Craig J. Lubitski Consulting ILC & CJLC IL

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

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

Mr. LaVigne:

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

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

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

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

Respectfully,

Craig J. Lubitski, CPA

Partner

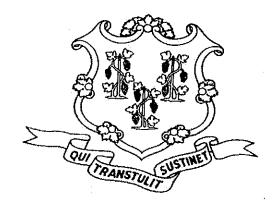


225 Pitkin Street
East Hartford
Connecticut 06108

860,610,9009 (f) 860,610,9030 (f)

cjlc.com

State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Earlite (as 1	1:1)							
Name of Facility (as	•							
Silver Manor Resider								
Address (No. & Stree	-	Lip Code)						
128 Curtis St., Merid	en, CT 06450							
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	th Nursing				
☐ Nursing Home	only		Supervision or	nly		Residentia	al Ca	re Home
(CCNH)	·		(RHNS)	•				
Report for Year Begi	nning		Report for Yea	r Ending				
10/1/2014	_		9/30/2015	-				
License Numbers:		CCNH	RHNS	Reside	ential Care	Home	Me	dicare Provider
					1873			
						L		
Medicaid Provider N	umbers:	CC	NH	RI	INS		IC	F-IID
<u> </u>						<u>.</u>		
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	Number	Cianada	ad Mataula	ا ا	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a	ınd Notariz	eu	Date Received
			<u></u>		<u></u>			<u> </u>

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State of Connecticut **Department of Social Services**

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Silver Manor Residential Care Home LLC				10/1/2014	l I
Address of Facility		•		•	•
128 Curtis St., Meriden, CT 06450					
Report Prepared By		Phone Nun	nber	Date	
Craig J. Lubitski Consulting LLC		860-610-90)09	2/15/2016	
		:			Residentia 1 Care
Item		Total	CCNH	RHNS	Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$:			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

				T			_
			cility	Report for Y	ear Ended	Page	of
	203	-237-1671	0.0	9/30/2015	. 7: \	2	37
Name of Facility (as shown on license)		,		Street, City, St			
Silver Manor Residential Care Home LLC				leriden, CT 06	.,,	Madiagna I	Provider No.
CCNH		RHNS	Kesi	dential Care H	10me 1873	Medicare i	Tovider ivo.
License Numbers: Type of Facility (Check appropriate box(es))					10/3		
•• • • • • • • • • • • • • • • • • • • •	ъ		·				
Chronic and Convalescent	1	t Home with		- 571	Residenti	al Care Hor	ne
Nursing Home only (CCNH)	Sup	ervision only	(KH	NS)			
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	0	Profit Corp.	0	Non-Profit Co	rp. O	Government	O Trust
			Date	Opened	Date Clos	sed	
If this facility opened or closed during report year prov	ide:						
Has there been any change in ownership			_	Jan 1980			
or operation during this report year?	0	Yes	<u> </u>	No	If "Yes,"	explain full	у
Administrator							
Name of Administrator				Nursing H	ome		
Fozia Ali				Administra	tor's		
				License	No.:		
Other Operators/Owners who are assistant administrate	ors (full	or part time	of th				
Name				License 1	No.:		
		***			,		

General Information and Questionnaire Partners/Members

Name of Facility Silver Manor Residential Care	HomeIIC	License No.	Report for Y 9/30/2015	ear Ended	Page of 3 37
Silver Marior Residential Care	Tiome LLC	1075	7/30/2013	•	or Town(s) in
Legal Name of Part		Business A			egistered
Silver Manor Residential Care	Home LLC	126 Curtis St., N 06450	Meriden, CT	CT, Meriden	
Name of Partners/Members	Business Ac	ldress	,	Title	% Owned
Fozia Ali	128 Curtis St., Merider	n, CT 06450	Administrat	or Member	17
Sifwat Ali	268 Middlesex Ave., C	Chester, CT	Member		17
Jit Mitra	1 Griswold St., Meride	n, CT	Member		16.5
Sipra Mitra	1 Griswold St., Meride	n, CT	Member		16.5
Abdul Rehman	268 Middlesex Ave., C	hester, CT	Member		16.5
Razia Rehman	268 Middlesex Ave., C	Chester, CTT	Member		16.5

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	: Ended	Page	of			
Silver Manor Residential Care Home LLC	1873	9/30/2015		3A	37			
If this facility is owned or operated as a corp	oration, provide	the following info	rmation:					
Legal Name of Corporation	Busin	ness Address	State(s) in W	State(s) in Which Incorporated				
				No. Sl	hares			
Name of Directors, Officers	Busir	ness Address	Title	Held by				
					, — • • • •			
		-						
Names of Stockholders Owning at Least								
10% of Shares								
1	1		1	1				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Silver Manor Residential Care Home LLC	1873	9/30/2015	3B 37
If this facility is owned or operated as an individua	l proprietorship, pi	rovide the following informat	ion:
	ner(s) of Facility		

State of Connecticut
Annual Report of Long-Term Care Facility
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General Information and Questionnaire Related Parties*

Name of Facility Silver Manor Residential Care Home LLC		License No	No. 1873	B 9	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rel	ated throu		Yes O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the renort.	le Name/Adc	ress and
	Calvana Calvan							
Are any individuals or c including the rental of prelated through family as	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	or service or this factorial,	ces, cility, or busines	SS	• Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	scility?			If "Yes," provide the following information:	le following	information:
	Annual control of the state of		; ;	-				
		Als Good	Also Provides Goods/Services to	ر ع		Indicate Where Costs are Included		
Name of Related	Business	Non-R	ed Pe	ties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %	**%	Provided	Page # / Line #	Reported	Related Party
Silver Manor Home LLC	14 Woods Row, Monroe, CT	0	•	- X	Rental Real Estate	22/9	55,889	55,889
Fozia Ali	128 Curtis St., Meriden, CT	0	•	A	Administrator	10/A2	50,532	50,532
Great American/AAIC	301 E 4th Street, Cincinnati. OH	0	•	S	Shared property and liability insurance	27/14a	11,772	11,772
Progressive Auto Insurance	P.O. Box 94739, Cleveland, OH	0	•	S	Shared automobile insurance	27/14b	1,459	1,459
BerkleyNet	P.O. Box 920179, Needham, MA	0	•	S	Shared worker's compensation insurance	15/1a1	17,766	17,766
CBIA/Anthem	CBIA/Anthem	0	•	S	Shared health insurance	15/1a5	131	131
Paychex	714 Brook Street, Rocky Hill, CT	0	•	S	Shared payroll processing fees	16/m13	3,772	3,772
See attached for additional		0	•					
		0	•					
* * * * * * * * * * * * * * * * * * *								

^{*} Use additional sheets if necessary.

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

Silver Manor 9/30/2015 Attachment to Page 4

Name of Related	Description of Goods / Services	Indicate Where Costs are Included in Annual Report	Polytical Report of the Polyti	Actual Cost to the Related Party
Cornerhouse	Intercompany i	33 / A12	645,019.29	645,019.29
Eagle Landing	Intercompany receivables / payables	31/A8	495,881.31	495,881.31
Fitchville	Intercompany receivables / payables	33 / A12	393,623.45	393,623.45
401 Brook Road LLC	Intercompany receivables / payables	33 / A12	9,315.00	9,315.00
Owner	Intercompany receivables / payables	33 / A12	56,682.24	56,682.24

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No),	Report for Year Ended	Page	of
Silver Manor Residential Care Home LLC	1873		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH of	r provides A	AIDS or TB	I services with special Medicai	d rates,	costs
must be allocated to CCNH and RHNS as follo	ws:	_			
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provided	by EAC	CH
Nursing			classification, i.e., Director (or	_	
		Registered	Nurses, Licensed Practical Nu	rses, Ai	des and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided	đ by EA	.CH
		specialist	(See listing page 13)		
Maintenance and operation of plant		Square fee	t		
Property costs (depreciation)		Square fee	t		
Employee health and welfare		Gross salaı	ries		
Management services			e cost center involved		
All other General Administrative expenses			rect and Allocated Costs		
The preparer of this report must answer the foll	lowing ques	tions applic	able to the cost information pro	ovided.	
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why suc	h alloca	tion was
costs allocated as required?	<u> </u>	O 110	not made.		
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting data	l	
					• • •
3. Did the Facility appropriately allocate and se	elf-disallow	direct and	indirect costs to non-nursing ho	me cost	centers?
(e.g., Assisted Living, Home Health, Outpat	ient Service	s, Adult Da	y Care Services, etc.)		
	0 W	Ο M	If "No," explain fully why suc	h alloca	tion was
	Yes	O No	not made.		
				-	

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

General Information and Questionnaire Leases (Excluding Real Property)

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

_											,		r		
Page of	6 37			Amount	Claimed										
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount	ofLease						!				
ear Ended				Term of	Lease										
Report for Year Ended	9/30/2015			Date of	Lease**										
License No.	1873				Description of Items Leased										
		Related * to	Owners,	Officers	No	0	0	0	0	0	0	0	0	0	0
		Relat	å Ö	#O #O	Yes	0	0	0	0	0	0	0	0	0	0
should not be included in these amounts. Name of Facility	Silver Manor Residential Care Home LLC				Name and Address of Lessor										

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

% O

O Yes

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page	of
Silver Manor Residential Care Hom 1873	9/30/2015		7	37
The records of this facility for the period covered by this report	were maintained on the following basis:			
Accrual O Cash O Modified Cash				
Is the accounting basis for this				
period the same as for the • Yes	If "No," explain.			
previous period? O No				
Independent Accounting Firm				
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)			
1 Craig J. Lubitski Consulting LLC	225 Pitkin Street, East Hartford, CT 0610)8		
2 James Tabb CPA	18 Scully Road, Somers, CT, 0601			
3				
4				
Services Provided by This Firm (describe fully)				
1 Medicaid Cost Report		\$	15,036	• • •
2 Tax Planning 2014		\$	2,250	
		\$	2,230	
3				
4		\$		
		Charge for S	Services Pro	ovided
		\$	17,286	
Are These Charges Reflected in the Expenditure Portion of This Report? If	Vac Specific Expanse Classification and Line No.			
	res, apecity Expense Classification and Line No.			
	res, specify Expense Classification and line No.			
	res, specify Expense Classification and Entervo.			
⊙ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney	res, specify Expense Classification and Effic (vo.	Telephone N	Jumber	
⊙ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC	res, specify Expense Classification and Ellie No.	Telephone N	Jumber	
 ✓ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 	res, specify Expense Classification and Ellie No.	Telephone N	Number	
 Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 	res, specify Expense Classification and Ellie No.	Telephone N	Jumber	
 Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 	res, specify Expense Classification and Ellie No.	Telephone N	Jumber	
 ✓ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 	res, specify Expense Classification and Ellie No.	Telephone N	Number	
♥ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code)	res, specify Expense Classification and Ellie No.	Telephone N	Number	
♥ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824		Telephone N	Number	
 ✓ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 	res, specify Expense Classification and Ellie No.	Telephone N	Jumber	
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 Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 		Telephone N	Number	
 Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 	res, specify Expense Classification and Elife two.	Telephone N	Number	
 Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 		Telephone N	Number	
 Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 	Tes, specify Expense Classification and Ellie No.	Telephone N	Number 8,160	<u></u>
♥ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10.	Tes, specify Expense Classification and Ellie No.			
♥ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10. 2	Tes, specify Expense Classification and Ellie No.	\$		
 ✓ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10. 2 3 	Tes, specify Expense Classification and Ellie No.	\$ \$ \$		£
♥ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10. 2 3 4	Tes, specify Expense Classification and Ellie No.	\$ \$ \$ \$		
 ✓ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10. 2 3 	Tes, specify Expense Classification and Ellie No.	\$ \$ \$ \$	8,160	Lobius
♥ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10. 2 3 4	Tes, specify Expense Classification and Ellie Ivo.	\$ \$ \$ \$ Charge for \$	8,160 Services Pro	ovided
♥ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10. 2 3 4 5		\$ \$ \$ \$	8,160	bvided
 ✓ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10. 2 3 4 4 		\$ \$ \$ \$ Charge for \$	8,160 Services Pro	ovided
♥ Yes O No P15, 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 Quatrella & Rizio, LLC 2 3 4 5 Address (No. & Street, City, State, Zip Code) 1 P.O. Box 320019, Fairfield, CT 06824 2 3 4 5 Services Provided by This Firm (describe fully) 1 Negotiations - Unallowable & disallowed on page 28, Line 10. 2 3 4 5		\$ \$ \$ \$ Charge for \$	8,160 Services Pro	ovided

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

Schedule of Resident Statistics

Name of Facility Silver Manor Residential Care Home LLC			License No. 187	No. 1873			Report for 9/30/2015	Report for Year Ended 9/30/2015	þ		Page 8	of 37
					I	Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/	Period 7/1 Thru 9/30	01
	Total A 11	Total	Total	Total				Decidential				Doctontial
	Levels	Level	Level	Care Home	Total	CCNH	RHINS	Care Home	Total	CCNH	RHNS	Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	22			22	22			22	22			22
B. On last day of THIS report period	22			22	22			22	22			22
2. Number of Residents A. As of midnight of PREVIOUS report period	22			22	22			22	22			
B. As of midnight of THIS report period	22			22	22			22	22			22
g												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH	7,962			7,962	5,965			596'5	1,997			1,997
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	7,962			7,962	5,965			5,965	1,997			1,997
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved	7 ha											
Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	7,962			7,962	5,965			5,965	1,997			1,997

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Repor	t for Year	Ended		Page	of
Silver Manor	Resider	ntial Car	re Home LLC		1873					9/30/201	.5		9	37
			in the certified b		pacity du	ring ti	he repo	ort year	r?	0	Yes	•	No	
11 1100	1			HOII.			in Bed			T C2	pacity Afte	on Changa	T	
•		Place of	f Change Residential	├ ──	Cı	lange	In Beu	S		Ca	pacity Am	er Change I	-	
Date of	CCNH	RHNS		<u> </u>	Lost		<u> </u>	Gaine	d			B 11 (1)		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	Reason f	or Change
	<u> </u>		 	 	<u> </u>	\vdash	<u> </u>	\vdash	<u> </u>	ļ			<u> </u>	
	 			├─		\vdash		\vdash	 	 		<u> </u>		
			[1				
	•	-	in certified bed o	_	-	the re	eport y	ear (as	; report	ted in item	ı 4 above)	provide the nur	nber of	
1			Change in Re	esider	nt Days					CC	CNH	RHNS	Residential	Care Home
1st chang 2nd chan										 				
3rd chan										 			 	
4th chang										 				
		dents and	d Rates on Septe	mber	30 of Co	st Yea	ar			<u>. </u>		L		
			Medicare		Medic					Se	elf-Pay		Other Sta	te Assisted
	Item		CCNH	C	CNH	RF	HNS	cc	CNH	RF	INS	Residential Care Home	R.C.H.	ICF-IID
No. of Ro		;						SMOREMENT						
Per Diem a. One b														
b. Two t		-		 						 				
c. Three				 	—			 				<u> </u>		
bed r				i	!		ļ	l						
		F Dhysic:	al Therapy Treati	ments				L		TO	TAL	CCNH	RHNS	Residential Care Home
		re - Part		шень						10	1712	CCITI	KIIIIO	Care Home
			lusive of Part B)											
			e Treatments											
		torative '	Treatments											
	Other				<u> </u>				<u> </u>					
			Therapy Treatn											
		re - Part	Therapy Treatm	ients										
			lusive of Part B)											
			e Treatments							SHOMES AND CARREST				
		torative '	Treatments											
	Other									ļ				
			Therapy Treatme											
		l Occupa ire - Part	ational Therapy 1	Treatn	nents									
			lusive of Part B)											
			e Treatments											
			Treatments											
	Other													
D.	Total O	ecupati)	ional Therapy Ti	reatm	ients							ı		

Report of Expenditures - Salaries & Wages

Report of Ex		- Satati				
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Silver Manor Residential Care Home LLC	1873		9/30/2015		10	37
Are time records maintained by all individuals receiving con	mpensation?	•	Yes	0	No	
	M		Total Cost a			
		T	Total Cost a	na nous	1	
				Ì	Danidantial	
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	IIouna
A. Salaries and Wages*	CCIVIT	Hours	KUUS	TIOUIS	Care Home	Hours
Operators/Owners (Complete also Sec. I						
of Schedule A1)				Bissonricanana (pp. 148)		
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					50,532	1,997
Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	200000000000000000000000000000000000000		1577844565670445			(1844-97/10)
5. Dietary Service	170 170 180					
a. Head Dietitian b. Food Service Supervisor		ļ				
c. Dietary Workers					25 260	2,665
6. Housekeeping Service					35,368	2,003
a. Head Housekeeper					760 3 66 - 24 - 25 - 25 - 25 - 25 - 25 - 25 - 25	
b. Other Housekeeping Workers		İ		<u> </u>	61,796	4,635
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers				Security Colors Security Colored.		DANGEL STATE OF THE STATE OF TH
8. Laundry Service						
Supervisor b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant) and proved a financial of a second and (a finite of a second
b. Other Accountants	52247F32452004511111111111111111111111111111111					
12. Professional Care of Residents						
Directors and Assistant Director of Nurses				VATTORIS A CAROLON COMPANION AND A CAROLON A		
b. RN						
1. Direct Carc						
2. Administrative** c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					126,559	5,646
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers i. Physicians						
Frysterans Medical Director						
Utilization Review						
3. Resident Care***						
4. Other (Specify)						
				dk		
j. Dentists						
k. Pharmacists						
1. Podiatrists			, .			
m. Social Workers/Case Management n. Marketing						
o. Other (Specify)			Market State of the State of th			
See Attached Schedule						
A-13. Total Salary Expenditures					274,256	14,943

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RF	INS	Residential	Care Home
Position	\$	Hours	\$	Hours	\$	Hours
		activities and the				Walanca Via
		Version in the				200000
				202000000000000000000000000000000000000		100014000000000000000000000000000000000
					5 9000000000000000000000000000000000000	\$10000000000000000000000000000000000000
		Volenia se se a				Antina assert
				0.0000000000000000000000000000000000000		gaine a Mapel, back of the
					A - A - 1 - A	
				Value value v		
			V246000000000000000000000000000000000000	183.000 (183.001) (180.0		
	Personal Visit of State of Sta					
Total	\$ -		\$ -	74.70 S.	\$ -	935 98 37 28

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
					gla talis kederakan atawa da Panta wasan janggan ataw	
						9 (7/4A)
	0.000.000.000					
	2000		2)175279765136313			
			U.S. S.	No. 10 to 1		3000 2000
		ek teller gelevelge die Frank				Y (2014)
				Segui Composition	vanuovaniesia.	
					Washing the Study	
	3 (1) (1) (1)				\$100 (\$100 \$100 \text{\$100	
					Acetyca Mineralis	
				See See See See See See		
						14 (5) (AS) (4) (18 A) (18 A) (4) (4) (4) (8)
Total	\$ -		\$ -		\$ -	e proposition

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*

- Lister Control of the Control of t		7	Assistant	Administra	Assistant Administrators and Uther Kelated Parties*	Kelate	d Farties	<u>.</u>		
Name of Facility	٠			License No.		Report for	Report for Year Ended		Page	Jo
Silver Manor Residential Care Home LLC	me LLC			1873		9/30/2015			11	37
	-	Salary Paid	771							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
	-									
								a property of the contract of		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who										
are identified on Page 12).										

^{*} 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*

;		4					7	,		
Name of Facility (as licensed)				License No.	•	Report for Year Ended	ear Ended		Page .	Jo
Silver Manor Residential Care Home LLC	ne LLC			1873		9/30/2015			12	37
		Salary Paid	ਰ							
	·		Residential	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	9 6	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHINS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Fozia Ali			50,532		Administrator	2,005 A2		N/A		
		· · · · · · · · · · · · · · · · · · ·			·					
Section IV - Assistant Administrators										
	·									
7 11 4 11 7 1 7 1 1 7 1 1 7 1 1 7 1 1 7 1 1 7 1 1 7 1 1 7 1 1 7 1 1 7 1 1 7 1 7 1 1 7		1								

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

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

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	<u> </u>	Report for Y		Page	of
Silver Manor Residential Care Home LLC	18'	73	9/30/2015	Car Enaca	13	37
SHVCI WIGHOT RESIDENCIAL CARE FROM CIDE	10		Total Cost	and Hours		
	篇		Total Cost	T TOURS		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee		6				
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist		AHIAN AND AND AND AND AND AND AND AND AND A		A TOMORNOO TO TO THE TOTAL TO T	a languagas proposition of the contract of the	napanananananananananan
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						ļ
7. Recreation Worker						
8. Physicians						
 a. Medical Director (entire facility) 						NAVOR COMMONSTRATION OF THE PARTY OF THE PAR
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee					<u> </u>	
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care				ļ		
b. Other				and the second s		
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						U. Santa
b. LPN						
1. Direct Care	ļ			<u> </u>		
2. Administrative***						1
c. Aides				<u> </u>	1	
d. Other						
12. Other (Specify)						
See Attached Schedule				<u> </u>		
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management consultants or services whi		<u> </u>	<u> </u>	<u> </u>	<u></u>	l

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

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

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

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

Name of Facility Silver Manor Residential Care Home LLC	License No. 1873		Report for \\ 9/30/2015	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, ers, Officers		nation of Re	
		Yes	No			
		0	0			· · · · · · · · · · · · · · · · · · ·
		0	0			
		0	0			
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		. 0	. 0			
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		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Silver Manor Residential	Cara Home II C	License No.		Report for Y 9/30/2015	ear Ended	Page 15	of 37
Shver ivialior Residential	Care Hollie LLC	10/3	-	7/30/2013		15	3/
							Residential
	Item			Total	CCNH	RHNS	Care Home
Administrative and G				Total	CCIVII	TO SECOND SEE	Care Frome
TOTAL TRANSPORT OF THE PROPERTY OF THE PROPERT	& Welfare Benefits						
1. Workmen's Co			\$	17,766			17,766
2. Disability Inst			\$	17,700			17,700
3. Unemploymen			\$	15,024			15,024
4. Social Securit			\$	17,409			17,409
5. Health Insurar			\$	131			131
	e (employees only)		55.55				
	nd not-operators)		\$	I SANSA SANSASSASSASSASSASSASSASSASSASSASSASSASS	ASSERT SESTEMBLE PROPERTY	and the second second	
7. Pensions (Nor			\$				
2	nd not-operators)						学校是活动的
8. Uniform Allo			\$				
9. Other (Specify	·)		\$			•	
See Attached			NW.				
b. Personal Retireme	ent Plans, Pensions, and	i	\$				
Profit Sharing Pla				Medical Market			
Operators (Discrin	ninatory)*						
c. Bad Debts*			\$			ii	
d. Accounting and A	uditing		\$	17,286			17,286
	ould be fully described	l on Page 7)	\$	8,160	dis.		8,160
f. Insurance on Live	s of Owners and		\$,	
Operators (Specify	[,])*		,				
g. Office Supplies			\$	716			716
h. Telephone and Ce	llular Phones						
1. Telephone & 1			\$	3,252			3,252
Cellular Phone	es		\$				
i. Appraisal (Specify	purpose and		\$				
attach copy)*							
	ess Taxes (franchise to		. \$	737		ā	737
	related to property - Se	ee Page 22)					
1. Income*			\$				
2. Other (Specify			\$	3,940			3,940
See Attached	and production control and a second control and a s		200				
3. Resident Day	User Fee		\$	eysteid. contractor			pg Str. Observer
Subtotal			\$	84,419		tala famusand	84,419

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

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

Silver Manor Residential Care Home LLC 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Description			t care mome
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description 2018 discillance	CCNH	RHNS	sidential e Home
Taxes - Other - Jan 18			\$ 3,940
Total	\$ -	\$ -	\$ 3,940

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Silver Manor Residential Care Home LLC	1873		9/30/2015	:	16	37
						'
						Residential
Item			Total	CCNH	RHNS	Care Home
Subtota	ls Brought Forward	d:	84,419			84,419
1. Travel and Entertainment						
Resident Travel and Entertainment		\$	22			22
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
Education Expenses Related to Seminars an	d Conventions	\$				
6. Automobile Expense (not purchase or depr	eciation)	\$	1,861			1,861
7. Other (<i>Specify</i>)		\$	ATAMIN ATTAMATIVA CONTRACTOR			
See Attached Schedule						
m. Other Administrative and General Expenses						
 Advertising Help Wanted (all such expense 		\$				
2. Advertising Telephone Directory (all such a	expenses)***	\$				
3. Advertising Other (Specify)***		\$			220200000000000000000000000000000000000	
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service		\$				
directly and not by contract or fee for service	e)***					
7. Postage		\$	141			141
* 8. Dues and Membership Fees to Professional		\$				
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	RM (45-57-57-57-57-57-57-57-57-57-57-57-57-57			
See Attached Schedule						
11. Services Provided by Contract (Specify and		\$				
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	5,003			5,003
See Attached Schedule						
C-14 Total Administrative & General Expenditures	1000 C	\$	91,446			91,446

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNI	I .	RHN	s	Reside Care l	
					0,08833	
			Message Message			
		NES.			207 7eV	No.
		2,8	yordin (Fr		88884 H	
					C30U038	
Total Other Travel and Entertainment	\$	-	\$. N	\$	

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNII	RHNS	Residential Care Home
		de principio de la composición della composición	
			前 累里的多数
Fotal Dues	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RIINS	Residential Care Home
Donations			
m . 10 . 4 . 4	6	· ·	e
Total Contributions	3 -	2 -	3 -

Schedule of Other Administrative and General

Description	CCN	н	RH	INS	 idential e Home
Administrative & General:Bank Service Charges				MASSON.	\$ 793
Administrative & General:Business Licenses & Permits		n n		MARKET	\$ 495
Administrative & General:Miscellaneous Expense			WHEN Y	1/2/1	\$ 2,400
Administrative & General:Payroll Processing Charges			20075	Year I	\$ 3,772
Administrative & General:Penalties & Late Charges		#\\\\	1000	K E	\$ 1,433
401k Processing Fees					\$ 1,085
Reconciliation Discrepancies					\$ (4,975)
Total Other Administrative and General	\$	de di	\$		\$ 5,003

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Silver Manor Residential Care Home LLC	1873	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 #
<u> </u>			
			·····
		, , , , , , , , , , , , , , , , , , , ,	

^{*} 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)

Report for Year Ended Name of Facility License No. Page of 9/30/2015 18 37 Silver Manor Residential Care Home LLC 1873 Residential Care **CCNH RHNS** Home Total Item 2. Dietary a. In-House Preparation & Service 34,562 Raw Food 34,562 \$ 11,216 11,216 Non-Food Supplies \$ Other (Specify) \$ b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** \$ d. Other (Specify) Total Dietary Expenditures (2a + b + c + d)45,778 45,778 Residential Care Home **CCNH RHNS** Total Dietary Questionnaire Resident Meals: Total no. of meals served per day:* G. O No Is cost of employee meals included in 2E? O Yes Η. If yes, specify Did you receive revenue from employees? O Yes O No I. amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify O No O Yes than employees or residents (i.e., Board K. cost. Members, Guests) included in 2E? If yes, specify O No O Yes Is any revenue collected from these people? amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) M. Is cost of food (other than meals, e.g., If yes, specify snacks at monthly staff meetings, board O No O Yes N. cost. meetings) provided to employees included in 2E? If yes, specify O Yes O No Is any revenue collected from employees? O. amt. Where is the revenue received reported in the Cost Report? (Page/Line Item)

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

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

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

Name of Facility	License		Report for		Page of
Silver Manor Residential Care Home LLC		1873	9/30/2015	<u>)</u>	19 37
		_			Residential Care
Item		Total	CCNH	RHNS	Home
 Laundry a. In-House Processing* Bed linens, cubicle curtains, draperies, 	Lbs.			1	
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	675			67:
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt. \$				
3. Personal clothing of residents	Lbs.				
washed, ironed, and/or processed.***	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.		<u> </u>		
h. Douglassed Comings (In account of all an	Amt. \$				
b. Purchased Services (by contract other than through Management Services)	1 2				
(Complete Schedule C-2 att. Page 21)					
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures $(3a+b+c+d)$	\$	675	<u> </u>		675
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.	
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	• • • • •	No	If yes, specify cost.	
K. Did you receive revenue from these people? O	Yes	•	No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	

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

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

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

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

Nar	ne of Facility	License No.	Rep	ort for Year E	nded	Page	of
Silv	er Manor Residential Care Home LLC	1873		9/30/2015		20	37
							Residential
	Item			Total	CCNH	RHNS	Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel	- {				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$	498			498
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*		\$				
	d. Other (Specify)		\$				
	(1 35 /		_				
4E.	Total Housekeeping Expenditures (4a+	b+c+d)	\$	498			498
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen		Section Associated				
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***						
	g. Dental (Not dentists who should be inci-	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$				
	i. Recreation		\$				
	j. Other (Specify)****		\$	1,661			1,661
• • • • •	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	1,661		·	1,661

^{*} 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		lential Home
Resident Care Supplies			\$	696
Cable Television			\$	965∨
	A	a		1 771
Total Other Resident Care	\$ -	\$ -	<u> </u>	1,661

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

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

Name of Facility Silver Manor Residential Care Home LLC	Home LLC			License No. 1873	Report for Year Ended 9/30/2015	50			Page 21	of 37
		Related ** t	** to Owners,						11	
		Operators, Officers	Officers		•		Total Cost	Total Cost/Page Ref.***	ŀ	1
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg I	Line
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		0	0							
		0	0							
		0	0							
		0	0							
7		0	0							
										1

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

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

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Yo	ear Ended		Page of
Silver Manor Residential Care Home LLC	1873	9/30/2015			22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	29,374			29,374
b. Heat	\$	9,099			9,099
c. Light & Power	\$	13,514			13,514
d. Water	\$				
e. Equipment Lease (Provide detail on p	age 6) \$	743			743
f. Other (itemize)	\$	3,812			3,812
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	6f) \$	56,542			56,542
7. Depreciation (complete schedule page 23	*)				
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	190			190
*7e. Total Depreciation Costs $(7a + b + c + d)$) \$	190			190
8. Amortization (Complete att. Schedule Pag	ge 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	9,575			9,575
d. Other (Specify)	\$				
*8e. Total Amortization Costs $(8a + b + c + d)$) \$	9,575			9,575
9. Rental payments on leased real property le	ess				
real estate taxes included in item 10b	\$	55,889			55,889
10. Property Taxes					
a. Real estate taxes paid by owner	\$	28,559			28,559
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	686			686
11. Total Property Expenses (7e + 8e + 9 + 1	10) \$	94,899			94,899

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Plant Operations:Fire Protection			\$ 1,552
Plant Operations:Rubbish Removal			\$ 2,217
Plant Operations:Small Furniture & Appliances			\$ 43
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 3,812

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

Depreciation Schedule

Silver Manor Residential Care Hone LLC					יייי וויייי	Achtedann Deneaune	annan					
Historical Froperty Item Cost Cost to Be Beginning of Computing Land Vallabe Depreciation Depreciatio	Name of Facility			<u> </u>	license No.			Report for Year E	nded		Page	Jo
Property Item Property Ite	Silver Manor Residential Care Home LLC				187.	3		9/30/2015			23	37
Property Item Property Item					Historical Cost	SS#]		Accumulated Depreciation to	Method of			
Property Item Property Item Jand Value Depreciated Year's Operations Depreciation Life					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
State Stat	Property Item				Land	Value	Depreciated	Year's Operations		Life	for This Year	Totals
First of this report period (attach schedule) First of during												
Seals (statisch schedule) Seals (statisch schedule)	 Acquired prior to this report period 											
ired during this report period (attach schedule) sals (attach schedule) wable Equipment ired during this report period (attach schedule) wable Equipment maintained? Yes No Monah Accumulated Tyen Cost to Be Beginning of Salvage Cost to Be Beginning of Computing Lister of each vehicle) was cost of each vehicle) was a proposale (attach schedule) was a prop	2. Disposals (attach schedule)											
and Building Improvements stand Building Improvements stand during this report period (attach schedule) ired during this report period (attach schedule) stand during this report period (attach schedule) liced during this report period (attach schedule) stand during this report period (attach schedule) liced during this report period (attach schedule) stand during this report period (attach schedule) liced during this report period (attach schedule) stand during this report period (attach schedule) which is a miletage and a maintained? Acquainton of the schedule) liced during this report period (attach schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule) which is a miletage and a minimained? Acquainton of the schedule of the sche	3. Acquired during this report period (attac	ch schedule)										
1. Acquired during this report period (attach schedule)	A-4. Subtotal			1930/16								
1. Acquired prior to this report period (attach schedule) 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Subtotal Non-Movable Equipment Non-Mov												
2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Subrotal B. Acquired bring this report period (attach schedule) 5. Subrotal C. Acquired bring this report period (attach schedule) 6. Acquired bring this report period (attach schedule) 7. Subrotal 7. Subrotal 6. Acquired bring this report period (attach schedule) 7. Subrotal 7. Subrotal 7. Subrotal 6. Disposals (attach schedule) 7. Subrotal 7. Subrotal 7. Subrotal 7. Subrotal 8. Acquired bring this report period (attach schedule) 8. Subrotal 9. Subrotal 7. Subrotal 9. Subrotal 1. Subrotal 9. Subrot	1. Acquired prior to this report period				649,643		649,643	108.263	Related Party	20		
3. Acquired during this report period (attach schedule) 1. Subtonal Non-Movable Equipment 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Subtonal Movable Equipment a. Acquired during this report period (attach schedule) c. Acquired during this report period (attach schedule) and year of each vehicle) a. Acquired during this report period (attach schedule) c. Acquired prior to this report period (attach schedule) a. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired during this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach	ì											
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3. Acquired during this report period (attach schedule) Is a mileage logbook maintained? Is a mileage logbook maintained? Historical Less (Soution Beginning) Historical Less (Soution Beginning) Less (Cost to Be Beginning) Accumulated Accumulated (Somputing Useful) Movable Equipment and year of each vehicle) Yes No Movable Equipment and year of each vehicle) Image: Acquired prior to this report period (attach schedule) Accumulated Accumula												
4. Subtotal 4. Subtotal Historical Historical Accumulated Depreciation to Depreciation Life Method of Computing Useful Depreciation to Depreciation Title Movable Equipment and year of each vehicle) Yes No Month Month Depreciation Acquired Acquired Depreciation to Depreciation Title No Month Depreciation Title Depreciation Title No Month Depreciation Title Depreciation Title No Month Depreciation Title Depreciation Title Depreciation Title Title Depreciation Title Depreciation Title Depreciation Title		ch schedule)										
Is a mileage Logbook Date of maintained? Acquisition Acquisiti	C-4. Subtotal											
Movable Equipment Yes No Month Year Cost to Be and year of each vehicle) Depreciation to this report period (attach schedule) Oseronation of each vehicle) Method of attach schedule) Depreciation of Cost to Be and year of each vehicle) Method of attach schedule) Depreciation of Value and year of each vehicle) Depreciation of Value and year of each vehicle) Depreciation of Cost to Be and year of each vehicle) Depreciation of Cost to Be and year of each vehicle) Depreciation of Cost to Be and year of each vehicle) Depreciation of Cost to Be and year of each vehicle) Depreciation of Cost to Be and year of each vehicle) Depreciation of Cost to Be and year of each vehicle) Depreciation of Cost to Be and year of Cost to Be and year of Equipment and year of each vehicle) Acquired during this report period (attach schedule) Acquired during this report period (attach schedule) <th< td=""><td></td><td>Is a mileage logbook</td><td></td><td>ي.</td><td>Historical</td><td></td><td></td><td>Accumilated</td><td></td><td></td><td></td><td></td></th<>		Is a mileage logbook		ي.	Historical			Accumilated				
Movable Equipment 1. Motor Vehicles (Specity name, model and year of each vehicle) a. Movable Equipment 2. Movable Equipment a. Accurized bring prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) c. Acquired schedule) d. Movable Equipment a. Acquired during this report period (attach schedule) c. Acquired schedule) c. Acquired schedule) d. Movable Equipment a. Acquired during this report period (attach schedule) c. Acquired schedule) d. Movable Equipment a. Acquired during this report period (attach schedule) d. Movable Equipment a. Acquired during this report period (attach schedule) d. Movable Equipment a. Acquired during this report period (attach schedule) d. Movable Equipment a. Acquired brinch schedule) c. Acquired brinch schedule) d. Movable Equipment a. Acquired brinch schedule) c. Acquired brinch schedule) d. Movable Equipment a. Acquired brinch schedule) c. Acquired brinch schedule) d. Movable Equipment a. Acquired brinch schedule) d. Movable Equipment a. Acquired brinch schedule) c. Acquired brinch schedule) d. Movable Equipment a. Acquired brinch schedule) c. Acquired brinch schedule) d. Movable Equipment a. Acquired brinch schedule d. Movable Equipment a. Acquired brinch schedule d. Movable Equipment a. Acquired brinch schedule d. Movab		maintained?	Acquisi	tion	Cost	Less		Depreciation to	Method of			
Movable Equipment I. Motor Vehicles (Specify name, model and year of each vehicle) a. a. b. c. c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) c. Acquired during this report period (attach schedule) 3. Subtoral Total Depreciation			-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Exclusive of	Salvage Value	Cost to Be	Beginning of		Usefui	Depreciation	Potol
1. Motor Vehicles (Specify name, model and year of each vehicle) a.		100 BK	0220203				ne de la companya de	Supported S and		- Carro	TOT THIS LOW	A Ordio
and year of each vehicle) a. b. c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) c. Acquired during this report period (attach schedule) 3. Subtotal Total Depreciation a. Acquired prior to this report period (attach schedule) a. Acquired during this report period (attach schedule) 3. Subtotal	1. Motor Vehicles (Specify name, model											
a. Acquired prior to this report period VAR VAR VAR Subtotal 29,413 29,413 29,413 29,127 SL Subtotal 3. Subtotal Total Depreciation Accounted to the separation of attach schedule of attach	and year of each vehicle)											
b. c. d. Movable Equipment beriod b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) a. Acquired during this report period (attach schedule) a. Subtotal attach schedule) a. Subtotal are a formation are a formation a. Subtotal are a formation are a formation a. Subtotal are a formation are a formation a. Subtotal are a formation are a formation are a formation a. Subtotal are a formation are a fo												
c. d. C. Acquired prior to this report period VAR VAR VAR 29,413 29,413 29,127 SL b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) m.	b.											
d. 2. Movable Equipment VAR VAR VAR 29,413 29,413 20,127 SL a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period attach schedule) c. Acquired attach schedule) attach schedule) <td>ં</td> <td></td>	ં											
2. Movable Equipment vAR VAR 29,413 29,413 SL a. Acquired prior to this report period vAR VAR 29,413 29,127 SL b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) material schedule) mater	ď.											
a. Acquired prior to this report period VAR VAR VAR VAR 29,413 29,413 SD,127 SL b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) mark attach schedule) <td< td=""><td>2. Movable Equipment</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	2. Movable Equipment											
b. c. Total			ı	/AR	29,413		29,413	29,127	TS	7	190	
c. 3. Subtor	b. Disposals (attach schedule)											
-3. Subtot	c. Acquired during this report period											
ų	(attach schedule)											
	ကု											190
	-											190

Schedule of Land Improvements Acquired during this report period

	mprovements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				Paramanan (Paraman)
3 6 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Asia (Asia asia)	
				32 A SA A
		\$14078 ASANCEMENT		• Constitution
Total additions for I	Land Improvements	\$	New Additional Conference of the Conference of t	\$ -
Deletions:				
		100000000000000000000000000000000000000		400000000000000000000000000000000000000
			NO. 2 10 A 10	
			14001553050505050	2011 (1.10 × 1.
Fotal deletions for L	and Improvements	\$	NECTO- PROPERTY	\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

~ aming ampro-	rements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				· 克拉斯斯里克克
				1000 Sept. 200 Sept. 100 S
Total additions for Building	Improvements	\$		\$ -
Deletions:				
Total deletions for Building	Improvements	\$		\$ -

^{*}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:				
17 (20 mm)				
Valenti un entre de la compa			Aggregative Section	
Total additions for	Non-Movable Equipment	\$		\$
Deletions:				
				THE RESERVE
NOVERSON STATE		there years		
Total deletions for l	Non-Movable Equipment	\$	Section Co.	\$

^{*}Ties to Page 23, Line C3

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

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

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

			Usefuł	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			SAME TO PARTY	
design open against the			Ademingen krivit	
				No. of the last
				9.4500,000,000
Fotal additions for	Movable Equipment	\$ -		\$ -
Deletions:				
				\$355 B
				Section 1
		View de la constant	Sale College	
Fotal deletions for	Movable Equipment	\$		\$

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of Item	Cuar		Depresention .
2/4/2015	Fire Suppression System	\$ 1,800	10	\$ 180
			10,000,000,000,000	11.00
Total additions for	Leasehold Improvement	\$ 1,800		\$ 180
Deletions:				
			NEW YORK	
		6/40/05/05/55		
100 100 100 100 100				
Total deletions for	Leasehold Improvement	\$	AND SECURITY OF	\$

^{*}Ties to Page 24, Line C3

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

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

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

Amortization Schedule*

Nam	Name of Facility		Lice	License No.		Report for Year Ended	r Ended		Page	Jo
Silv	Silver Manor Residential Care Home LLC			1873	3	9/30/2015			24	37
						Accumulated				
		Date of				Amort. to				
		Acquisition	uc			Beginning of	Basis for			
			ٽر —	Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
	Item	Month Year		Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Ā.	Organization Expense									
	1.									
	2.									
	3.									
A-4	A-4. Subtotal									
<u>B</u>	Mortgage Expense									
	2.									
	3.									
B-4.	. Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	VAR VAR	R	10	93,330	58,354		10	9,395	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
		VAR VAR	R VAR	3	1,800			VAR	180	
C-4.	. Subtotal									9,575
Ü.	Total Amortization									9,575
	* Straight-line method must be used									

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

A. Minimum of 5 years or 60 months.

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

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

Name of Facility	License No.	Report for Year Er	nded		Page	of
Silver Manor Residential Care Home	1873	9/30/2015			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	ne Facility	0	_		If "Yes," comple	te Part B.
or leased from a Related Party?*	•		O	No	If "No," complet	
*If any owner or operator of this fa	cility is related by famil	y, marriage, ownership, abi	lity to control or		•	
business association to any person						
a related party transaction.						
Description 1. Date Land Purchased		Total				
Date Land Purchased Date Structure Completed		6-1-2005				
3. If NOT Original Owner, Dat	e of Durchase	06/01/05				
4. Date of Initial Licensure	c of f titeliase	06/01/05				
5. Total Licensed Bed Capacity		22		3.0		
6. Square Footage	1.0	3,500				
7. Acquisition Cost						
a. Land		122,985				
b. Building		649,643				
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing						
a. Type of Financing (e.g., f	ixed, variable)	VAR	VAR			
b. Date Mortgage Obtained		6-12005	10/12/05			
c. Interest Rate for the Cost		10.25%				
d. Term of Mortgage (numb	······································	10	20			
e. Amount of Principal Born		378,000	275,000			
f. Principal balance outstan						
Complete if Mortgage was						
g. Type of Financing (e.g., f						
h. Date of Refinancing	ixed, variable)					
i. New Interest Rate						
j. Term of Mortgage (numb	er of years)					
k. Amount of Principal Born						
Principal Outstanding on						
Part C - Arms-Length Leas		y Improvements Only	y			
Name and Address of Lesso		Property Leased		Term of Lease	Annual Amoun	t of Lease
	<u> </u>		L		<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 L	icense No.		Report for Ye	ar Ended		Page of
Silver Manor Residential Care Home	1873		9/30/2015			26 37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest						
A. Building, Land Improveme	nt & Non-Movabl	e				
Equipment		ф				
1. First Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender		<u> </u>				
3. Third Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$			Maria visinia si sun filono statuismaa	
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %					16.00	
4. Term						
5. CHEFA Interest Expens	se					
12 B7. Total Building Interest Expens	se (A1 - A4 + B5)	\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended		Page of
Silver Manor Residential Care Hor	1873		9/30/2015	<u> </u>	<u> </u>	27 37
				CONTI	DIDIG	Residential
lte.		L.D. 1	Total	CCNH	RHNS	Care Home
10 0 11 7	Subtotals Brou	ight Forward:				
12. C. Movable Equipment	4	ሶ				
1. Automotive Equipme		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender	.					
B. Item	Rate	Amount				
Lender						
Address of Lender	··					
12. C. 3. Total Movable Equip	ment Interest					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (A	Specify)	\$		C-2747AFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	PREPARED SHARE SHA	THOMAS AND AND AND ASSESSMENT OF THE STATE O
13. Total All Interest Expense (1	12B7 + 12C3 + 12D) \$				
14. Insurance	11.11					
a. Insurance on Property (b		\$				11,772
b. Insurance on Automobile		\$	1,459			1,459
c. Insurance other than Pro						
1. Umbrella (Blanket Co		\$ \$				
2. Fire and Extended Co 3. Other (<i>Specify</i>)	iverage	<u> </u>				
3. Onter (Specify)		Ф				
14d. Total Insurance Expenditure	es(14a+b+c)	\$	13,231			13,231
15. Total All Expenditures (A-1.		\$				578,985

D. Adjustments to Statement of Expenditures

Nam	e of Fa	acility	7	Lic	ense No.	Report for Ye	ar Ended	Page of
Silve	r Man	or Re	esidential Care Home LLC		1873	9/30/2015		28 37
	Page No.		The state of the s		Total Amount of Decrease	CCNH	RHNS	Residential Care Home
			ies and Wages		Beereuse			
1.	10-1		Outpatient Service Costs	\$			BELLEVILLE OF THE STATE OF THE	
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
	13 - 1	Profes	ssional Fees					
5.			Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$				
Page	s 15 &	16	- Administrative and General					
8.		5 10000000	Discriminatory Benefits	\$				
9.			Bad Debts	\$		_		
10.	15	1e	Accounting & Legal	\$	8,160			8,160
11.			Telephone	\$				
12.			Cellular Telephone	\$				
13.			Life insurance premiums on the life					
			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or					
			universities for tuition and related costs					
			for owners and employees	\$				
16.			Travel for purposes of attending					
			conferences or seminars outside the					
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$	-			
17.			Automobile Expense (e.g. personal use)	\$				
18.			Unallowable Advertising *	\$		727		
19.	15	j/1k	Income Tax / Corporate Business Tax	\$	4,427	110		4,427
20.			Fund Raising / Contributions	\$		31287		
21.			Unallowable Management Fees	\$		JUL		
22.			Barber and Beauty	\$				
23.	0 C#	-	Other - See attached Schedule	. \$	(1,142)	* * # # * *		(1,142)
Page	18 - 1	Dietar	ry Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$				
Page	19 - 1	Laund	dry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - 1	Touse	ekeeping Expenditures					
26.			Housekeeping services to employees, guests					
			and others who are not residents	\$				
			Subtotal (Items 1 - 26)	\$	11,445			11,445

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Fees Adj	ustments	\$ -	\$	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Penalties and Late Fees			\$ 1,433
		Reconciliation Discrepancies			\$ (4,975)
		Miscellaneous			\$ 2,400
					Avelaya 2 2 2
Total Other	r A&G Ad	iustments	\$ _	\$	\$ (1.142)

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

			D. Adjustments to Statemen						
	e of Fa			Lie	cense No.	Report for Y	ear Ended	Page	of
Silve	r Man	or Re	sidential Care Home LLC		1873	9/30/2015		29	37
					Total				
Item	Page	Line			Amount of			Reside	ntial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	Н	ome
			Subtotals Brought Forward	\$	11,445				11,445
Page	20 - I	Reside	nt Care Supplies***				B 8		
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.			Medical Supplies	\$			war		
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	75				75
Page	22 - I	<i>Naint</i>	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					NUMBER OF THE OWNER OW
36.			Depreciation on Unallowable						
			Motor Vehicles	\$			and the same of th		
37.	22	10a	Unallowable Property and Real						
			Estate Taxes	\$	9,190				9,190
38.			Rental of Building Space or Rooms	\$			***************************************		
39.			Other - See Attached Schedule	\$					
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	r - Mis	scella	neous						
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					*****
46.			Duplications of functions or services	\$		AV.			
47.			Expenditures made for the protection,						
			enhancement or promotion of the						
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See						
			Attached Schedule	\$		William William State Company of the American Company	3460 m 648 m 1944 m 1945 m		
Not 1	or Pr	ofit P	roviders Only						
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	20,709				20,709

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20		Cable			\$ 75
	Sayte Nag				
0.00					
				VALADE ESTA	
100 No. 100 No					
	V659 (C0 1145 VA)				
1924 752 152 1					
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$ 75

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			100700000000000000000000000000000000000		
	0.23.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2				
V1000 (1000)	100000000000000000000000000000000000000				
				\$497.00	
1.00					
Total Exce	ss Movable	e Equipment Depreciation	\$ -	\$	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
				ARTIKES, METGER	
Carata e				ASSESSED OF THE	
100 200 200	000,000,000				
0.000				1727701010000	
- 10 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1					
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
					LANGE CONTROL
a de la comitación de l					
2100 AV 400	7/20 A 10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		31.00 000 000 000	12 82 43 (123) (124 42)	
	aversere).				
	WHEELER VIEW				
Fotal Othe	r Adjustme	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
			10 (A) (A) (B) (B) (B)		
				Village Control	
2010/01/01/02					450.000
				84.00 See Sugar See	
				Will State of the	
07.000.7000.000 51.000.000					
Total Unal	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility License No. Silver Manor Residential Care Home LLC 1873				Page of 30 37	
ONVENTION RESIDENTIAL CARE TRAINS ELECTIONS		7/30/2013			Residential Care
Item		Total	CCNH	RHNS	Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	612,799	****		612,799
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$	·			
3. a. Medicare Residents (all inclusive)	\$				
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$				
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
a. Prescription Drugs - Medicare	\$	<u> </u>			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
	\$				
c. Physical Therapy - Non-Medicare	\$		******		
d. Physical Therapy - Non-Medicare Contractual Allowance **	_				<u> </u>
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\neg				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	•			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	***			<u> </u> -
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	612,799			612,799
IV. Other Revenue*					
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$		_		
V. Total Other Revenue (1 thru 8)	\$				
VI. Total All Revenue (III+V)	\$	612,799			612,799
<u> </u>	لنـــ	012,199		L	1 012,177

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

^{**} Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

			Residential
Page Ref Description	CCNH	RHNS	Care Home
		A Participant	
Total Other Resident Revenue - Medicare	\$	\$ -	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
STANISMAN.			-9.000 -9.000	
1377313775		100000000000000000000000000000000000000	3,23,33,00,37	274 Capagagagaga
SERVICE SERVICE				
singuista in				
San Modernes. Vallentenis.			94041,000,000	
100 MARK 100				
Total Othe	r Resident Revenue	\$	\$ -	\$ -

Interest Income

Account

				Residentiai
Page Ref Account	Balance	CCNH	RHNS	Care Home
			Villey or a constant	
Total Interest Income		\$	\$ -	\$
- Lunder - L				

Schedule of Other Revenue

n . n.e	Description	CCNH	RHNS	Residential Care Home
Page Rei	Description	CCIVII Leobododadasas dos	ANTILYO	- Care Home
		North Charles		
500 FOA			diction comm	49.50.000.000.000.000
VANSTERNS				
200000000000000000000000000000000000000		31.3.35757573		
		144 P.		
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
67703434				
0.00000		555 (45) (45)		

\$150 AD 650			THE PART OF Y	
Total Oth	er Revenue	\$ -	\$ -	\$

G. Balance Sheet

		f Facility	License No.	Report for Year	Ended	Page	of
Silver	· IV	fanor Residential Care Home		9/30/2015		31	37
Asset			Account			Am	iount
		irrent Assets					
		Cash (<i>on hand and in banks</i>)		\$		(504,815
		Resident Accounts Receivab	<u> </u>	for Rad Debts)	\$		57,919
		Other Accounts Receivable			\$		2,453
	4	Inventories	(Exercially Owners)	or reduced runnes;	\$		2,733
		Prepaid Expenses			\$		514
		a. Prepaid Health Insurance		514	Ψ.		31
		b					
		С.		······································			
		d.					
(6.	Interest Receivable			\$		
,	7.	Medicare Final Settlement R	Receivable		\$		
	8.	Other Current Assets (itemiz	e)		\$		495,881
		Due from Eagle Landing		495,881			
				·······			
A-9.	To	tal Current Assets (Lines A1	thru 8)		\$		51,952
В. ј	Fix	ked Assets					
]	1.	Land			\$		122,985
2	2.	Land Improvements	*Historical Cost		\$		
			Accum. Depreciat	ion	Net		
3	3.	Buildings	*Historical Cost		\$		
			Accum. Depreciat	`-/	Net		
2	4.	Leasehold Improvements	*Historical Cost	95,130	\$		27,202
			Accum. Depreciat	ion 67,928			**********
-	5.	Non-Movable Equipment	*Historical Cost		\$		
			Accum. Depreciat		Net		
(6.	Movable Equipment	*Historical Cost	29,413	\$		96
			Accum. Depreciat	ion 29,317			
Ţ.	7.	Motor Vehicles	*Historical Cost				
		3.0	Accum. Depreciat	ion	Net		
8	8.	Minor Equipment-Not Depre	eciable		\$		
9	9.	Other Fixed Assets (itemize))		\$		
					ľ		
B-10.		Total Fixed Assets (Lines B	1 thru 9)		\$		150,283

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

G. Balance Sheet (cont'd)

Nam	ne of Facility	License No.	Report for Year	Ended	Page	of
Silve	er Manor Residential Care H	ome Ll 1873	9/30/2015		32	37
		Account			Ar	nount
			Total Brougl	nt Forward: \$		202,235
C.	Leasehold or like property	recorded for Equity Purpo	ses.			
	1. Land			\$		
	2. Land Improvements	*Historical Cost				
		Accum. Depreciati	on	Net \$		
	3. Buildings	*Historical Cost	649,643			
		Accum. Depreciati	on 108,263	Net \$		541,380
	4. Non-Movable Equipme	ent *Historical Cost				
		Accum, Depreciati	on	Net \$		
	5. Movable Equipment	*Historical Cost				
		Accum. Depreciati	on	Net \$		
•	6. Motor Vehicles	*Historical Cost				
		Accum. Depreciati	on	Net \$		
	7. Minor Equipment-Not			\$		
C-8	Total Leasehold or Like P	roperties (C1 thru 7)		\$		541,380
D.	Investment and Other Asse	ts				
	1. Deferred Deposits			\$		
	2. Escrow Deposits			\$		
	3. Organization Expense	*Historical Cost				
		Accum. Depreciati	on	Net \$		
	4. Goodwill (Purchased C			\$		
	5. Investments Related to	- :		\$		
		,				4.46
	6. Loans to Owners or Re	lated Parties (itemize)		\$		
	Name and Addre	ess Amount	Loan D	ate		E.

	7. Other Assets (itemize)	<u> </u>		\$		
D-8.	Total Investments and Oth	er Assets (Lines D1 thru?	7)	\$		
D-9.	Total All Assets (Lines A9	+B10 + C8 + D8)		\$		743,615

^{*} 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 Fac	ility		License No.	Report for Year	Ended	Page	of
Silver Mano	r Res	idential Care Home LLC	1873	9/30/2015		33	37
			Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			9		134,756
	2.	Notes Payable (itemize)				}	(6,140)
MINION		Auto		(6,14	0)		
	3.	Loans Payable for Equipm	ent (Current nortie	n) (itamiza)		<u> </u>	
	Э.	Name of Lender	Purpose	Amount	Date Due	,	
		TVAINC OF LONGO	Turpose	ymoune	Dato Duo		
			·				
	4.	Accrued Payroll (Exclusiv	e of Owners and/or	Stockholders only)	9		6,973
	5.	Accrued Payroll (Owners	and/or Stockholders	only)			1,890
	6.	Accrued Payroll Taxes Pa	yable		9		615
	7.	Medicare Final Settlement	t Payable			\$	
	8.	Medicare Current Financia					
	9.	Mortgage Payable (Curren					
		. Interest Payable (Exclusive	e of Owner and/or K	Related Parties)			
		. Accrued Income Taxes*			Ş		
	12	. Other Current Liabilities (itemize)		in the state of th	5	515,612
		Accrued Expenses		,712			
		Due to Related Parties		,075			
		Due to DSS	22	,825			
	***	71 717 77 77	A 1 (1 10)				652.706
A-13	. To	<i>tal Current Liabilities</i> (Lir	ies A1 thru 12)		, i	\$	653,706

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Silver Manor Residential Care Home LLC	1873	9/30/2015		34	37
1	Account			An	nount
	nt Forward:		653,706		
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
Mortgages Payable			\$	<u>.</u>	
Loans from Owners or Relation	ated Parties (itemize)		\$		
Name and Address of Lender	Amount	Loan Da	ate		
			1		
		·			
4. Other Long-Term Liabilitie	es (itemize)		\$		
	,				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)		\$		
B-5. Total Long-Term Liabilities () C. Total All Liabilities (Lines A-	13 + B-5)		\$		653,706

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

	ne of Facility License No.	Report for Year Ended		Page of
Silv	er Manor Residential Care Home 1 1873 Account	9/30/2015	1	35 37 Amount
A.	Reserves			THIOTH
	Reserve for value of leased land		\$	122,985
	Reserve for depreciation value of leased be to be amortized	ouildings and appurtenances	\$	541,380
	3. Reserve for depreciation value of leased p	ersonal property (Equity)	\$	
	4. Reserve for leasehold real properties on w	hich fair rental value is based	\$	
	5. Reserve for funds set aside as donor restri	cted	\$	
	6. Total Reserves		\$	664,365
В.	Net Worth 1. Owner's Capital		\$	
	2. Capital Stock		\$	
	3. Paid-in Surplus		\$	
	4. Treasury Stock		\$	
	5. Cumulated Earnings		\$	(608,270)
	6. Gain or Loss for Period 10a	/1/2014 thru 9/30/2015	5 \$	33,814
	7. Total Net Worth		\$	(574,456)
C.	Total Reserves and Net Worth		\$	89,909
D.	Total Liabilities, Reserves, and Net Worth		\$	743,615

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Silver Manor Residential Care Home LL	1873	9/30/2015		36	37
Account				Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014				\$	(612,185)
B. Total Revenue (From Statement of Revenue Page 30)				\$	612,799
C. Total Expenditures (From Statement of Expenditures Page 27)				\$	578,985
D. Net Income or Deficit				\$	33,814
E. Balance				\$	(578,371)
. Additions					
1. Additional Capital Contributed (itemize)					
2. Other (itemize)					
F-3. Total Additions				\$	
G. Deductions					
1. Drawings of Owners/Operators/Partners (Specify)				\$	
Name and Address (No., City,	State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)				\$	
Purpose Amou		ount			
	•				
3. Total Deductions				\$	
H. Balance at End of Period 09/30/15				\$	(578,371)