+	
					+	
Total additions for	Building Improvements	\$	23,097		\$	2,310
Deletions:						120 17 120
Various	Prior Unidentified Assets	\$	(42,561)	Various	\$	
		ļ ·			\perp	
		<u> </u>				
	·					
				-		
Total deletions for l	Building Improvements	\$	(42,561)		\$	-

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				•
			-	* -
		· .	. *	
			-	
	. '.			
Total additions for I	Non-Movable Equipment	\$ -		\$ -
Deletions:				
				-
				-
			÷	7.
Total deletions for N	lon-Movable Equipment	\$	****	\$ -

^{*}Ties to Page 23, Line C3

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

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

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

Schedule of Movable Equipment Acquired during this report period

						Useful		
Acquisition Date		Descriptio	n of Item		Cost	Life	Depre	ciation
Additions:								
6/15/2015	Chairs		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1.15	\$ 15,523	5	\$	3,105
				:				
						14.5		
						* .		
				1.57			l	
Total additions for l	Movable Equipment		······································		\$ 15,523		\$	3,105
Deletions:								
		· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·	, ,							
								····
······						-		
Potal delations for i	Movable Equipment			:	\$ -		s	

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Usef Life		Dep	reciation
Additions:						
8/3/2015	Electrical & Generator	\$ 22,000		20	\$	1,100
9/15/2015	Electrical & Generator	\$ 20,000		20	\$	1,000
10/22/2014	Asbestos Maintenance Project	\$ 348		10	\$	35
1/30/2015	Boiler Upgrade	\$ 8,087		20	\$	404
4/24/2015	Boiler Upgrade	\$ 969	100	20	\$	48
1/19/2015	Boiler Room Hazardous Materials Inspection	\$ 2,213		10	\$	221
8/11/2015	Emergency Light Repair	\$ 1,560	1	20	\$	78
	Boiler Room Hazardous Materials Inspection	\$ 2,611		10	\$	261
Total additions for	Leasehold Improvement	\$ 57,788			\$	3,147
Deletions:						
*.						
Total deletions for	Leasehold Improvement	\$ 			\$	-

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

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

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

Amortization Schedule*

TWO SEES TOTAL	
	2.
3.	
ubtotal easehold Improvements and Other	Leasehold Improvements and Other
Subtotal Leasehold Improvements and Other 1. Acquired prior to this report period Var	Leasehold Improvements and Other 1. Acquired prior to this report period Var
Subtotal Leaschold Improvements and Other 1. Acquired prior to this report period Var 2. Disposals (attach schedule)	Leasehold Improvements and Other 1. Acquired prior to this report period Var 2. Disposals (attach schedule)

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.

Stamford Elderly Housing Corporation dibia Scofi Depreciation Schedule	gia man	Cost to		an ad	2014 Accui Dept	m	2015 <u>Deprc.</u>	2015 Accu	m. NBV		
September 30, 2015	Hist. <u>Costs</u>	Be Depre	. <u>Me</u>	thod	_		-	1,01	5,310	- -	
PROPERTY CATEGORY		4.04	15,310	S/L	1,01	5,310				-	
PROPERTY OFFICE AMERICAN AMERI	1,015,310	1,01	10,010						9,191 2,598	-	
Building and Building Improvements			9,191	SIL		9,191 2,598			7,751	-	
Acquired bytor 22	9,191		2,598	S/L		7,751		-	4,503	-	
2002 Acquisitions	2,598		7,751	S/L S/L		4,503		-	6,000 3,500	•	
	7,751 4,503		4,503 6,000	S/L		6,000 3,500		-	0,01		
Lounge Renovations Carpeting	6,000		3,500	SIL		•,			1,460	-	
	3,500					1,460		-	1,316	-	
Sliding Dow Vin Hallway New Lighting in Hallway Replace Generator			1,460	S/L		1,316		-	·	-	
	1,460)	1,316	SIL					5,705	-	
2004 Acquisitions	1,310	0				5,70	5	-	2,224	-	
Carpeting Carpeting			5,705	11S 11S		2,22		-		-	
	5,70 2,23		2,224	511	_				3,111	-	
2005 <u>Acquisitions</u> Security Cameras	2,2			_	к	2,8	00	311 1,330	13,298	-	
Carpeting		:44	3,111		1L 1L	11,9	69	614	6,135	288	
	3,1 13,	111 298	13,29 6,13	5 8	5/L	5,5)			-	
temprove(file) is a	6,	135	-	•	nia				_	1,414	
		288					_		-		
Hot Water system Fire suppression			-	-	N/A				2.010	20,787	
	1	1,414						2,310	2,310		
2007 Acquisitions Hunter Mechanical valves			23.	097	S/L		-			_	
	2	3,097						-	(42,561)		_
2015 Acquisitions			(42	<u>,</u> 561)	SIL			4 EGB	1,041,853	22,489	, ==
New Flooring	(42,561)				1,0	79,850	4,565			
2015 <u>Disposals</u> Prior Unidenlified Assets	10	64,342	1,062	2,640					65,165	i (3,76	191
Prior Unidentification			-		S/L		65,165	-	-	(2,2	48)
Total Building Improvements		65,165	e	35,165 (3,789)			-		-	1,2	
Non-Movable Equipment		(3,789)		(2,248)			-	_	5,91	6	-
		(2,248) 1,213		1,213	S/L		5,916 10,000	-	10,00 5,8	26	- 158
CJLC Audit AJE CJLC Audit AJE		5,916		5,916 10,000	511		5,826		•		_
		10,000		5,826	, 5/1	-	+ → 05		3,7	⁷²⁵ 1	,378
Dishwasher material		5,826 158		158 3,72		L	3,725				-
Dishwasher Oven		3,725		1,37	8	/L			12.	737	
Kitchen Equipment		1,378		12.73		/L	12,737	1			2,426
Freezer		12,737			•	i/L			. 6	5,119	
at talong Steel Table		2,426		2,4	26 40	S/L	6,11	9			
Nurse Call System Furniture for Lounge		6,119		6,1	19	-				7,140	-
I Machine		,				S/L	7,1		-	2,919	
Simplex System		7,140	ı	7,	140 919	S/L	2,9	110			_
2003 Acquisitions		2,919)	-				074	-	2,974	
				,	2,974	S/L	2,	974			_
Window Treatments		2,97	4	-	,,,,,,			_	-	3,475 6,310	-
2005 Acquisitions					3,475	S/L		5,475 5,679	631	0,310	
Hol Water Heater		3,4			6,310	S/L	•	.,		. 025	_
2006 Acquisitions		6,3	10					4,235	=	4,235 2,595	-
Security Solution					4,235	S/L		4,235 2,595	•	-1-	
Gas Stove			235		2,595	SIL		-			
2007 New Acquisitions Communication system		2,	595								5,
Communication of the Landry Dryer									1,725	12,078	٥,
					17,251	S/L		10,353			
2008 Acquisitions		1	7,251		11,20	•					
2009 Acquisitions											
2009 Acquisitions Nursing Call Bell System 2011 Acquisitions											

Emergency Generator Emergency Generator	Current depreciation a been included in prior t		S/L S/L	859 859	-	859 859	(859) (859)
2014 Acquisitions Chiller Compressor (6/20/2014)	9,531	9,531	S/L	1,906	1,906	3,812	5,719
Total	165,056	165,056		152,481	4,262	156,743	8,312
Motor Vehicles:							
Prior years	46,960	46,960	S/L	46,960	_	46,960	_
Honda Odyssey	26,470	26,470	S/L	26,470	-	26,470	-
2003 Acquisitions							
Plymouth Voyager (2003) Shuttle Bus	6,659	6,659	S/L	6,659	-	6,659	-
	38,000	38,000	S/L	38,000	-	38,000	-
2004 Acquisitions Used car for food	5,900	5,900	S/L	5,900	-	5,900	-
2012 Acquisitions							
2012 Toyota Sienna	26,295	26,295	S/L	15,777	5,259	21,036	5,259
Total	150,284	150,284	-	139,766	5,259	145,025	5,259
Other Movable Equipment			•			· · ·	
Acquired prior 2000	168,845	168,845	S/L	168,845	-	168,845	-
Acquired during 2000	2,733	2,733	S/L	2,733	-	2,733	-
Gateway Computer (2001)	1,036	0	S/L				1,036
Toaster (2001)	1,143	0	S/L				1,143
Stainless Steel Tables Furniture for Lounge	3,160 3,614	3,160 3,614	S/L S/L	3,160 3,614	-	3,160	-
Equipment	3,614 2,697	3,61 4 2,697	S/L S/L	3,614 2,697	-	3,614 2,697	-
	2,001	2,00,	0,2	2,001		2,007	
2003 New Acquisitions Slicer/Misc Items (Kitchen Items)	2,468	2,468	S/L	2,468		2,468	
Chairs	4,104	4,104	S/L	2,400 4,104	-	4,104	-
2004 New Acquisitions							
Patio Equipment (furniture)	1,200	1,200	S/L	1,200	-	1,200	-
ood Equipment (steamtable)	4,740	4,740	S/L	4,740	-	4,740	-
Patlo Equipment (fumiture)	1,200	1,200	S/L	1,200	-	1,200	-
2007 Acquisition	A 7An	0.800	0.0	0.500			
SWC Office furnture	2,538	2,538	S/L	2,538	-	2,538	-
2008 Acquisitions Freezer	4,964	4,964	SL	4,964		4,964	
ce Cube Machine	4,964 3,215	4,964 3,215	SL	4,964 3,215	-	4,964 3,215	
	•	•		•		,	
2009 Acquisitions Dining Chairs (50)	19,858	19,858	S/L	7,943	1,324	9,267	10,591
	10,000	10,000	VII.	71040	1,024	0,201	(V)VØ (
2012 Acquisitions Lounge Furniture	14,767	14,767	S/L	2,953	984	3,938	10,829
·	17,101	17,101	0,L	2,000	30-4	0,500	630,01
2013 Acquisitions 2 Mattresses	9,099	9,099	S/L	2,730	1,820	4,550	4,550
1015 Acquisitions	•	•		• • •		•	
Chairs	15,523	15,523	S/L	-	3,105	3,105	12,418
l'otal	266,904	264,725		219,104	7,233	226,338	40,567
easehold Improvements			=			·····	
casenoid improvements Acquired prior 2000	487,581	487,581	S/L	487,581	_	487,581	_
CJLC Audit AJE	(257,096)	(257,096)	J/L	(257,096)		(257,096)	-
CJLC Audit AJE	(6,569)	(6,569)		(6,569)		(6,569)	
	223,916	223,916	-	223,916	-	223,916	•
001 New Acquisitions			٥.,				
Jpgrade Electrical/Booster	4,454	4,454	S/L	4,454	-	4,454	-
iltchen Renovation Iew Radiator Piping	7,500 5,053	7,500 5,053	S/L S/L	7,500 5,053	-	7,500 5,053	-
iew Radiator Piping 'otal	17,006	17,006	S/L _	17,006	<u> </u>	17,006	
		,	=	/			
2007 Leasehold Improvements Pump Chamber Rebuild	81,996	81,996	S/L	65,562	8,200	73,762	8,234
Asbestos Abatement for Pump Chamber	15,850	15,850	S/L	12,680	1,585	14,265	1,585
	53,522	53,522	S/L	42,817	5,352	48 169	5,353
andscaping Work andscaping Work IVAC	9,731 24,596	9,731 24,596	S/L S/L	7,784 19,678	973 2,460	8,758 22,138	973 2,458

•

					18	,604
				18,570 16	7,092 18	
		_	148,522			
•		185,695			3,562	3,118
	185,695			445	- 000	9,200
===	1001		3,116	1,600		3,800
		6,680 S/L	11,200	1,150	25,562	36,118
Total	6,680	-4 000	8,050	3,195	ZOI	
2008 Leasehold Improvements	32,000	23,000_	22,366			22,539
2008 Leasehold Milding	23,000	61,680			5,635	90,000
Awning for Building Shower room/Bathroon Title Floor Shower posin Repair	61,680		- 017	2,817	10,000	112,539
		-0.474 S/L	2,817	5,000	15,635	112,000
Shower Repair Storm Drain Repair		28.31**	5,000 7,817	7,817		
	28,174	100,000	7,811			20,900
2014 Leashold Improvements	100.000	128,174			1,100	19,000
2014 Leashold Implowers Asbestos Abatement Work Asbestos Abatement Generator	128,174			1,100	1,000	313
Asbestos Abatement Work Emergency Lighting and Generator		a con SiL		1,000	35	7,683
Emergency Cos	0	22,000		35 404	404	921
	22,000	20,000		404 48	48	1,992
2015 Leashold Improvements	20,000	340		221	221	1,482
2015 Leashord Indiana Electrical & Generator	348	8,087 S. 969 S.	Ι	78	78	2,350
Electrical & Generator Electrical & Generator Adoptenance Project	8,087 969	2,213 S	3/L _	261	261	54,641
-boctos Manicon		1,560	3/L _	3,147	3,147	
Boiler Upgrade Boiler Upgrade	2,213	2,611	S/L	3,141		221,902
Boiler Upgrade Boiler Upgrade Boiler Room Hazardous Materials Inspection Boiler Room Hazardous Materials Inspection	1,560 2,611	57,788		32,729	452,357	
Boiler Room Hazardous Museum	57,788	51,100	419,62	28 321 2		
Emergency Light Repair Materials Inspection	57,100	674,259	***************************************			298,530
Boiler Room Hazarous Emergency Light Repair Boiler Room Hazardous Materials Inspection	674,259	014,50		54,048	2,022,316	
	674,20		2,010,8	329 04,0		
Total Leasehold Improvement		2,316,965			40	73,858
Total Leasehold Impre	2,320,846	2,3101		17,63	5 800,4 ⁹	76,628
•	2,320,5			54,04	5 8 1,569,95	Da 1
	-			3-1,0		
TOTAL	874,351					
	1,646,587					
TIS (TR Linked)	1,040,					
Amount Per F/S (TB Linked) Amount Per Cost Report						
	(2,769)					
	(36,413)					
	١٠ '					
FIS vs CIR NBV - Page 31, Line F1 FIS vs CIR Dep - Page 36, Line F1						
FIS VS CITY DOP						

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

Name of Facility License No.	Report for Year End	ded		Page	of
Stamford Elderly Housing Corp. d/b/a 1822-RCH	9/30/2015			25	37
11 Promovky Overstienneige					
11. Property Questionnaire Part A				<u></u>	
Is the property either owned by the Facility				If "Yes," comple	te Part B.
or leased from a Related Party?*	Yes	0	No	If "No." complete	
*If any owner or operator of this facility is related by family, ma	rriage, ownership, ability	to control or			
business association to any person or organization from whom by	uildings are leased, then i	t is considered a			
related party transaction.			and the second		
Description	Total				
1. Date Land Purchased	1920s				
2. Date Structure Completed	01/01/31			2	
3. If NOT Original Owner, Date of Purchase	N/A				
4. Date of Initial Licensure	1950s				
5. Total Licensed Bed Capacity	50 N/A				4.4
6. Square Footage7. Acquisition Cost	NA				
a. Land	N/A				
b. Building	N/A				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing		3.0			
a. Type of Financing (e.g., fixed, variable)	Bonds	HAZO LI GENETI MARIE EN PROPERTANTO	37.50	220/204 124/1/2020	
b. Date Mortgage Obtained	1930s				
c. Interest Rate for the Cost Year	N/A				
d. Term of Mortgage (number of years)	N/A		,		
e. Amount of Principal Borrowed	N/A				
f. Principal balance outstanding as of 9/30/2015	N/A				
Complete if Mortgage was Refinanced					
During Current Cost Year				3.1	
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					
Amount of Principal Borrowed Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property	Improvements Only	v			
	perty Leased	Date of Lease	Term of Lease	Annual Amoun	t of Lease
1 dans and 1 dans of 2 das.	<u>F - </u>				
				ļ	
		1		<u> </u>	

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

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

Name of Facility	Report for Ye		Page 26	of 37			
Stamford Elderly Housing Corp. d/b/a	1822-RCH		9/30/2015				<u> </u>
tamility Literity Trease 8						Resider	
Item			Total	CCNH	RHNS	<u> </u>	ome
12 Interest							
A. Building, Land Improvem	ent & Non-Movable						
Equipment		ď	.]			Ì	
1. First Mortgage		T Data					1
Name of Lender		Rate					
		<u> </u>	-				
Address of Lender							7
2. Second Mortgage				a continue a trai Parico de la		100000000000000000000000000000000000000	
Name of Lender		Rate					
Name of Bender		<u> </u>			1.0		
Address of Lender	· · · · · · · · · · · · · · · · · · ·						
			<u> </u>				
3. Third Mortgage			\$				
Name of Lender		Rate					
		_l					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Informati	on						
1. Original Loan Amou	nt		\$	_			
2. Loan Origination Da	te						
3. Interest Rate %					100		
4. Term							
5. CHEFA Interest Exp	ense						
12 B7. Total Building Interest Ex		<i>(</i>)	\$	arry Subtota	<u> </u>	1	

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

Name of Facility License 1	Report for Y	ear Ended		Page of		
Stamford Elderly Housing Corp. d/b 1822	-RCH		9/30/2015			27 37
						Residential
Item			Total	CCNH	RHNS	Care Home
Sub	Subtotals Brought Forward:					
12. C. Movable Equipment						
Automotive Equipment						
A. Item	Rate	Amount	t same parties			
Lender		*	-			
Address of Lender						
2. Other (Specify)	•	\$				
A. Item	Rate	Amount				
Lender	***	· · · · · · · · · · · · · · · · · · ·				
Address of Lender						
B. Item	Rate	Amount				
Lender			7-0-			Property of
					± ±	
Address of Lender						
						Marie II Wallet
12. C. 3. Total Movable Equipment Intere	st					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 120	72 ± 12D)	ν Φ				
14. Insurance	1217)	\$				
a. Insurance on Property (buildings on	lv)	\$	4,326		· .	4,326
b. Insurance on Automobiles	13)	<u> </u>				2,694
c. Insurance other than Property (as sp	ecified ah		2,074			2,034
1. Umbrella (Blanket Coverage)		\$	14,136	Ì		14,136
2. Fire and Extended Coverage		\$	2.,,200			- 1,120
3. Other (Specify)	3,892	·····		3,892		
D & O Insurance	I					
14d. Total Insurance Expenditures (14a + b		\$	25,048			25,048
15. Total All Expenditures (A-13 thru C-14	()	\$	2,445,590			2,445,590

D. Adjustments to Statement of Expenditures

002 	.tomen'	f OI E'XI.	Jeliano		_	
D. Adjustments to Sta	fellio	_		Ended	Page	of
D. 12-03		- NIA	IKCDOLLIOI -	ar Engeu	28	37
	182	O 1 10.	9/30/2015		-	
Com d/h/a Scofield Manor		Total			Resider	itial Care
y Housing Corp. G. S.		mount of	1	DUNG	H	ome
			CCNH	Krino		
e Description		Jeorous-				district
\		A Company of the Comp	<u>A III A A A A A A A A A A A A A A A A A</u>			
iries and irugo			+			
Outpatient Service Costs			+	T		14,369
Solaries not related to Resident	\$		-			115-
	\$	14,30	A LOS DE LA CONTRACTION DEL CONTRACTION DE LA CO			
Other - See attached Schedule		100		WAY TO THE REAL PROPERTY OF THE PERSON OF TH		
	\$					
	\$					
Resident 5	\$					
			(4.5) (4.5) (4.5)	A CONTRACTOR OF THE PARTY OF TH		
A Larinistrative and General	\$	Mississis				
16 - Administration Benefits						
10130111						
Bad Debis						
Accounting & Log						
	Φ	4			N. C.	
treffilling on the						175
Life insurance premium			175	- Silve		
of Owners, Partners, Open		\$	175			and the second
1.3 Gifts, flowers and conce surplinges or						
Education expenditures to and related cost	ts					ar se
l disposities for fullon was		\$				
				The state of the s	SECTION 1	
		\$				(0)
in excess of one representative						600
Lile Hynense (C.B. P.	ise)		600			
Automobile 22-F						
TO / COMMIAW Dasa-	ax					
Fund Raising / Odernagement Fees						1
1 Decuty			17	The second section		
Barber and Beauty		\$				
Other - See attached Schedus						
10 Dietary Expenditures quests and ot	hers					# O 7 / O 7
Meals to employees, guesto		\$				
who are not residents						
Y andry Expenditures	nests				gazgen	The second second
19 - Laundry Services to employees, 5	10310	\$				
and others who are not resident						
Leaning Expenditures	gue	erte				
20 - Housekeeping services to employ	yees, guv-	\$				15
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		26) \$	15,161		and to	mext page)
and others will Subtotal (Items 1 -		(Car	ry Subtotai Ju	maru ~	1000-1
	Provided to the control of the contr	Pries and Wages Note	Pries and Wages Outpatient Service Costs Salaries not related to Resident Care Occupational Therapy Other - See attached Schedule Occupational Therapy Occupational Schedule Occupational Therapy Occupational Schedule Occupational Therapy Occupational Schedule Occupational Therapy Occupational Schedule Occupational Therapy Schedule Schedule Schedule Occupational Therapy Schedule Schedu	P. Adjustments to Statement Wy Housing Corp. d/b/a Scofield Manor Item Description Provided the properties of the provided the continental U.S. Other out-of-state universities for universitie	Provided to Statements Service Costs New York Statements Stateme	

^{**} 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	Residentis Care Hon
-	12b1	RN: Direct Care -	Capped at avg. w	age rate of Aides (S	See attached)				\$ 14,3
							•		7 .
						4.5			
						1.7.1			
Total Othe	r Salaries	Adjustment			-		\$ -	\$ -	\$ 14,3

Schedule of Fees Adjustments

Page Ref	Line Ref	Description			CCNH	RHNS	Residential Care Home
		71E	 y.				
				•			
Total Othe	r Fees Adji	ustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

ge Ref Line Ref	Description	CCNH	RHNS	Residential Care Home
16 m13	Book for Guests			\$ 17
				·
				1 .
I Other A&G Ac	justments	\$ -	\$ -	\$ 17

STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR RN Salary Disallowance

September 30, 2015

Total Aides Salaries Total Aides Hours Aides Dollars per Hour	\$	343,153 17,826 19.25
Total RN Salaries Total RN Hours RN Dollars per Hour	<u>.</u> \$	36,892 1,170 31.53
Difference between RN and Aides hourly wage	_\$	12.28
Total RN Hours Disallowed Hourly Wage RN Disallowed Salary Expense	<u>\$</u> \$	1,170 12.28 14,369 *

			D. Adjustments to Stateme	Tio	ense No.	Report for	Year Ended	Page	of
ame	of Fa	cility		יענען	1822-RCH	9/30/2015		29_	37
tamt	ord El	derly	Housing Corp. d/b/a Scofield Manor	<u> </u>	Total			1	
1		T		Ì	Amount of				ential Care
tem	Page	Line		l	Decrease	CCNH_	RHNS	<u> </u>	Home
Nn.	No.	No.	Item Description	-	15,161				15,161
			Subtotals Brought Forward	1 1	12,101				
Dage	20 - 1	Reside	nt Care Supplies***	\$		6 Bassara			
27.	<u>- </u>	T - 1	Prescription Drugs	- \$					
28.			Ambulance/Limousine	- \$					
29.			X-rays, etc	$-\frac{3}{8}$					
30.	 	1	Laboratory	<u>.</u> \$					
31.	┼	 	Medical Supplies	<u>\$</u>					
$\frac{31}{32}$	 	-	Oxygen (non emergency)	- 3		-			
33	' 	 	Occupational Therapy		5,92	8		and a walk	5,928
2/	 	+	Other - See Attached Schedule		3,72				
Dag	<u>·l</u>	Main	d Duonarty						
35.		77,240.00	Excess Movable Equipment Depreciation	n .	A		200		
33.	·	1	See Attached Schedule		\$				
- 20	. 	+	Depreciation on Unallowable						
36	··		Motor Vehicles		\$				
	, 		Unallowable Property and Real		30.00		200	200	
3′	' ·		Entote Tayes		\$				
-			Rental of Building Space or Rooms		\$				
3			Other - See Attached Schedule		\$				
3		Lucu							
		- Insu	Mortgage Insurance		\$				
	0.		Property Insurance		\$				
14	1.						A STATE OF THE STA	2/02/201	
_		Miscei	laneous Research or Experimental Activities		\$				
	2.		Radio and Television Revenue		\$				
	13.		Vending Machine Revenue		\$				
	14.		Purchase Discounts and Allowances		\$				
	45.	-	Duplications of functions or services		\$			700	
_	46.		Expenditures made for the protection,				apare ta		
- 1	47.		enhancement or promotion of the						
-			providers interest		\$				
L		-	Interest Income on Accounts Rec		\$				
	48.		Other (include personnel and other						
	49.	ļ	Other (include personner and construction costs unrelated to resident care) - See						146,
			costs unrelated to resident outs)		\$ 146	,696			
			Attached Schedule		100				
1	Not Fo	or Proj	fit Providers Only Building/Non Movable Eq. Deprecia	tion					
F	50.		Building/Non Movaule Eq. Depression						and the second
- 1	1		Unallowable Building Interest - See Attached Schedule		\$				167
- 1						7,785	l l		107

^{***} 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.

Stamford Elderly Housing Corp. d/b/a Scofield Manor 9/30/2015

Schedule of Other Ancillary Costs

			CCNH	RHNS	Residential Care Home
	The Def	Description	CCIVIL		\$ 3,363
e Ref		Cable TV (See attached)		and the same	\$ 2,031
20	5i	Medical Supplies			\$ 53
	5b	Over the Counter Drugs			
			1 11		
	—				
					1.0
					ļ
	1		\$	\$ -	\$ 5,92

Schedule of Excess Movable Equipment Depreciation

ef Description											
											
							+				T
	_						1				
							1				
-						7 7					
	<u> </u>		<u> </u>		<u> </u>		1				
		<u> </u>						:		-	·
							+				<u> </u>
		. <u> </u>	<u> </u>				-	·			
			1	<u> </u>			10		\$	-	\$
	vable Equipme	vable Equipment Depreciati	vable Equipment Depreciation	vable Equipment Depreciation	vable Equipment Depreciation	vable Equipment Depreciation					

Schedule of Other Property Adjustments

		CCNH	RHNS_	Residential Care Home
ge Ref Line Re	Description			
ge Rei Bille IX				
				I
				<u> </u>
		\$ -	\$	

Page Ref	Line Rei	Description	CCNH	RHNS	Residential Care Home
See Page	29c	Wormser (See attachment)			\$ 146,696
	1				
1. 2					
Total Oth	er Adjustn	nents	\$ -	\$ -	\$ 146,696

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			- 1		
	•				
				: ::	
٠.					-
	· "·				
			·		
Total Unal	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR Pg. 29b Cable TV Disallowance 9/30/2015

	\$	6,963 TB Linked
Total Cable Tv Expense		
	\$	300
Total Monthy Fee Allowed		12
Total Months	\$	3,600
Total Allowable Expense		
		$3,363$ {a}
Disallowed Expense		

Tickmark

{a}

Ties to page 29a

STAMFORD ELDERLY HOUSING CORPORATION d/b/a SCOFIELD MANOR

Pg. 29c

Wormser meals disallowance

September 30, 2015

<u>Calculation of Meals</u> Scofield Manor					
Resident Days	17 (50			# *****	
Meals per day	17,658			* Fringe benefit calculation:	(47.117
Meals per year	52,974			Total Fringes Total Salaries	647,117
Means per year	32,774			Total Salaries	1,006,459 64.30%
					01.5070
Wormser Congregate					
Number of Beds	41				
Meals per day	<u> </u>				
Meals per year	14,965				
Total dietary meals per year	67,939				
Square Footage of Facility	24,0	000			
Square Footage of Kitchen		82			
Kitchen space as % of total		34%			
Total meals served		20			
Wormser meals	67,9				
Catering as % of dietary	14,9				
Catering as 70 of dictary	22.0	1370			
Catering Allocation of Kitchen	space 0.6	3%			
Expenses					
Administrative & General	Heat		48,439		
	Light & Power		60,678		
	Water		9,016		
	Total		118,133		
	Catering Allocation		0.63%		
	Unallowable Amount	\$	739		
Capital	Property Insurance		25,048		
•	Catering Allocation		0.63%		
	Unallowable amount	\$	157		

Direct	Dietary Salaries		278,278		
	Dietary Fringes		178,923	*	
	Dietary Supplies				
	Raw Food		204,712		
	Total		661,913		
	Meals served allocation		22.03%		
		\$	145,800		
			,		
Total disallowed expenses	<u>\$ 146,696</u>				

0 Per 10/2005	ong-Term Care Facility F. Statement of Rever	<u>nue</u>	ort for Yea	ar Ended	-	Page 30	. 27	1
0 Rev.10/2005		Kept	ort for 100 0/2015				sidential Car	=9
of Facility	License No.	-17/5	1200		- TD IC	1	Home	
ford Elderly He	ousing Corp. d/b/a Sc 1822-RCH		Total	CCNH	RHNS			
		-					2,068,61	18
	Item Care Revenue		2,068,618				2,000,	7
seident Room	Board & Routine Care Revenue		2,000,020					7
Medicaic	d Residents (CT only)	- \$ -						7
Madicaid	d Room and Bears	\$ -						7
o. Medicai	d (All other states) tates Room and Board Contractual Allowance ** Residents (all inclusive)	-\$				-+		7
2. a. When S'	tates Room and Board Contractual 12.	\$		+			45.	,625
o Medica	re Residents (all inclusive) Ream and Board Contractual Allowance **	\$	45,625	5				-
h Medical	ire Room and	\$	45,022	1				
D. Wicuit	2-Pay Residents and Other 2-Pay Residents and Board Contractual Allowance **	\$						
4. a. Private	2-Pay Residents and Other 2-Pay Room and Board Contractual Allowance **	i i	A STATE					
Doeid	dent Revenue	\$						
Other Aver-	ription Drugs - Medicare ription Drugs - Medicare Contractual Allowance **	\$					<u> </u>	
1 D	ription Drugs - Management	\$	 				<u></u>	
b. Presu	ription Drugs - Non-Medicare ription Drugs - Non-Medicare Contractual Allowance **	\$]	
	wintion Drugs - Non 112	\$]	
d. Presur	ical Supplies - Medicare ical Supplies - Medicare Contractual Allowance **	\$	6				<u></u>	
			\$				<u></u>	
b. Mean	lical Supplies - Non-Medicare lical Supplies - Non-Medicare Contractual Allowance **		\$				T	
c. Mea	lical Supplies - Non-Medicare dical Supplies - Non-Medicare Contractual Allowance ** dical Supplies - Non-Medicare Contractual Allowance **		\$					
d. Mea	ical Supplies - No.		\$					
3. a. Phys	rsical Therapy - Medicare Contractual Allowance		\$					
b. Phy	ysical Therapy - Non-Medicare ysical Therapy - Non-Medicare Contractual Allowance **		\$					
c. Phy	ysical Therapy - Non-Medicare ysical Therapy - Non-Medicare Contractual Allowance ** ysical Therapy - Medicare		\$					
d. Phy	ysical Therapy 11011		\$					
4. a. Spr	peech Therapy - Medicare Deech Therapy - Medicare Contractual Allowance ** Deech Therapy - Medicare Contractual Allowance **		\$					
1 000	seech Therapy - Wedies		\$					
c. Sr	peech Therapy - Non-Medicare peech Therapy - Non-Medicare Contractual Allowance ** peech Therapy - Medicare		\$		+			
	neach Therapy - Non-Wost		\$					
5. a. O	Occupational Therapy Medicare Contractual Allowance		\$					
-	diamol includy was	- **	\$,		
c. C	Occupational Therapy - Non-Medicare Occupational Therapy - Non-Medicare Contractual Allowance Occupational Therapy - Non-Medicare Contractual Allowance	3 *	\$					
1	Onetional Illerapy					+		2,114,2
6 a. (Other (Specify) - Westigare		\$ 2	2,114,243		1		
b. '	Other (Specify) - Non-Medicare Other (Specify) - Non-Medicare I Resident Revenue (Section I. thru Section II.)		-					<u> </u>
III Total	d Resident Revenue (Section 2)		C					
					 I			
	and to quests, employees							
2 R	ental of rooms to non-residents		<u>\$</u>					
			\$					
	antal of Television and Caulo 5					1		
	tonget Income (Specify)		\$		+	1		2:
			\$	257.031				
6. 1	Private Duty Nurses 1 ces Barber, Coffee, Beauty and Gift shops		\$	257,935	li .	7		2
	out in (Spacify)		\$	257,935	_ \	1		2,3
8.	Other (Specify) tal Other Revenue (1 thru 8)		\$	2,372,17	8			
V. To	otal All Revenue (III+V)							

^{*} 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	CCNH	RHNS	Residential Care Home
Page Ref Description			
	\$	\$	\$ -
Total Other Resident Revenue - Medicare	p=p=v=v=v=v=v=v=v=v		

Schedule of Other Non-Medicare Resident Revenue

Related Exp	CCNH	RHNS	Residential Care Home
Page Ref Description			
Total Other Resident Revenue	\$ -	\$ -	\$
Total Other Resident			

Interest Income

Account

Timerest 2005	Balance CCNH RHNS Care Home
Page Ref Account	
Total Interest Income	\$ - \$ - \$
10th fitting	••••

Schedule of Other Revenue

hedule of Other Revenue	CCNH	RHNS	Re Ca	sidential re Home
	 		\$	163,435
ge Ref Description	 		18	94,500
IV 8 Wormser/Other Catering Income	 	 	+	
IV 8 City of Stamford Grant	 	 		
		 		
			_	
	 -\ <u>.</u> s	\$	\$	257,9

G. Balance Sheet

Nam	ie of	f Facility	License No.	Report for Year Ended	Pag	ge of
Stan	ıfor	d Elderly Housing Corp. d/b/a	a S 1822-RCH	9/30/2015	31	37
			Account			Amount
Asse						
A.		irrent Assets				
		Cash (on hand and in banks			\$	218,218
		Resident Accounts Receivab			\$	107,497
		Other Accounts Receivable	(Excluding Owners or	r Related Parties)	\$	
	4	Inventories			\$	
	5.	Prepaid Expenses			\$	26,207
		a. Prepaid Expenses & Other		26,207	_	
		b				
		с				
		d.				
		Interest Receivable			\$	
		Medicare Final Settlement R			\$	
	8.	Other Current Assets (itemiz	ze)		\$	
					_	
	· · · · · · · · · · · · · · · · · · ·	tal Current Assets (Lines A1	thru 8)		\$	351,922
В.		ked Assets				
		Land			\$	
	2.	Land Improvements	*Historical Cost		\$	
			Accum. Depreciation	on Net		
	3.	Buildings	*Historical Cost	1,064,342	\$	22,488
			Accum. Depreciation			
	4.	Leasehold Improvements	*Historical Cost	674,259	\$	221,902
			Accum. Depreciation	on 452,357 Net		
	5.	Non-Movable Equipment	*Historical Cost	165,056	\$	8,313
			Accum. Depreciation			
	6.	Movable Equipment	*Historical Cost	266,904	 \$	40,567
			Accum. Depreciation	on 226,337 Net		
	7.	Motor Vehicles	*Historical Cost	150,284	\$	5,259
			Accum. Depreciation	on 145,025 Net		
	8.	Minor Equipment-Not Depre	eciable	20.00	\$	
	9.	Other Fixed Assets (itemize))		\$	(2,769)
		F/S vs C/R NBV	•	(2,769)		, , ,
				(-7)	_	
B-10		Total Fixed Assets (Lines B	1 thru 9)		\$	295,760

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

G. Balance Sheet (cont'd)

Nan	ne of	f Facility	License No.	Report for Year Ended		Page		of
Stan	nfor	d Elderly Housing Corp. d/b/a S	1822-RCH	9/30/2015		32		37
			Account		Π	Amo	ount	
				Total Brought Forward:	\$		647	,682
C.	Le	easehold or like property recorde	ed for Equity Purposes	•				
	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	\$			
		Minor Equipment-Not Deprec			\$			
C-8		tal Leasehold or Like Properti	es (C1 thru 7)		\$	····		
D.		estment and Other Assets						
		Deferred Deposits			\$			
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	Net	\$			
	4.		***************************************	**************************************	\$			
	5.	Investments Related to Reside	nt Care (itemize)		\$	Michia benezeka estema erren	TO A VICTORIAN THE O	seastaneer.
			·····	· · · · · · · · · · · · · · · · · · ·				
	6,	Loans to Owners or Related Pa	· · · · · · · · · · · · · · · · · · ·		\$			
		Name and Address	Amount	Loan Date				
							4	
	7.	Other Assets (itemize)	<u></u>		\$		(234,	549)
		Inter Program - Due From		(234,549)			(23)	
				(25 135 15)				
D-8.	Tot	tal Investments and Other Ass	ets (Lines D1 thru 7)		\$	ZA BANGA ZA PARANCA MA	(234,	5491
		tal All Assets (Lines A9 + B10			\$		413,	

^{*} 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 I	Ended	Page	of
Stamford Elderly	Housing Corp. d/b/a Scofield	1822-RCH	9/30/2015		33	37
	I	Account			Amo	ount
Liabilities						
A. Cu	rrent Liabilities			Ī		
1.	Trade Accounts Payable	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$		82,871
2.	Notes Payable (itemize)			\$		
		٠.				
	·					
3	Loans Payable for Equipmen	nt (Currant portion)	(itamiza)			
	Name of Lender	Purpose	Amount	Date Due		
	T WATER OF ESCHAOL	1 di pose	- Fillount	Bate Bue		
ļ						
,						
	A 1 D 11 (E 1 - 1	CO 1/ G	77 77 7			105 (55
4.	Accrued Payroll (Exclusive of			\$		125,657
5. 6.	Accrued Payroll (Owners an		ny)	\$		
7.	Accrued Payroll Taxes Paya Medicare Final Settlement P			\$		
8.				\$		
9,	Medicare Current Financing Mortgage Payable (Current		W	\$ \$		
	Interest Payable (Exclusive of		atad Dautian)	\$		
	Accrued Income Taxes*	y Owner ana/or Ken	nea Farnes)	\$		
	Other Current Liabilities (ite	mizo)		\$		178,066
12.	Other Current Liabilities	31,58	9	Ψ.		170,000
	Accrued Liabilities - Other	146,47				
		110,11				
			· · · · · · · · · · · · · · · · · · ·			
A-13, <i>Tot</i>	tal Current Liabilities (Lines	s A1 thru 12)		\$		386,594

^{*} Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income (Carry Total forward to next page) Tax Return.

G. Balance Sheet (cont'd)

Stamford Elderly Housing Corp. d/b/a Scofi 1822-RCH 9/30/2015	Year Ended	1 73	
		Page	0
Account		34	37
		An	nount
Liabilities (cont'd)	Brought Forward:	! 	386,594
B. Long-Term Liabilities			
1. Loans Payable-Equipment (itemize)	ł	٨	
Name of Lender Purpose Amour		\$	
Amour	it Date Due		
·			
2. Mortgages Payable			
3. Loans from Owners or Related Parties (itemize)	\$		
Name and Address of Lendon	n Date		TO West Translation
1.08	ii Date		
4. Other Long-Term Liabilities (itamica)			
4. Other Long-Term Liabilities (itemize)	\$		
		7	
B-5. Total Long-Term Lightlitias (Lines D14hm 4)			
B-5. Total Long-Term Liabilities (Lines B1 thru 4) C. Total All Liabilities (Lines A-13 + B-5)	\$		
C. 25. 2011 Find Endounter (Lines A-13 + B-5)	\$		386,594

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

	ne of Facility License No. Report for Year Ended		age of
Star	mford Elderly Housing Corp. d/b/a 1822-RCH 9/30/2015 Account	3	5 37 Amount
A.	Reserves		1 IIII GIII
	1. Reserve for value of leased land	\$	
	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	\$	221,902
	5. Reserve for funds set aside as donor restricted	\$	
	6. Total Reserves	\$	221,902
В.	Net Worth		
	1. Owner's Capital	\$	
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(158,364)
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	\$	(36,999)
	7. Total Net Worth	\$	(195,363)
C.	Total Reserves and Net Worth	\$	26,539
Đ.	Total Liabilities, Reserves, and Net Worth	\$	413,133

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Stamford Elderly Housing Corp. d/b/a S		9/30/2015		36	37
	Account			Aı	nount
A. Balance at End of Prior Period as s	shown on Report of 09	7/30/2014		\$	(171,694)
B. Total Revenue (From Statement of				\$	2,372,178
C. Total Expenditures (From Stateme	nt of Expenditures Pa	ge 27)		\$	2,409,177
D. Net Income or Deficit				\$	(36,999)
E. Balance				\$	(208,693)
F. Additions					
Additional Capital Contributed	(itemize)				
Expenses Per Page 27	\$2,445,590				
F/S vs C/R Dep	(36,413)				
Expenses Per F/S	\$2,409,177				
2. Other (itemize)					
Prior Period Adjustment		13,330			
F-3. Total Additions				e e	12.220
G. Deductions				\$	13,330
1. Drawings of Owners/Operators	Partners (Specify)			\$	
Name and Address (No., City,		Title	Amount	Ψ	
Trume and radiess (110., Cuy,	Biaic, Lip)	Title	Amount		
2. Other Withdrawings (Specify)			1	\$	
Purpose		Amor	unt	Ψ	
T dipose		7 Milo	шп	-	
3. Total Deductions				\$	
	09/30/1	 5			(195.363)
H. Balance at End of Period	09/30/1:	5		\$	(195,363)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of	
Stamford Elderly Housing Corp. d/b/a	1822-RCH	9/30/2015	37	37	
	Check appropriate category				
Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) Residential Care Home					
	Preparer/Reviewer Certifica	tion		5-902	
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			
Wenter PRINCIPAL 1/21/16					
Printed Name of Preparer	-				
Matthew S. Bayolack					
Addres Address		Phone Number			
 555 Long Wharf Drive, New Haven, CT 065	11	203-781-9600			

Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

Cost 10m2	
thursing Corp. d/b/a Scofield M	anor
Facility Name Stamford Elderly Housing Corp. d/b/a Scofield M Facility Name Stamford Elderly Housing Corp. d/b/a Scofield M	answers. Attach
Complete the following check list. Provide an explanation for any "No" additional sheets to explain further, if necessary. Yes No 1. Have all related parties been properly disclosed on Pages.	
Yes No 1. Have all related parties been properly discrete. Explanation:	
Бхражи	
Yes No 2. Are the methods of allocating costs consistent with cost the reporting change. Explanation:	year 2014? If not, explain
Yes No 3. Are costs allocated based on the methods prescrib Report? If not, provide the basis of your allocation. Explanation:	ed on Page 5 of the Annual
Yes No 4. Do equipment leases listed on Page 6 agree with Page 22, Line 6e? If not, state where these concepts. Explanation:	n equipment leases reported on sts are included in the Annual

* II	Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
 	During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
<u> </u>	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No / Explanation	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No Explanation	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes N Explana	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No 11. Have the dietary and laundry questionnaires on Pages 15	3 and 19 been completed?
Explanation:	
Yes No 12. Has the personal use portion of automobile expense by depreciation, lease payments, insurance and taxes? Explanation:	een disallowed, including,
Yes No 13. Does historical cost and accumulated depreciation 23 and 24 roll forward from cost year 2014? Explanation:	of all assets reported on Pages
Yes No 14. Does the net book value of all assets reported on net book value reported on Pages 31 and 32? Explanation:	Pages 23 and 24 agree with the
Yes No 15. Has asset useful life been reported in accordar American Hospital Association guidelines? Explanation:	ce with the 2013 edition of the
Yes No 16. Have all assets been categorized between m the 2013 edition of the American Hospital Explanation:	ovable and fixed in accordance with Association guidelines?

Yes No 17. Have all contractual allowances been properly reported on Page 30?
Explanation:
Yes No 18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why. Explanation:
Yes No 19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted. Explanation:
Yes No 20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? If detail is not provided, appropriate disallowances will be made. Explanation:
Yes No 21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 Explanation: Explanation:
Yes No 22. Has all required documentation been submitted to the Annual Report review and audit contractor?
Explanation:Page 4 of 4

Scoffeld Manor Medicald - Scoffeld Manor 2015 Cost Report FINAL RJE 9/30/2015 JE Ref# ADJ 175,834.00 Client: 9/30/2015 A.01 - TB-OTHER Engagement: 31,590.00 9/30/2015 Period Ending Description 175,834.00 5,459.00 Trial Balance 31,590.00 5,335.00 Account 130,802.00 Cash-unrestricted 5,459,00 3,433.00 5,335,00 Cash-unrestricted 111101 (26,738.00) 130,802.00 Cash-unrestricted 111102 3,433.00 26,207.00 Account receivable - other government Cash-unrestricted 111103 (234,549.00) (26,738.00)Account receivable - Other - Private 111104 26,207.00 163,129.00 Allowance for doubtful accounts - tenants 124001 (234,549,00) 295,946.00 Prepaid expenses and other assets 125051 163,129.00 415,276.00 Inter program - due from 126101 295,946,00 (800,493.00) Furniture, equipment and machinery - dwellings 142001 (2,068,618.00) 415,276.00 Furniture, equipment and machinery - administration (2,068,618.00) 144001 (800,493.00) (2,068,618.00) 162001 (45,625.00) 0.00 (45,625.00) 163001 Accumulated depreciation RJE - 8 (45,625.00) 164001 PATIENT REVENUE 0.00 (163,435.00) (163,435.00) RJE-8 166001 (163,435.00) 303110 (14,689.00) 0.00 Private Pay RJE - 8 (29,556.00) WORMSER CATERING INCOME 303111 (14,689.00) (96,101.00) (29,556.00) (68,182.00) Accounts payable <= 90 days 303691 (96,101.00) (31,589.00) Accrued wage/payroll taxes payable Accrued compensated absences - current portion (68,182.00) (146,477.00) 312001 (31,589,00) 278,278.00 Accounts payable - other government 321001 278,278.00 (146,477.00) 322001 278,278.00 Other current liabilities 0.00 126,460.00 Accrued liabilities - other RJE-7 126,460.00 333001 SALARIES- KITCHEN STAFF 126,460.00 345001 0.00 343,153.00 343,153.00 346001 RJE-7 SALARIES- ADMINISTRATION STAFF 343,153.00 401111 0.00 36,892.00 RJE-7 36,892.00 SALARIES- ATTENDANTS 401112 36,892.00 0.00 39,537.00 RJE-7 39,537.00 SALARIES-RN DIRECT CARE 401113 39,537.00 38,059.00 0.00 RJE-7 38,059.00 SALARIES- BUILDING MAINT, STAFF 401113.1 38,059.00 0.00 26,733.00 RJE-7 26,733.00 SALARIES-HOUSE KEEPING STAFF 26,733.00 401114 45,574.00 0.00 RJE-7 45,574.00 SALARIES-LAUNDRY STAFF 45,574.00 401115 0.00 541.00 RJE-7 541.00 SALARIES-SOCIAL SERVICES STAFF 401116 541.00 0.00 158,364.00 RJE - 12 713.00 401117 713.00 158,364.00 Subscriptions 713.00 0.00 17.00 RJE - 11 452937 17.00 Unrestricted Net Assets TELEPHONE - CELLULAR 17.00 0.00 108,692.00 RJE - 3 108,692.00 512101 MISCELLANEOUS EXPENSE 108,692.00 512742 0.00 14,325.00 RJE-1 14,325.00 EMPLOYEE BENEFITS-MERF 512931 14,325.00 0.00 7,322.00 RJE - 2 7,322.00 513352 7,322.00 0.00 1.018.00 RJE-2 1,018.00 Dental 513355 86.00 0.00 RJE-3 932.00 LTD 19,340.00 RJE-6 513356 DIETARY SUPPLIES 19,340.00 19.340.00 0.00 7.244.00 RJE - 4 525131 7,244.00 HOUSEKEEPING SUPPLIES 7,244.00 0.00 3,892.0 3,892.00 RJE-5 543631 3,892.00 LAUNDRY RENTALS 0.00 2,694.0 RJE - 14 2,694.00 545501 2,694.00 0.00 D & O Insurance RJE - 14 550502 Car Insurance 552992

					PINAL
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2015			9/30/2015
564541	FEDERAL SOCIAL SECURITY	0.00		90,226.00	90,226.00
00.01.			RJE - 1	90,226.00	
708002	Other government grants	(94,500.00)			(94,500.00)
715001	Other revenue	(2,114,243.00)		2,114,243.00	0.00
			RJE - 8	2,114,243.00	0.00
715002	Other revenue	(163,435.00)		163,435.00	0.00
			RJE - 8	163,435.00	74 773 00
911001	Administrative salaries	140,676.00	D. 7	(68,903.00)	71,773.00
			RJE - 7	(140,676,00) 71,773 <i>.</i> 00	
		20 094 00	RJE - 7	4,210.00	34,291.00
912001	Auditing fees	30,081.00	RJE - 13	4,210.00	04,201.00
		106,748.00	K3⊏ - 13	4,2.10.00	106,748.00
913001	Management Fee	26,160.00			26,160.00
913201	Front Line Service Fee	600.00			600.00
914001	Advertising and Marketing	78,950.00		(33,279.00)	45,671.00
915001	Employee benefit contributions - administrative	,0,000.00	RJE - 1	(29,918.00)	,
			RJE - 2	(3,361.00)	
040004	Office Expenses - Equipment Maintenance & Repair	2,745.00	/ **	12.00	2,757.00
916001	Office Expenses - Equipment Maintenance & Repair	2,1 10.00	RJE - 3	12.00	
040000	Office Expenses - Equipment Purchases <5,000	238.00			238.00
916002	Office Expenses - Other Office Expense	3,835.00			3,835.00
916003 916004	Office Expenses - Postage	98.00			98.00
916008	Office Expenses - Stationary/Supplies	1,728.00			1,728.00
916009	Office Expenses - Telephone	8,394.00		(713,00)	7,681.00
910005	Omos Esponsor	•	RJE - 11	(713.00)	
917001	Legal Expense	8,786.00			8,786.00
918001	Travel	198.00		419.00	617.00
010001			RJE - 3	239.00	
			RJE - 10	180.00	
919002	Other - Consulting Fees	7,910.00		(4,210.00)	3,700.00
	•		RJE - 13	(4,210.00)	
919004	Other - Data Processing	15,862.00			15,862.00
919006	Other - Membership Dues & Fees	1,981.00		(1,331.00)	650.00
			RJE - 12	(1,331.00)	0.00
919007	Other - Miscellaneous Sundry	2,130.00		(2,130.00)	0.00
			RJE - 3	(2,130.00)	4.056.00
919008	Other - Staff Training	1,256.00			1,256.00 3,099.00
919010	Other - Bank Fees	3,099.00		(700 464 00)	0.00
921001	Tenant services - salaries	780,464.00	D 10 7	(780,464.00)	0.00
		44 670 00	RJE - 7	(780,464.00) (41,872.00)	0.00
921002	Tenant services - salaries Overtime	41,872.00	RJE - 7	(41,872.00)	0.00
	m to the Standard transfer to the standard to	462,041.00	Mar - 1	(180,359.00)	281,682.00
923001	Employee benefit contributions - tenant services	402,041.00	RJE - 1	(160,687.00)	25 (1502.11
			RJE - 2	(19,672.00)	
	Tanant populace other	19,312.00	1102 2	(19,312.00)	0.00
924001	Tenant services - other	10,012.00	RJE - 10	(19,312.00)	
004000	Tenant services - other (Food Services)	204,174.00		(480.00)	203,694.00
924002	terrant services - other (1 cod oervices)	20 1/11 11-1	RJE - 6	(932.00)	
			RJE - 10	452.00	
931001	Water	9,016.00			9,016.00
932001	Electricity	60,678.00			60,678.00
933001	Gas	8,768.00			8,768.00
934001	Fuel	39,671.00			39,671.00
941001	OM&O - Labor	38,230.00		(38,230.00)	0.00
341001	3,,,,,,		RJE - 7	(38,230.00)	
941002	OM&O Labor - Overtime	1,753.00		(1,753.00)	0.00
071002			RJE - 7	(1,753.00)	
942001	OM&O Materials - Appliance Parts	751.00			751.00
942003	OM&O Materials - Electrical	615.00			615.00
942006	OM&O Materials - Janitorial	19,340.00		(19,340.00)	0.00
			RJE - 4	(19,340.00)	0.004.00
942007	OM&O Materials - Other Materials	2,304.00			2,304.00
942008	OM&O Materials - Paint	670.00			670.00
942009	OM&O Materials - Plumbing	1,029.00			1,029.00
942011	OM&O Materials - Vehicles	2,217.00			2,217.00 10,934.00
943010	OM&O Contracts - Garbage/Trash Removal	10,934.00			6,911.00
943020	OM&O Contracts - Heating/Cooling	6,911.00			2,0.,.00

Annust	Description	ADJ	JE Ref#	RJE	FINAL
Account	Description	9/30/2015			9/30/2015
042000	OM&O Contracts - Snow Removal	10,760.00			10,760.00
943030 943040	OM&O Contracts - Slow Removal	12,461.00			12,461.00
943040	OM&O Contracts - Landscape/Grounds	5,750.00			5,750.00
943070	OM&O Contracts - Electrical	4,497.00			4,497.00
943080	OM&O Contracts - Plumbing	6,212.00			6,212.00
943090	OM&O Contracts - Extermination	2,730.00			2,730.00
943100	OM&O Contracts - Janitorial	36,340.00		(7,244.00)	29,096.00
0.0.00		•	RJE - 5	(7,244.00)	
943110	OM&O Contracts - Routine Maintenance	23,637.00			23,637.00
943120	OM&O Contracts - Miscellaneous	2,292.00		10 107 001	2,292.00
945001	Employee benefit contribution - OM&O	26,174.00		(9,427.00)	16,747.00
			RJE - 1	(8,313.00)	
			RJE - 2	(1,114.00)	4,326.00
961101	Property Insurance	4,326.00			14,136.00
961201	Liability Insurance	14,136.00			79,952.00
961301	Workmen's Compensation	79,952.00		(6,586.00)	0.00
961401	All other Insurance	6,586.00	RJE - 14	(6,586.00)	0.00
		3,464.00	NUC. * 14	(3,464.00)	0.00
962101	Compensated absences	3,404.00	RJE - 7	(3,464.00)	0.00
	D	17,635.00	100 7	(0,101.00)	17,635.00
974001	Depreciation expense	0,00		8,336.00	8,336.00
Marcum 10	Resident Transportation	0.00	RJE - 10	8,336.00	.,
	Cablevision (Residents)	0.00	1102 14	6,963.00	6,963.00
Marcum 11	Caplevision (Residents)	5.55	RJE - 10	6,963.00	•
Marcum 12	Over the Counter Drugs	0.00		534.00	534.00
Watcull 12	Over the Country progo		RJE - 10	534.00	
Marcum 14	Resident Entertainment	0.00		250.00	250.00
Walcum 14	110010011 Elitoriuminien		RJE - 10	250.00	
Marcum 15	Resident Parties	0.00		577.00	577.00
William Collins			RJE - 10	577.00	
Marcum 16	Background Screening - Admissions	0.00		41.00	41.00
	•		RJE - 3	41.00	
Marcum 18	Resident Supplies	0,00		384.00	384.00
			RJE - 3	83.00	
			RJE - 10	301.00	50.00
Marcum 21	Business Tax for Fundraising	0.00		50.00	50.00
			RJE - 3	50.00	2,500.00
Marcum 23	Uniform/Other	0.00	B.E. 0	2,500.00 2,500.00	2,500.00
		0.00	RJE - 2	2,500.00 615.00	615.00
Marcum 24	Background Checks	0.00	RJE - 3	615.00	0,0.00
	E. I Danaa Wan	0.00	Non- O	175.00	175.00
Marcum 28	Employee Recognition	0.80	RJE - 3	175.00	***
	Licenses	0.00	101	790.00	790.00
Marcum 29	Licenses	0,00	RJE - 12	790.00	
10	Recruitment	0.00	1102 7.	500.00	500.00
Marcum 5	Veenulueur	0.00	RJE - 3	500.00	
Marcum 8	Medical Supplies	0.00	-	2,031.00	2,031.00
ivialCuffi o	Micaidal Gupphed	2.00	RJE - 3	312.00	
			RJE - 10	1,719.00	
Total		0.00		0.00	0.00
70101					

Net (Income) Loss

Scofield Manor Medicaid - Scofield Manor 2015 Cost Report 9/30/2015 A.01 - TB-OTHER A.03 - Grouped TB

Ctient: Engagement: Period Ending: Trial Balance: Workpaper:

rial Balance: Vorkpaper	A.01 - TB-OTHER A.03 - Grouped TB				CINIAI
Account	Description	ADJ 9/30/2015	JE Ref#	RJE	FINAL 9/30/2015
		9/30/2015			
Froup : [10-A]	Salaries and Wages				
ubgroup : [2] 11001	Administrators Administrative salaries	140,676.00	A IF 7	(68,903.00)	71,773.00
11001	Maininguate comme		RJE - 7 RJE - 7	(140,676.00) 71,773.00	
		140,676.00	KAE . 1 —	(68,903.00)	71,773.0
Subtotal [2] Administrators	and the state of t				
Subgroup : [4]	Other Administrative Salaries SALARIES- ADMINISTRATION STAFF	0.00		126,460.00	126,460.0
01112		0.00	RJE-7 _	126,460.00 126,460.00	126,460.0
Subtotal [4] Other Administr	ative Salaries		_		
Subgroup : [5C]	Dietary Workers SALARIES- KITCHEN STAFF	0.00		278,278.00	278,278.0
01111	SALARIES- KTONEN OTOTT	0.00	RJE - 7	278,278.00 278,278.00	278,278.0
Subtotal [6C] Dietary Worke	rs		-	21 0,21 0,11	
Subgroup : [68]	Other Housekeeping Workers	0.00		38,059.00	38,059.0
01115	SALARIES-HOUSE KEEPING STAFF		RJE - 7	38,059.00	20.050
Subtotal [6B] Other Housek	eeping Workers	0.00	-	38,059.00	38,059.0
Subgroup : [78]	Other Maintenance Workers			39.537.00	39,537.0
101114	SALARIES- BUILDING MAINT, STAFF	0.00	RJE - 7	39,537.00 39,537.00	
941001	OM&O - Labor	38,230.00		(38,230.00) (38,230.00)	0.0
	OMBO Labor Overtime	1,753.00	RJE - 7	(1,753.00)	0.0
941002	OM&O Labor - Overtime		RJE-7	(1,753.00) (446.00)	39,537.0
Subtotal [78] Other Mainten	ance Workers	39,983.00	-	1-11-1-17	
Subgroup : [8B]	Other Laundry Workers	0,00		26,733.00	26,733.
101116	SALARIES- LAUNDRY STAFF		RJE -7	26,733.00	26,733.
Subtotal [8B] Other Laundry	Workers	0.00	-	26,733.00	26,133.
Subgroup : [12B1]	RNs - Direct Care	0.00		36,892.00	36,892.
401113.1	SALARIES-RN DIRECT CARE	0.00	RJE-7	36,892.00	
Subtotal [12B1] RNs - Direc	t Care	0.00	_	36,892.00	36,892.
Subgroup : [12D]	Aldes and Attendants			040 450 00	343,153.
401113	SALARIES- ATTENDANTS	0,00	RJE - 7	343,153.00 343,153.00	
921001	Tenant services - salaries	780,464.00	חוד 7	(780,464.00) (780,464.00)	0.
	tondante	780,464.00	RJE-7	(437,311.00)	343,153
Subtotal [12D] Aides and A					
Subgroup : [12H] 401117	Recreation Workers SALARIES-SOCIAL SERVICES STAFF	0.00		45,574.00	45,574
		0.00	RJE-7	45,574.00 45,574.00	45,574
Subtotal [12H] Recreation t	Vorkers		•		
Subgroup : [12 3]	Resident Care Tenant services - salaries Overtime	41,872.00		(41,872.00)	0
921002	Teliant Services - Science Colonia	44 972 00	RJE - 7	(41,872.00) (41,872.00)	
Subtotal [12/3] Resident Ca	re	41,872.00		A. Haranaal	 ,
Subgroup : [120]	Other	3,464.00		(3,464.00)	c
962101	Compensated absences		RJE - 7	(3,464.00)	
Subtotal [120] Other		3,464.00			1,008,459
Total [10-A] Salaries and V	fages	1,006,459.00		0,00	1,000,455
Group : [15]	Expenditures Other than Salaries				
Subgroup : [1A1]	Workmen's Compensation	79,952.00		0.00	79,95
961301 Subtotal [1A1] Workmen's	Workmen's Compensation Compensation	79,952.00		0.00	79,95
Subgroup : [1A2] 513356	Disability Insurance LTD	0.00	pic o	7,322.00 7,322.00	7,32
Subtotal [1A2] Disability In	surance	0.00	RJE - 2	7,322.00	7,32
, <u> </u>					
Subgroup : [1A4]	Social Security (FICA)	0.00		90,226.00	90,22
564541	FEDERAL SOCIAL SECURITY		RJE - 1	90,226.00	90,22
	rity (EICA)	0.00		90,226.00	30,22
Subtotal [1A4] Social Secu	aity (i loss)				

Scofield Manor

Medicaid - Scoffeld Manor 2015 Cost Report

Engagement: Period Ending: Trial Balance

A.01 - TB-OTHER A.03 - Grouped TB

Workpaper: JE Ref# RJE FINAL ADJ Account Description 9/30/2015 9/30/2016 915001 Employee benefit contributions - administrative 78,950.00 (33,279.00) (29,918.00) 45,671.00 RJE - 1 (3,361.00) RJE - 2 281,682.00 923001 Employee benefit contributions - tenant services 462,041,00 **RJE - 1** (160,687.00) RJE - 2 (19,672,00) (9,427.00) 16,747.00 Employee benefit contribution - OM&O 26,174.00 945001 (8,313.00) (1,114.00) RIF - 1 RJE - 2 Subtotal [1A5] Health Insurance 567,165.00 (223,065.00) 344,100.00 Subgroup : [1A7] Pensions 108,692.00 EMPLOYEE BENEFITS-MERF 108.692.00 513352 0.00 RJE - 1 108,692.00 0.00 Subtotal [1A7] Pensions 108,692.00 Subgroup : [1A9] Other 14.325.00 14.325.00 513355 Dental 0.00 RJE - 2 14,325.00 Marcum 23 Uniform/Other 0.00 2,500.00 2,500.00 RJE - 2 2,500.00 16,825.00 Subtotal [1A9] Other 0.00 16,825.00 Subgroup : [1D] 912001 Accounting and Auditing 30,081.00 4,210.00 34,291.00 Auditing fees RJE - 13 4.210.00 Subtotal [1D] Accounting and Auditing 30,081.00 4,210.00 34,291.00 Subgroup : [1E] Legal 917001 Subtotal [1E] Legal Legal Expense 8,786.00 0.00 8,786.00 8,786.00 0.00 8,786.00 Subgroup : [1G] Office Supplies 916003 916008 Office Expenses - Other Office Expense Office Expenses - Stationary/Supplies 3.835.00 O DO 3.835.00 0.00 1,728,00 1,728.00 Subtotal [1G] Office Supplies 5,563.00 0.00 5,563.00 Subgroup : [1H1] Telephone and Telegraph 916009 8,394.00 (713.00)7,681.00 Office Expenses - Telephone RJE - 11 (713.00) 8,394.00 7,681.00 Subtotal [1H1] Telephone and Telegraph (713.00)Cellular Phones and Beepers TELEPHONE - CELLULAR Subgroup : [1H2] 713.00 713.00 0.00 713.00 **713.00** R.IF - 11 713.00 Subtotal [1H2] Cellular Phones and Beepers 0.00 Subgroup: [1K2] Other Business Tax for Fundraising 0.00 50.00 50.00 RJE - 3 50.00 50.00 Subtotal [1K2] Other 0.00 50.00 699,941.00 4,260.00 704,201.00 Total [15] Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin, and General Group: [16] Gifts to Staff and Residents 175.00 175.00 0.00 Marcum 28 Employee Recognition 175.00 1**75.00** RJE - 3 0.00 175.00 Subtotal [3] Gifts to Staff and Residents Subgroup : [4] 918001 **Employee Travel** 198.00 419.00 617.00 RJE - 3 239.00 RJE - 10 180.00 198,00 617.00 Subtotal [4] Employee Travel 419,00 Education Expense Other - Staff Training Subgroup : [5] 1,256.00 1,256.00 1,256.00 919008 Subtotal [6] Education Expense 1,256.00 0.00 Subgroup : [6] Automobile Expense OM&O Materials - Vehicles 942011 Subtotal [6] Automobile Expense 2,217.00 0.00 2,217.00 Advertising Help Wanted Subgroup : [M1] 500.00 500.00 0.00 Recruitment 500.00 500.00 RJE-3 0.00 500.00 Subtotal [M1] Advertising Help Wanted Advertising Other Subgroup : [M3] Advertising and Marketing 600.00 0.00 600.00

Scofield Manor Medicaid - Scofield Manor 2015 Cost Report 9/30/2015 A.01 - TB-OTHER A.03 - Grouped TB

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Trial Balance:	A.01 - TB-OTHER				
Workpaper:	A.03 - Grouped TB Description	ADJ	JE Ref#	RJE	FINAL
Account	Description	9/30/2015			9/30/2015
Subtotal [M3] Advertising Oth	ner	600.00	_	0.00	600.00
Daniel (m-1					00.00
Subgroup : [M7]	Postage Office Expenses - Postage	98,00	_	0.00	98.00 98.00
916004	Office Exhelises -1 ostage	98.00		0.00	
Subtotal [M7] Postage					
Subgroup : [M8]	Dues and Membership Fees to Professional Associations	1,981.00		(1,331.00)	650.00
919006	Other - Membership Dues & Fees	1,001.00	RJE - 12	(1,331.00)	
	bership Fees to Professional Associations	1,981.00		(1,331.00)	650.00
Subtotal [M8] Dues and Mem	persuip rees to Protessional Assessment	<u></u>		-	
Subgroup : [M9]	Subscriptions	0.00		541.00	541.00
452937	Subscriptions	0.00	RJE - 12	541.00	
		0,00	_	541.00	541.00
Subtotal [M9] Subscriptions		••			
Subgroup : [M11]	Services Provided by Contract	00.400.00		0.00	26,160.00
913201	Front Line Service Fee	26,160.00 7,910.00		(4,210.00)	3,700.00
919002	Other - Consulting Fees	1,510.55	RJE - 13	(4,210.00)	
	Other - Data Processing	15,862.00		0.00	15,862.00
919004 Subtotal [M11] Services Prov	Other - Data Processing	49,932.00	_	(4,210.00)	45,722.00
Subtotal [M11] Selvices Flor	Muca by Continue				
Subgroup : [M12]	Administrative Management Services	106,748.00		0.00	106,748.00
013001	Management Fee	106,748.00	-	0.00	106,748.00
Subtotal [M12] Administrativ	e Management Services		_		
Cuberoup : (M43)	Other			17,00	17.00
Subgroup : [M13] 512931	MISCELLANEOUS EXPENSE	0.00	RJE - 3	17.00	.,,,,
012001		3,099.00	1/31.2 - 0	0.00	3,099.00
919010	Other - Bank Fees	0.00		41.00	41.00
Marcum 16	Background Screening - Admissions		RJE - 3	41.00	615.00
Marrows 24	Background Checks	0.00		615.00 615.00	815.00
Marcum 24		0.00	RJE - 3	790.00	790.00
Marcum 29	Licenses	0.00	RJE - 12	790.00	
		3,099.00		1,463.00	4,562.00
Subtotal [M13] Other			_	10 442 00)	163,686.00
Total [16] Expenditures Oth	er than Salaries (cont'd) - Admin. and General	166,129.00	=	(2,443.00)	100,000.00
Total [10] and other					
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food	19,312.00		(19,312.00)	0.00
924001	Tenant services - other		RJE - 10	(19,312.00)	203,694.00
924002	Tenant services - other (Food Services)	204,174.00	0.15.0	(480.00) (932.00)	203,004,00
324002			RJE - 6 RJE - 10	452.00	
		223,486.00	NOL - 10	(19,792.00)	203,694.00
Subtotal [2A1] Raw Food			_		
Subgroup : [2A2]	Non-Food Supplies			1,018.00	1.018.00
525131	DIETARY SUPPLIES	00,0	RJE - 3	86.00	1,070.00
020101			RJE - 6	932.00	
		0.00	,	1,018.00	1,018.00
Subtotal [2A2] Non-Food Se	upplies			140 774 001	204,712.00
Total [18] Dietary Basis for	Allocation of Costs	223,486.00		(18,774.00)	204,112.00
Total [10] Dictary Dates					
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3B]	Purchased Services	0.00		7,244.00	7,244.00
545501	LAUNDRY RENTALS		RJE - 5	7,244.00	7,244.00
Subtotal [3B] Purchased S	arvices	0.00		7,244.00	7,244.00
Suptotal [35] Fulchased 5	5,41000				
		0.00		7,244.00	7,244.00
Total [19] Laundry-Basis fo	or Allocation of Costs				
	Housekeeping and Resident Care Basis for Allocation of C	osts			
Group : [20]	Other			19,340.00	19,340,00
Subgroup : [4D] 543631	HOUSEKEEPING SUPPLIES	0.00	DIE 4	19,340.00	10,010.00
UTUVUI		0.00	RJE - 4	19,340.00 19,340.00	19,340.00
Subtotal [4D] Other		<u></u>			
	Medicine Cabinet Drugs			50450	534.00
Subgroup : [5B] Marcum 12	Over the Counter Drugs	0.00	D.E. 40	534.00 534.00	334.00
MISICUITI 14		0.00	RJE - 10	534.00	534.00
Subtotal [5B] Medicine Ca	binet Drugs	0.00		******	
				4	9 200 00
Subgroup : [5l]	Recreation Resident Transportation	0.00	e i= 10	8,336.00 8,336.00	8,336.00
Marcum 10		0.00	RJE - 10	6,963,00	6,963.00
Marcum 11	Cablevision (Residents)	0.00	RJE - 10		•
				•	

Scofield Manor Medicald - Scofield Manor 2015 Cost Report 9/39/2015 A.O. - TB-OTHER A.O. - Grouned TB Client: Engagement: Period Ending: Trial Balance:

Trial Balance:	A,03 - TB-OTHER A,03 - Grouped TB				
Workpaper: Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2015		050.00	9/30/2015 250.00
Marcum 14	Resident Entertainment	0,00	D. I	250.00	200.00
Maloum 14	••	2.00	RJE - 10	250.00 577.00	577.00
Marcum 15	Resident Parties	0.00	RJE - 10	577.00	077102
		0.00	K3E - 10	384.00	384.00
Marcum 18	Resident Supplies	0.00	RJE - 3	83.00	
			RJE - 10	301.00	
		0.00	,,,,	16,510.00	16,510.00
Subtotal [5l] Recreation					
Subgroup : [5J]	Other	0.400.00		(2,130.00)	0.00
919007	Other - Miscellaneous Sundry	2,130.00	RJE - 3	(2,130.00)	
		0.00	1101 0	2,031.00	2,031.00
Marcum 8	Medical Supplies	5.00	RJE - 3	312.00	
			RJE - 10	1,719.00	
Subtotal [5J] Other		2,130.00	_	(99.00)	2,031.00
- '		0.450.00	_	36,285.00	38,415.00
Total [20] Housekeeping a	and Resident Care Basis for Allocation of Costs	2,130.00	_	50,200.00	
	Maintenance and Property				
Group : [22]	Repairs and Maintenance				0.757.00
Subgroup : [6A] 916001	Office Expenses - Equipment Maintenance & Repair	2,745.00		12.00	2,757.00
9 (000)	3.11.00 E.14.01.01.01		RJE - 3	12.00	238.00
916002	Office Expenses - Equipment Purchases <5,000	238.00		0.00 0.00	23,637.00
943110	OM&O Contracts - Routine Maintenance	23,637.00	-	12.00	26,632.00
Subtotal [6A] Repairs and	I Maintenance	26,620.00	-	12.00	
	Heat				
Subgroup : [6B]	Gas	8,768.00		0.00	8,768.00
933001 934001	Fuel	39,671.00	-	0.00	39,671.00
Subtotal [6B] Heat	1 407	48,439.00	-	0.00	48,439.00
4-200					
Subgroup : [6C]	Light & Power	60,678.00		0.00	60,678.00
932001	Electricity	60,678.00	•	0.00	60,678.00
Subtotal [6C] Light & Pov	ver		-		
Subgroup : [6D]	Water			0.00	9,016.00
931001	Water	9,016.00 9,016.00	-	0.00	9,016.00
Subtotal [6D] Water		9,010.00	-		
Subgroup : [6F]	Other	^^		0.00	751.00
942001	OM&O Materials - Appliance Parts	751.00		0.00	615.00
942003	OM&O Materials - Electrical	615.00 19,340.00		(19,340.00)	0.00
942006	OM&O Materials - Janitorial	19,340.00	RJE - 4	(19,340.00)	
	OM&O Materials - Other Materials	2,304,00		0.00	2,304.00
942007 942008	OM&O Materials - Paint	670.00		0.00	670.00
942008	OM&O Materials - Plumbing	1,029.00		0.00	1,029.00
943010	OM&O Contracts - Garbage/Trash Removal	10,934.00		0.00	10,934.00 6,911.00
943020	OM&O Contracts - Heating/Cooling	6,911.00		0.00 00,0	10,760.00
943030	OM&O Contracts - Snow Removal	10,760.00		0.00	12,461.00
943040	OM&O Contracts - Elevator	12,461.00 5,750.00		0.00	5,750.00
943050	OM&O Contracts - Landscape/Grounds	4,497.00		0.00	4,497.00
943070	OM&O Contracts - Electrical	6,212.00		0,00	6,212.00
943080	OM&O Contracts - Plumbing OM&O Contracts - Extermination	2,730.00		0.00	2,730.00
943090	OM&O Contracts - External address	36,340.00		(7,244.00)	29,096.00
943100	OMIGO COMITACIO - VALIDONAI		RJE - 5	(7,244.00)	2.292.00
943120	OM&O Contracts - Miscellaneous	2,292.00		0,00	97,012.00
Subtotal [6F] Other		123,596.00		(26,584.00)	01,012.00
	P. Matter & Publisher Improvements				
Subgroup : [7B]	Building & Building Improvements Depreciation expense	17,635.00		0.00	17,635.00
974001 Subtotal [7B] Building &	Building Improvements	17,635.00		0.00	17,635.00
Subtoral fuel entirelling	Ball-ord Whee carrier				
		285,984.00		(26,572.00)	269,412.00
Total [22] Maintenance a	and Property				
Group : [27]	Interest and Insurance				
	No. of Barrents				
Subgroup : [14A]	Insurance on Property	4,326.00		0.00	4,326,00
961101	Property Insurance	4,326.00		0.00	4,326.00
Subtotal [14A] Insurance	s on a repeaty				
Subgroup : [14B]	Insurance of Automobiles			2,694.00	2,694.00
552992	Car Insurance	0.00	RJE - 14	2,694.00	2,007.00
	40.0.1	6,586.00	HOL - IN	(6,586.00)	0.00
961401	All other Insurance	0,000.00		• /	

Scofield Manor

Engagement: Period Ending: Medicaid - Scofield Manor 2015 Cost Report 9/30/2015

Period Ending: Trial Balance; Workpaper:

A.01 - TB-OTHER A.03 - Grouped TB

RJE FINAL ADJ JE Ref# Description Account 9/30/2015 9/30/2015 RJE - 14 2,694.00 6,586.00 Subtotal [14B] insurance of Automobiles (3,892.00) Subgroup : [14C1] 14,136.00 Liability Insurance 0.00 14,136,00 Subtotal [14C1] Umbrella 14,136.00 Other Subgroup: [14C3] 3,892.00 3,892.00 0.00 D & O Insurance 550502 RJE - 14 3,892.00 3,892.00 0.00 3,892.00 Subtotal [14C3] Other 25,048.00 25,048.00 0.00 Total [27] Interest and Insurance Statement of Revenue Group: [30] Medicaid Residents (CT only)
PATIENT REVENUE Subgroup : [1A] 303110 0.00 (2.068,618,00) (2,068,618,00) RJE - 8 (2,068,618.00) 0.00 (2,068,618.00) (2,068,618.00) Subtotal (1A) Medicaid Residents (CT only) Private-pay residents and other Subgroup ; [4A] (45.625.00) (45.625.00) Private Pay 0.00 RJE - 8 Subtotal [4A] Private-pay residents and other 0.00 (45,625.00) (45,625.00) Other Revenue WORMSER CATERING INCOME Subgroup : [18] 303691 (163,435.00) (163,435.00) (163,435.00) 0.00 RJE - 8 708002 Other government grants (94,500.00) 0.00 (94,500.00)2,114,243.00 0.00 (2.114,243,00) 715001 Other revenue RJE - 8 2,114,243.00 163,435.00 0.00 715002 Other revenue (163,435,00) RJE - 8 163,435,00 (257,935.00) (2,372,178.00) Subtotal [18] Other Revenue 2,114,243.00 (2,372,178.00) 0.00 (2,372,178.00) Total [30] Statement of Revenue Group: [31] Balance Sheet Subgroup : [31A] 111101 Assets 0.00 175,834.00 31,590.00 Cash-unrestricted 175,834.00 31,590.00 111102 111103 Cash-unrestricted 5,459.00 0.00 5,459.00 Cash-unrestricted 0.00 5,335.00 111104 Cash-unrestricted 5.335.00 Account receivable - other government 130,802.00 0.00 130,802.00 124001 125051 126101 Account receivable - Other - Private 3,433.00 (26,738.00) 0.00 3,433.00 0.00 (26,738.00) Allowance for doubtful accounts - tenants 26,207.00 (234,549.00) 142001 Prepaid expenses and other assets 0.00 26,207.00 0.00 (234,549.00) 144001 Inter program - due from Buildings 162001 163,129.00 0.00 163,129.00 295,946.00 Furniture, equipment and machinery - dwellings Furniture, equipment and machinery - administration 163001 295,946,00 415,276.00 (800,493.00) 191,231.00 415,276.00 0.00 164001 (800,493.00) 1**91,231.00** 166001 Accumulated depreciation 0.00 0.00 Subtotal [31A] Assets Subgroup : [31L] Liabilities (14,689.00) 312001 321001 Accounts payable <= 90 days (14 689 00) 0.00 (29,556.00) (96,101.00) (29,556.00) 0.00 Accrued wage/payroll taxes payable 0.00 322001 Accrued compensated absences - current portion (96,101,00) (68,182.00) 0.00 (68,182.00) Accounts payable - other government 333001 Other current liabilities Accrued liabilities - other (31.589.00) 345001 (31,589.00) 0.00 9.00 (146,477.00) 346001 (386,594.00) Subtotal [31L] Liabilities (386,594.00) 0.00 Equity
Unrestricted Net Assets Subgroup : [31E] 158,364.00 158,364.00 512101 Subtotal [31E] Equity 158.364.00 0.00 158,364.00 0.00 (36,999.00) 0.00 (36,999.00) Total [31] Balance Sheet

Scofield Manor

Engagement: Period Ending:

Medicaid - Scofield Manor 2015 Cost Report

9/30/2015 A.01 - TB-OTHER

Trial Balance: Workpaper:

H.01 - Reclassifying Journal Entries Report

rnal Entries JE # 1 nsion Expense recorded as Health Insurance	E.02		
EMPLOYEE BENEFITS-MERF		108,692.00	
FEDERAL SOCIAL SECURITY		90,226.00	
• •			29,918.00
			160,687.00
Employee benefit contribution - OM&O		400 040 00	8,313.00
		198,918.00	198,918.00
nal Entries JE # 2	E.01		
isability & Uniforms from Health Insurance			
Dental		14,325.00	
LTD		7,322.00	
Uniform/Other		2,500.00	
Employee benefit contributions - administrative			3,361.00
Employee benefit contributions - tenant services			19,672.00
Employee benefit contribution - OM&O		-	1,114.00
		24,147.00	24,147.00
nal Entries JE # 3	E.03 - Misc Sundry		
MISCELLANEOUS EXPENSE		17.00	
DIETARY SUPPLIES		86.00	
Office Expenses - Equipment Maintenance & Repair		12.00	
Travel		239.00	
Background Screening - Admissions		41.00	
Resident Supplies		83.00	
Business Tax for Fundraising			
Background Checks			
Employee Recognition		175.00	
Recruitment			
Medical Supplies	•	312.00	
Other - Miscellaneous Sundry		2 120 00	2,130.00 2,130.00
	-	2,130.00	2,130.00
	E.01		
ing Expense			
HOUSEKEEPING SUPPLIES		19,340.00	
OM&O Materials - Janitorial			19,340.00
		19,340.00	19,340.00
	E.01		
LAUNDRY RENTALS		7,244.00	
OM&O Contracts - Janitorial		•	7,244,00
		7,244.00	7,244.00
	EMPLOYEE BENEFITS-MERF FEDERAL SOCIAL SECURITY Employee benefit contributions - administrative Employee benefit contributions - tenant services Employee benefit contribution - OM&O rnal Entries JE # 2 Disability & Uniforms from Health Insurance Dental LTD Uniform/Other Employee benefit contributions - administrative Employee benefit contributions - tenant services Employee benefit contribution - OM&O rnal Entries JE # 3 s from Misc. Sundry account MISCELLANEOUS EXPENSE DIETARY SUPPLIES Office Expenses - Equipment Maintenance & Repair Travel Background Screening - Admissions Resident Supplies Business Tax for Fundraising Background Checks Employee Recognition Recruitment Medical Supplies Other - Miscellaneous Sundry rnal Entries JE # 4 bing Expense HOUSEKEEPING SUPPLIES OM&O Materials - Janitorial rnal Entries JE # 5 ental Expense LAUNDRY RENTALS	EMPLOYEE BENEFITS-MERF FEDERAL SOCIAL SECURITY Employee benefit contributions - administrative Employee benefit contributions - tenant services Employee benefit contribution - OM&O mal Entries JE # 2 Disability & Uniforms from Health Insurance Dental LTD Uniform/Other Employee benefit contributions - administrative Employee benefit contributions - tenant services Employee benefit contributions - tenant services Employee benefit contribution - OM&O mal Entries JE # 3 From Misc. Sundry account MISCELLANEOUS EXPENSE DIETARY SUPPLIES Office Expenses - Equipment Maintenance & Repair Travel Background Screening - Admissions Resident Supplies Business Tax for Fundraising Background Checks Employee Recognition Recruitment Medical Supplies Other - Miscellaneous Sundry mal Entries JE # 4 Ding Expense HOUSEKEEPING SUPPLIES OM&O Materials - Janitorial mal Entries JE # 5 E.01 E.01 E.01 E.01	EMPLOYEE BENEFITS-MERF 108,692.00 FEDERAL SOCIAL SECURITY 90,226.00 Employee benefit contributions - administrative Employee benefit contributions - tenant services Employee benefit contribution - OM&O 198,918.00 Employee benefit contribution - OM&O 198,918.00 Employee benefit contribution - OM&O 198,918.00 Employee benefit contribution - OM&O 2,500.00 Employee benefit contributions - administrative 2,500.00 Employee benefit contributions - tenant services Employee benefit contribution - OM&O 24,147.00 Employee Benefit co

Reclassifying Journal Entries JE # 6

E.01 - Tenant Service Detail

Scofield Manor

Medicaid - Scofield Manor 2015 Cost Report

Engagement: Period Ending:

9/30/2015 A.01 - TB-OTHER

Trial Balance: Workpaper:

H.01 - Reclassifying Journal Entries Report

Account	Description	W/P Ref	Debit	Credit
To reclass cietary	supplies from food			
525131	DIETARY SUPPLIES		932.00	
924002	Tenant services - other (Food Services)			932.00
Total		=	932.00	932.00
Reclassifying Jo	urnal Entries JE# 7	1.02		
	penses for page 10			
401111	SALARIES- KITCHEN STAFF		278,278.00	
401112	SALARIES- ADMINISTRATION STAFF		126,460.00	
401113	SALARIES- ATTENDANTS		343,153.00	
401113.1	SALARIES-RN DIRECT CARE		36,892.00	
401114	SALARIES- BUILDING MAINT. STAFF	•	39,537.00	
401115	SALARIES-HOUSE KEEPING STAFF		38,059.00	
401116	SALARIES- LAUNDRY STAFF		26,733.00	
401117	SALARIES-SOCIAL SERVICES STAFF		45,574.00	
911001	Administrative salaries		71,773.00	
911001	Administrative salaries			140,676.0
921001	Tenant services - salaries			780,464.0
921002	Tenant services - salaries Overtime			41,872.0
941001	OM&O - Labor			38,230.0
941002	OM&O Labor - Overtime			1,753.0
962101	Compensated absences	-		3,464.0
Total		=	1,006,459.00	1,006,459.00
Reclassifying Joi Reclass Other Rev	urnal Entries JE # 8 venue	F.01 & F.02		
715001	Other revenue		2,114,243.00	
715002	Other revenue		163,435.00	
303110	PATIENT REVENUE			2,068,618.0
303111	Private Pay			45,625.0
303691	WORMSER CATERING INCOME			163,435.0
Total		=	2,277,678.00	2,277,678.00
Paglaggifting Jan	umal Entrice IE # 40	E.04		
	urnal Entries JE # 10 Services - Other to proper line on cost report	€,04		
918001	Travel		180.00	
924002	Tenant services - other (Food Services)		452.00	
Marcum 10	Resident Transportation		8,336.00	
Marcum 11	Cablevision (Residents)		6,963.00	
Marcum 12	Over the Counter Drugs		534.00	
Marcum 14	Resident Entertainment		250.00	
Marcum 15	Resident Parties		577.00	
Marcum 18	Resident Supplies		301.00	
Marcum 8	Medical Supplies		1,719.00	
924001	Tenant services - other			19,312.0
otal		=	19,312.00	19,312.0
		E 04 040000		
Reclassifying Jor	irnal Entries .IF # 11	E.04 - 916009		

Scofield Manor

Medicaid - Scofield Manor 2015 Cost Report 9/30/2015

Engagement: Period Ending:

A.01 - TB-OTHER

Trial Balance: Workpaper:

H.01 - Reclassifying Journal Entries Report

Account	Description	W/P Ref	Debit	Credit
512742	TELEPHONE - CELLULAR		713.00	
916009	Office Expenses - Telephone	-		713.00
Total		=	713.00	713.00
Reclassifying Jou	ırnal Entries JE# 12	E.03 - Membersh	ip & Dues	
To reclass subscrip	otions from the Dues account			
452937	Subscriptions		541.00	
Marcum 29	Licenses		790.00	
919006	Other - Membership Dues & Fees	_		1,331.00
Total		=	1,331.00	1,331.00
	irnal Entries JE # 13 ing fees from consulting fees	E.03 - Accounting - Audi	it	
912001	Auditing fees		4,210.00	
919002	Other - Consulting Fees		,	4,210.00
Total	•		4,210.00	4,210.00
	rnal Entries JE # 14 ce to the proper line of the cost report	E.04 - 961401		
550502	D & O Insurance		3,892.00	
552992	Car Insurance		2,694.00	
961401	All other Insurance	_		6,586.00
Total			6,586.00	6,586.00



Workpaper Index:

400.2

Prepared By:

Reviewed By: Workpaper Date:

1/21/2016 1/21/2016

Provider Name:

Stamford Elderly Housing Corp. d/b/a Scofield Manor

Run Date:

Name of Workpaper: VHCL CKLST

Provider Number:

1822-RCH

Period Ended: 9/30/15

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.	V			
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?	V	==		
5	Was personal use of the facility vehicles determined?	V			
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion:

#2+ No purchases made during FY 2015 #7 N/A #8 No oudditions during FY 2015