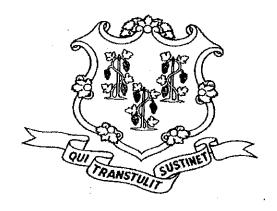
### **State of Connecticut**



### **Annual Report of Long-Term Care Facility**Cost Year 2015

Name of Facility (as	licensed)							
Westway Manor, Inc	•							
Address (No. & Stree	et, City, State, Z	Zip Code)						
38 Girard Avenue, H	artford, CT 061	.05						
Type of Facility								
Chronic and C	Convalescent		Rest Home wit	th Nursing				
☐ Nursing Home	e only		Supervision or	ıly		Residenti	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	ntial Care l 1796	Home	Me	dicare Provider
Medicaid Provider N	umbers:	CC	NH	RH	INS		IC	F-IID
For Department Us	e Only							•
Sequence Number	Signed and	Date	Sequence N	Jumber	Signed a	nd Notariz	zed	Date Received
Assigned	Notarized	Received	Assign	ed	bigiicu a	mu Notaiiz	.cu	Date Received

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### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Westway Manor, Inc.	1796	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 Westway Manor, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Edward Weigen			Printed Name (Owner) Edward Weigen	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				//

(Notary Seal)

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

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Westway Manor, Inc.				10/1/2014	9/30/2015
Address of Facility					
38 Girard Avenue, Hartford, CT 06105					
Report Prepared By		Phone Nun		Date	
Karen E. Rogers		860-951-63	302	1/15/2016	
					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

		Pho	ne No. of Fac	cility	Report for	Year Ended	Page	of
		860	-232-6366		9/30/2015		2	37
Name of Facility (as shown on license)			Address (No	o. & S	Street, City,	State, Zip)		
Westway Manor, Inc.			38 Girard A	venu	e, Hartford,	CT 06105		
	CCNH		RHNS	Resi	dential Care	e Home	Medicare F	Provider No.
License Numbers:		<u> </u>				1796		
Type of Facility (Check appropriate box(es))	)							
Chronic and Convalescent	_	Res	t Home with	Nursi	ing	□Z D '-1 '	·1.0	
Nursing Home only (CCNH)		Sup	ervision only	(RH	NS)	☑ Residenti	ai Care Hon	ne
Type of Ownership (Check appropriate box)	)							
O Proprietorship O LLC O F	Partnership	•	Profit Corp.	0	Non-Profit	Corp. O	Government	O Trust
			1			Date Clos		
If this facility opened or closed during repor	t vear provid	Δ.		Date	Opened	Date Clos	sea	
ir this facility opened of closed during repor	t year provide	٠.						
Has there been any change in ownership				<u> </u>				
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain fully	у.
Administrator								
Name of Administrator					Nursing	Home		
Edward Weigen					Administ	I .		
20,120,1,420,1					Licens	i		
Other Operators/Owners who are assistant ac	dministrators	(full	or part time)	of th				
Name					Licens	e No.:		

### General Information and Questionnaire Partners/Members

Name of Facility Westway Manor, Inc.		License No.	Report for Y 9/30/2015	ear Ended	Page of 3 37
westway Manor, me.		1750	J730/2013	State(s) and/o	
Legal Name of Part	nership/LLC	Business A	Address	Which R	
	2				
Name of Partners/Members	Business Ac	ldress	7	Γitle	% Owned
NOT APPLICABLE					

### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year 1	Ended	Page of
Westway Manor, Inc.	1796	9/30/2015		3A 37
If this facility is owned or operated as a cor	poration, provide	the following inform	nation:	
Legal Name of Corporation	Busin	ness Address	State(s) in Wh	ich Incorporated
Westway Manor, Inc.			Connecticut	
Name of Directors, Officers	Busii	ness Address	Title	No. Shares Held by Each
Edward Weigen	33 Girard Aver 06105	nue, Hartford, CT	Pres/Treas	100%
Barbara Bergren	33 Girard Aver 06105	nue, Hartford, CT	Secretary	
Names of Stockholders Owning at Least 10% of Shares				
Edward Weigen	Same as above.			
		•		

### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Westway Manor, Inc.	1796	9/30/2015	3B 37
If this facility is owned or operated as an individual	l proprietorship, pr	rovide the following informat	ion:
Own	ner(s) of Facility		
NOT APPLICABLE			
NOT ATTLICABLE			

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## General Information and Questionnaire Related Parties\*

Name of Facility Westway Manor, Inc.		License No	No. 1796	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece marriage, ability to contr	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.	e Name/Add	tress and ge 11 of the report.
Are any individuals or connected the rental of properties of the rental of properties of the 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 bus association to any of the owners, operators, or officials of this facility?	or service this factorial, or this factorial factorials	ces, cility, or business	© Yes O No	If "Yes," provide the following information:	e following	information:
		Als	Also Provides		Indicate Where		
Name of Related	Business	Good	Goods/Services to	Description of Goods/Common	Costs are Included	1	A
Individual or Company	Address	Yes	No   %**	Provided Provided	Page # / Line #	Reported	Related Party
Edward Weigen	33 Girard Ave, Hartford, CT 06105	0	•	Real Estate Rental	P 22/L 9	11,349	11,349
Edward Weigen	33 Girard Ave, Hartford, CT 06105	0	•	See Page 11			
Edward Weigen	33 Girard Ave, Hartford, CT 06105	0	•	Loaning of Funds	P 34/L B3	30,359	30,359
Edward Weigen	33 Girard Ave, Hartford, CT 06105	0	•	Office Rental	P 16/L m13	2,488	2,488
Anthem BCBS & Connecticare		•	0	Shared Health Insurance	P 15/L 1a5	16,303	16,303
Patriot Underwriters		•	0	Shared Workers' Compensation Insurance	P 15/L la1	9,316	9,316
		0	0	0 0 0 0 0 0 0 0 0 0			
		0	0				
		0	0				

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

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

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

Name of Facility	License No	).	Report for Year Ended	Page of
Westway Manor, Inc.	1796		9/30/2015	5 37
If the facility is licensed as CDH and/or RCH o	r provides A	AIDS or TB	I services with special Medicai	d rates, costs
must be allocated to CCNH and RHNS as follow	ws:			
Item			Method of Allocation	
Dietary		Number of	meals served to residents	
Laundry		Number of	pounds processed	
Housekeeping		Number of	square feet serviced	
			hours of routine care provided	•
Nursing			elassification, i.e., Director (or	• ,
		Registered	Nurses, Licensed Practical Nu	rses, Aides and
		Attendants		
Direct Resident Care Consultants		ł	hours of resident care provided	d by EACH
			(See listing page 13)	
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salar		
Management services		*	e cost center involved	
All other General Administrative expenses		Total of Di	rect and Allocated Costs	
The preparer of this report must answer the foll-	owing ques			
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why suc	h allocation was
costs allocated as required?	0 103	0 110	not made.	
NOT APPLICABLE				
<ol><li>Explain the allocation of related company ex</li></ol>	penses and	attach copy	of appropriate supporting data	L
NOT APPLICABLE				
<ol><li>Did the Facility appropriately allocate and se</li></ol>			-	me cost centers?
(e.g., Assisted Living, Home Health, Outpati	ent Service	s, Adult Day	y Care Services, etc.)	
	O Yes	O NO	If "No," explain fully why suc not made.	h allocation was
NOT APPLICABLE				

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

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

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Westway Manor, Inc.			1796	9/30/2015			
	Related * to	d * to					$\parallel$
	Owners,	ers,					
	Operators,	tors,				Annual	
	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
NOT APPLICABLE	0	0					
	0	0					10000
	0	0					
	0	0					
	0	0					-
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					

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
Westway Manor, Inc.	1796	9/30/2015		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
*	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Name of Accounting Firm	•	Address (No. & Street, City, State, Zip Code)			
1 Karen E. Rogers		118 Candia Road, Chester, NH 03036-40			
2 Brignano Associates		1100 New Britain Ave, Suite 106, W Htfd	d, CT 0611	10	
3 Michael A. Olinski, CPA		9 Research Drive, Milford, CT 06460			
4 Services Provided by This Firm (de.	scribe fully)				
I Cost report preparation.			\$	3,600	
2 Bookkeeping services.			\$	2,936	
3 Preparation of State and Federal corpo	orate tax returns.		\$	475	
4			\$		
			Charge fo	r Services Pr	ovided
			\$	7,011	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	· · ·	.,	
	Page 15, Line 1.d.				
Legal Services Information					
Name of Legal Firm or Independent	Attorney		Telephon	e Number	
1					
2					
3					
4					
5 Address (No. & Street, City, State, 2	Zin Code)				
Address (No. & Street, City, State, 2	ap Coue)				
2					
3					
4					
5					
Services Provided by This Firm (dec	scribe fully)				
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
			Charge fo	r Services Pr	ovided
			\$		
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
	Page 15, Line 1.e.				

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## Schedule of Resident Statistics

Name of Facility Westway Manor, Inc.			License No.	No. 1796			Report for 9/30/2015	Report for Year Ended 9/30/2015	ą.		Page 8	of 37
						Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1	1 Thru 9/30	0
	£	Total	Total	Total								
	Levels	Level	Level	Kesidential Care Home	Total	CCNH	RHINS	Residential Care Home	Total	CCNH	RHINS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	15			15	15			15	15			15
B. On last day of THIS report period	15			15	15			15	15			15
2. Number of Residents												
A. As of midnight of PREVIOUS report period	15			15	15			15	15			15
B. As of midnight of THIS report period	15			15	15			15	15			4
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	365			365	273			273	92			92
E. State SSI for RCH	5,110			5,110	3,822			3,822	1,288			1,288
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	5,475			5,475	4,095			4,095	1.380			1380
	Į										and the same of th	
4. 101 Which revenue was received for reserved  Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G+4A+4B)	5,475			5,475	4,095			4,095	1,380			1,380

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

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

Name of Faci	lity			Licer	ise No.				Repor	t for Year	Ended		Page	of
Westway Mar	or, Inc.				1796		***************************************			9/30/201	5		9	37
	-	_	in the certified b		pacity du	ring tl	ne repo	rt yea	r?	0	Yes	•	No	
	<del>                                     </del>		f Change	<u> </u>	Cl	nange	in Bed	s		Ca	pacity Aft	er Change		
			Residential								-		1	
Date of	CCNH	RHNS	Care Home		Lost		(	Gaine	d			D! 1!-1		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	Resean f	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(2)	CCIVII	KIIIKB	Care Home	Reason I	or Change
		i												
			in certified bed o 90 days followir			the re	port ye	ear (as	report	ed in item	4 above)	provide the nur	nber of	
			Change in Re		_			•		CC	NH	RHNS	Residential	Care Home
1st chang	<u>ie</u>		Change in Re	231CCI	a Days						1411	KIIIAD	recsidential	Cure Home
2nd chan	ge													
3rd chan					· · · · · ·									
4th chang		1	d Rates on Septe	مد ما سد	20 of Co	at Mas								
o. Number	or Resid	iems and	Medicare	mber	Medie		11			Se	lf-Pay		Other Sta	te Assisted
		ŀ	1710010010		777041	Jures					11 1 4 9		Other Sta	10 1 10515100
												Residential		
	Item		CCNH	C	CNH	RF	INS	CC	NH	RH	NS	Care Home	R.C.H.	ICF-MR
No. of Re				100000000000000000000000000000000000000		\$0.00E022407.004.0		*************	200710010007A005			1	14	1,000,000,000,000,000,000,000
Per Dien a. One b												92.00	01.26	
b. Two b												83.00	81.36 81.36	
c. Three													01.50	
bed r														
		Physica	al Therapy Treat	ments						ТО	ΓAĽ	CCNH	RHNS	Residential Care Home
			usive of Part B)											
	1. Mai	ntenance	Treatments											
		orative '	Treatments											
	Other	hveical	Therapy Treatn	ante	<del></del>		<del></del>	· · · · · ·						
			Therapy Treatm											
A.	Medica	re - Part	:B											
			usive of Part B)											
			Treatments Treatments											
	2. Rest	oranve	Treatments											
		peech T	herapy Treatme	ents										
			tional Therapy	Creatn	nents									
		re - Part										version in the state of the sta		
			usive of Part B) Treatments						1					
			Treatments											
	Other						<u></u>							
D.	Total O	ccupati	onal Therapy T	reatm	ents									

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

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Report of Expenditures - Salaries & Wages

Name of Familiar	<del>-`-</del> -	Salati			1 20 1	
Name of Facility	License No.		Report for Yea	ir Ended	Page	of
Westway Manor, Inc.	1796	·········	9/30/2015		10	37
Are time records maintained by all individuals receiving co	ompensation?	•	Yes	0	No	
			Total Cost :	and Hours		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	COSTINO DE LA CO		· ·	Openicanie Wynasia a za	30,774	1,040
3. Assistant Administrator (Complete also Sec. IV						,
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)					11,551	54(
5. Dietary Service a. Head Dietitian						
b. Food Service Supervisor				ļ		
c. Dietary Workers	1			<u> </u>	46,621	3,249
6. Housekeeping Service					,	
a. Head Housekeeper						
b. Other Housekeeping Workers				Honologia subseniezi wyciono	33,165	2,31
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					14,538	710
8. Laundry Service			n v		14,956	//(
a. Supervisor				a distribute consequent de cons		Was Alexander and Alexander
b. Other Laundry Workers					3,230	225
9. Barber and Beautician Services		ļ			ļ	
10. Protective Services 11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative** c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					66,889	4,661
e. Physical Therapists			····			
f. Speech Therapists						
g. Occupational Therapists h. Recreation Workers					10,310	718
i. Physicians					10,510	,10
1. Medical Director						
2. Utilization Review						
3. Resident Care***				Market and the state of the sta	3166 (2791/17) 2003 (2791/27)	
4. Other (Specify)						
j. Dentists	1					
k. Pharmacists	1					
1. Podiatrists						
m. Social Workers/Case Management						
n. Marketing		Salindricas (Salindricas Assessario)	700	22.682.670.600.600.600.600.600	1777	
	HOSE COMPANY STREET AND SERVED AND AND AND AND AND AND AND AND AND AN					
o. Other (Specify) See Attached Schedule						

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

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

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

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

	CC	CNH	RF	INS	Residential	Care Home
Position	\$	Hours	\$	Hours	\$	Hours
		6.60.60.00.00				
		9.00				
		anne ganes an a	27.530.600.000.000.000	Sec. 520 (644) (621, 630) (6		
			13.00	2 3 5 5 5	68 977 777 777	\$50 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1
			#1 WE CO. 150 NO. 151	10/10/20/20/20/20/20/20	AND THE RESIDENCE OF	
	A 100 St. 201 St. 201 St. 201 St.	50 de 120 de 180 de 18				
	7107 SE SE SE SE SE SE SE	fertige distribution	0.0000000000000000000000000000000000000	A10 (1995) (1997) (1997) (1997)	5 1634 CC1 1630 NOT 1631 1633	#10-500/400 (GC 0401)
				100000000000000000000000000000000000000		
		27/28U/0 (20 - 20 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	43 (5) (5)	an ear could ride	40 no de contra	
		33 (18) (3) (3) (3) (3)				85 25 88 85 85 82 8 8
			1 40 000 000 000 000			
		COLUMN COLUMN				
		10.000.00	50,000,02,02,00	gradient de la servicio	19 (60 M) 19 (60 C)	601-60465-005-005
		100 00 000 000				
		A	0.0000000000000000000000000000000000000	33.250.00 No. 250.0		
Total	\$ -		\$ -	÷	\$ -	57 (5) (5) (F)

### Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Residential	Care Home
Service	\$	Hours	\$	Hours	\$	Hours
			35 31 35 35 31			
			200.000.000.000			
			68 68 69 69 60 mg			8 (2) (2)
			10 No. 10 No	69/1225 (2001)	25 000 00 100 00 100	20 20100 2000
			6.2			
	50 (20 000 000 000 000 000 000 000 000 00			1914 044 1940 1950 1950 405	020 030 050 000 000 05	20 (20 (8) (3) (2)
				100000000000000000000000000000000000000		740 (540 (540 (540 (540 (540 (540 (540 (5
					100 (00 100 100 100 100 100	
	100 (100 (100 (100 (100 (100 (100 (100		70 MH 50 450 450 75	Service of the Service of		85 700 (87 15)
and the second second section of the second				G 100		
	50 (50 (50 (50 (50 (50 (50 (50 (50 (50 (			est to the last transition of		
					000,000,000	
	<b>4</b>					
Cotal Cotal	\$ -	-	\$ -	-	\$ -	50.5

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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\*

Nome of Doublity			Teststati	I icano Mo	Time No and Cultination and Cultination and Cultination of the Cultina	הייים	u raitics		ţ	
יישווי כי ז מכיוויול	-			LICCHSC INC.		เดา บดส้องเ	report tot a car pitued		rage	IO
Westway Manor, Inc.				1796		9/30/2015			11	37
		Salary Paid	1							
			; ;	Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Kesidential 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										
Edward Weigen			30,774		Administrator of Facility	1,040	A2	Fernwood Manor, 27-29 Girard Ave, Hrfd, CT 06105	1,508	44,889
								Fernwood West, 521 Prospect Ave, W Htfd, CT 06105	468	13,582
Section II - Other related parties of Operators/Owners										
employed in and paid by facility (EXCEPT those who										
nay be the Administrators who are identified on Page 12).										
										·

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

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

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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\*

		Į	ssistant	Aummsta	Assistant Administrators and Other Related Parties*	Kelated	rarties"			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Westway Manor, Inc.				1796		9/30/2015			12	37
	-	Salary Paid	q							
				Fringe Benefits and/or Other		Total	Line Where		Total	
			Residential	Payments	Full Description of	Hours		Name and Address of All	Hours	Compensation
Name	CCNH	RHINS	Care Home	(describe fully)	Services Rendered	Worked		Other Employment**	Worked	Received
Section III - Administrators***										
	-									
See Page 11.	-									
Section IV - Assistant										
Administrators										
	-									
										-
** 11: a. i f A		7 1 1 1 1 1	2 11 T	11 1 11	111.7	•				

\*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.

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

CSP-13 Rev. 9/2002

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

Name of Facility	License No.	CB 110	Report for Y		Page	of
Westway Manor, Inc.	17	96	9/30/2015	Car Ended	13	37
	17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total Cost	and Hours	1.5	37
			Total Cost	and riouis		1
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	
*B. Direct care consultants paid on a fee	CCIVII	Hours	KIIVS	Hours	Cate Home	Hours
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						Maria de la companya
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings) 2 Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***				<u> </u>		
b. LPN						
1. Direct Care			National States			
2. Administrative***						
c. Aides			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d. Other						
12. Other (Specify)						
See Attached Schedule	was a same a					
B-13 Total Fees Paid in Lieu of Salaries						
* Do not include in this section management consultants or services which	nuet he reported or	. Da 16 14	12 1 11-	1:0	5 15	

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

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

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

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

Name of Facility		License No.		Report for Y	Tear Ended	Page	of
Westway Manor, Inc.	1	1796	Tp 1 . 144	9/30/2015		14	37
Name & Address of Individual	Full Evola	nation of Service	Charater Charater	to Owners, rs, Officers	Evnla	nation of P	elationship
Name & Address of individual	Full Expla	mation of Service	Yes	No No	Ехріа	nanon of K	ciationship
NOT APPLICABLE			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
		1. 10. ·	0	0			
			, ,0 ,	. 0			
			0	0			
			0	0			
			0	0			
			0	0			

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

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

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

Name of Facility	License No.	Report for Y	ear Ended	Page	of
Westway Manor, Inc.	1796	9/30/2015		15	37
	F				
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	S	9,316			9,316
2. Disability Insurance		S			
3. Unemployment Insurance	9	4,300			4,300
4. Social Security (F.I.C.A.)	9	16,699			16,699
5. Health Insurance	9	16,303			16,303
6. Life Insurance (employees only)					
(not-owners and not-operators)		3			
7. Pensions (Non-Discriminatory)	9	5,935			5,935
(not-owners and not-operators)			- F. S. W. W. W.		No. 18 Sept. Sept. No. 18
8. Uniform Allowance	\$	3			
9. Other (Specify)	\$	3			
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$				
d. Accounting and Auditing	\$	7,011			7,011
e. Legal (Services should be fully described	on Page 7)      \$				
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	1,729			1,729
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	1,504			1,504
2. Cellular Phones	\$	1,562			1,562
i. Appraisal (Specify purpose and	\$				
attach copy )*					
j. Corporation Business Taxes (franchise tax		3,454			3,454
k. Other Taxes (Not related to property - See	Page 22)				
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					
Resident Day User Fee	\$				
Subtotal	\$	67,813			67,813

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

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

Westway Manor, Inc. 9/30/2015

Attachment Page 15

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

Description	CCNH	RHNS	Residential Care Home
		11111	
			100 (2011)
	6) (8) (8) (8) (8) (8) (8)		
			0.00
1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 -			
Total	\$ -	\$ -	\$ -

### **Schedule of Other Taxes**

		Residential
CCNH	RHNS	Care Home
	5 2 2 2	
\$ -	\$ -	\$ -

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

Name of Facility	License No.	Repo	rt for `	Year Ended	Page	of
Westway Manor, Inc.	1796	9/30/			16	37
						***************************************
						Residential
Item		To	tal	CCNH	RHNS	Care Home
Subtota	ls Brought Forward	: (	57,813			67,813
Travel and Entertainment						
Resident Travel and Entertainment		\$	-13343.0353100			
2. Holiday Parties for Staff	(	\$				
3. Gifts to Staff and Residents		\$	275	,		275
4. Employee Travel	<u>(</u>	8	·			
5. Education Expenses Related to Seminars an	d Conventions	\$	170			170
6. Automobile Expense (not purchase or depr		8				
7. Other (Specify)	(	\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	s )	\$				
2. Advertising Telephone Directory (all such e	expenses )***	\$				
3. Advertising Other (Specify)***		8				
See Attached Schedule						
4. Fund-Raising***		8				
5. Medical Records		8	•			
6. Barber and Beauty Supplies (if this service	is supplied	8				
directly and not by contract or fee for service						
7. Postage		8	396			396
* 8. Dues and Membership Fees to Professional	(	8	500			500
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	Б				
9. Subscriptions	Q	\$	481			481
10. Contributions***	S	8				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	B		William II		
Schedule C-2, Page 21 for each firm or indi	ividual)					
12. Administrative Management Services**		5				
13. Other (Specify)	(	B	8,228			8,228
See Attached Schedule						
C-14 Total Administrative & General Expenditures		5 7	7,863			77,863

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

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

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

### Schedule of Other Travel and Entertainment

			Residential
Description	CCNH	RHNS	Care Home
			A CONTRACTOR OF THE
	67 103 103 103 103		
		1311 055 000 051 051 051 051 051 051 051 0	
			(aspestione after
Total Other Travel and Entertainment	S -	s -	s -

### Schedule of Other Advertising

			Residential
Description	CCNH	RHNS	Care Home
			4516500000000
Total Other Advertising		s -	S -

### Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CARCH	100 100 000 000 100 100 100 100 100 100	150 Ale (50 to) 2	\$ 500
	5. 3. 3. 3. 3. 3.	8. 6. 78. 6. 7	sign samplement
	600000000000000000000000000000000000000	(0) (0) (000 (0)	000 /00 (50 (60)
	60.00.000.00	1501/59/50/7851/6	081-1020-01-1020-0
	8 6 6 6 6 6		
	6 8 80 8 8		20100100100
Total Ducs	S -	s -	\$ 500

### Schedule of Contributions

			Residential
Description	CCNH	RHNS	Care Home
		160 (60 (80 )160 (	60 000 000 000
Total Contributions	S -	S -	\$ -

### Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home		
Payroll Services			S 4,864		
Licenses/Annual Report	2000		\$ 215		
Office Rent	20 00 00 00 00		S 2,488		
Routine Bank Service Charge			S 603		
Other Bank Service Charges			\$ 53		
Bingo Money (Self Disallowed)	95 (50.00) (50.05)		S 5		
	100 07/02/05/05/05				
	(20)		1 (455) (505) (451) (455) (		
			2 137 657 (507)		
Total Other Administrative and General	S -	S -	S 8,228		

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

Name of Facility Westway Manor, Inc.	License No. 1796	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
NOT APPLICABLE			

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

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

Man	ne of Facility		Licen		Tage 3)	Report for Y	ear Ended	Page	of
	stway Manor, Inc.		LACCII		796	9/30/2013		18	37
VV C	sewuy manot, me.		<u> </u>	<del>''</del>		7,50,201.		<u> </u>	ntial Care
	Item				Total	CCNH	RHNS	1	ome
2.	Dietary				Total	CCIVII	Kinto		Onic .
<u> </u> -	a. In-House Preparation & Service								
	1. Raw Food			\$	53,326				53,326
	2. Non-Food Supplies			\$	971			1	971
	3. 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)		_	\$					
2E.	Total Dietary Expenditures $(2a+b+c+d)$			\$	54,297				54,297
								Reside	ntial Care
2F.	Dietary Questionnaire				Total	CCNH	RHNS	H	ome
G.	Resident Meals: Total no. of meals served per	r da	y:*		45				45
H.	Is cost of employee meals included in 2E?		Yes		0	No		•	
I.	Did you receive revenue from employees?	0	Yes		•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	st Repo	ort?	(Page/Line	Item)			
	Is cost of meals provided to persons other					. =	TC		
K.	than employees or residents (i.e., Board	Ο	Yes		•	No	If yes, specify		
	Members, Guests) included in 2E?						cost.		
L.	Is any revenue collected from these people?	0	Yes		•	No	If yes, specify amt.		
M.	Where is the revenue received reported in the	Cos	st Repo	ort?	(Page/Line	Item)			
	Is cost of food (other than meals, e.g.,								
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes		•	No · · · · ·	If yes, specify cost.		
Ο.	Is any revenue collected from employees?	0	Yes		•	No	If yes, specify amt.		
P.	Where is the revenue received reported in the	Cos	st Repo	ort?	(Page/Line	Item)			

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

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

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

Name of Facility		e No.	, -	Year Ended	Page	of
Westway Manor, Inc.		1796	9/30/201	5	19	37
					Reside	ntial Care
Item		Total	CCNH	RHNS	E	lome
3. Laundry						
a. In-House Processing*	Lbs.					
1. Bed linens, cubicle curtains, draperies,						
gowns and other resident care items	Amt. \$					
washed, ironed, and/or processed.***						
2. Employee items including uniforms,	Lbs.					
gowns, etc. washed, ironed and/or						
processed.***	Amt. \$					
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
_	Amt. \$	1,260				1,260
b. Purchased Services (by contract other	\$	1,626	+			1,626
than through Management Services)				4		
(Complete Schedule C-2 att. Page 21)					100	
c. Management Services**	\$					
d. Other (Specify)	\$					
3E. Total Laundry Expenditures $(3a+b+c+d)$	\$	2,887				2,887
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?	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 Cos	t Report?		(Page/Lin	e Item)		
Is Cost of laundry provided to persons other				If yes,		
J. than employees or residents included in 3E?	Yes	•	No	specify cost.	<u> </u>	·
K. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.		
L. Where is the revenue received reported in the Cos	t Report?		(Page/Line	e Item)		

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Rep	ort for Year E	Ended	Page	of
Westway Manor, Inc.	1796		9/30/2015		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	3,609			3,609
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel	İ				
(Complete Schedule C-2 att. Page 21)	Amt.	\$				
c. Management Services*		\$				
d. Other (Specify)		\$				
4E. Total Housekeeping Expenditures (4a	+ b + c + d)	\$	3,609			3,609
5. Resident Care (Supplies)**			_;			
a. Prescription Drugs***		1				
1. Own Pharmacy		\$			<u>V </u>	
2. Purchased from		\$				
b. Medicine Cabinet Drugs		\$				
c. Medical and Therapeutic Supplies		\$				
d. Ambulance/Limousine***		\$				
e. Oxygen						
For Emergency Use		\$				
2. Other***		\$				
f. X-rays and Related Radiological		\$	**************************************	STATE STATE OF A STATE		
Procedures***						
g. Dental (Not dentists who should be in	cluded under	\$				
salaries or fees)	<u> </u>					
h. Laboratory***		\$				
i. Recreation		\$	2,368			2,368
j. Other (Specify)****		\$	565			565
See Attached Schedule	F:\					
5K. Total Resident Care Expenditures (5a -	<b>5</b> J)	\$	2,933			2,933

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

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

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

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

### **Schedule of Other Resident Care**

Description	CCNH	RHNS	Resid Care l	
First Aid Supplies			\$	565
	7-3 (49 kg)   1 (50 kg) (50 kg)			
			a a a a	
			76 (3 ) 31 (3 ) (4 )	
	The state of the s			
			5 (3 (3 (3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	
Total Other Resident Care	\$ -	\$ -	\$	565

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

Page of	1	Po I in	٥													
	**9**	Residential RHNS Care Home														
	E C Popular	RH WS														
g		HNUU														
Report for Year Ended 9/30/2015		Full Explanation of Service Provided*														
License No.		Explanation of Relationshin	J													
	o Owners,	ON ON	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Related ** to Owners,	Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Address										-				
Name of Facility Westwav Manor. Inc.		Name of Individual or Company	Con Trans													

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

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

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

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

Name of Facility	License No.	Report for Ye	ear Ended		Page	of
Westway Manor, Inc.	1796	9/30/2015			22	37
_					1	tial Care
Item		Total	CCNH	RHNS	Но	ome
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	13,587				13,587
b. Heat	\$	8,217				8,217
c. Light & Power	\$	7,162				7,162
d. Water	\$	3,572				3,572
e. Equipment Lease (Provide detail o	n page 6) \$					
f. Other (itemize)	\$	1,836				1,836
See Attached Schedule						
6g. Total Maint. & Operating Expense (6	ba - 6f) \$	34,373				34,373
7. Depreciation (complete schedule page	23*)			,		
a. Land Improvements	\$					
<ul> <li>b. Building &amp; Building Improvements</li> </ul>	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$					
*7e. Total Depreciation Costs $(7a + b + c - a)$	+ d) \$					
8. Amortization (Complete att. Schedule	Page 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	3,805				3,805
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c	+ d) \$	3,805				3,805
9. Rental payments on leased real propert	y less					
real estate taxes included in item 10b	\$	11,349				11,349
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	17,751		,		17,751
c. Personal property taxes	\$	1,008				1,008
11. Total Property Expenses (7e + 8e + 9		33,913				33,913

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

Westway Manor, Inc. 9/30/2015

### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Fire/Sprinkler Monitoring			\$ 1,836
	E .		
	8,000		
	(2.0.2)		6 (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)
			53 (San San San San San San San San San San
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 1,836

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Depreciation Schedule

-			Depreci	Depreciation Schedule	nedale					
Name of Facility Westway Manor, Inc.			License No.	ي ا		Report for Year Ended	nded		Page	Jo 27
									7.7	7.0
			Historical			Accumulated				
			Cost	Less		Depreciation to	Method of			-
			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements										
1. Acquired prior to this report period										
2 Disposals (attach schediile)										
	ch schedule)									
A A C. Latertal	(27222									
ıi I										
B. Building and Building Improvements										
<ol> <li>Acquired prior to this report period</li> </ol>			131,000		131,000	131,000 N/A - Related	Party			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period			18.857		18.857	18 857				
2. Disposals (attach schedule)										
	ch schedule)									
<u> </u>	Is a mileage									
	logbook	Date of	Historical			Accumulated				
	maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes No 1	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment										
1. Motor Vehicles (Specify name, model										
and year of each vehicle)										
r. r.										
ъ.										
°C.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period	Δ	Var. Var.	23,059		23.059	23.059 S/L		Various		
b. Disposals (attach schedule)			(8,740)		(8.740)	(8.740)				
c. Acquired during this report period										
(attach schedule)										
D-3. Subtotal										
: [										
E. Iotal Deprectation										

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of ten	Lust	I	Тергенация
10.000.000.000.00			100000000000000000000000000000000000000	
		10.00		
16 (28) 283 285 1 1 1 1 1 1 1 1 1		280795 350 550 57	CONTRACTOR	1950 150 150 150 160
			(A. 1518 (A.	
7.000 500 500 500 000 00		age and a sugar or many		to the relation
l'otal additions for L	Land Improvements	\$ -	0.50008.5000	\$
Deletions:				
		6.00	Transfer of	700 700 000 000 000
3114564-0851-0851-0851-08			100000000000000000000000000000000000000	
		(100 mile)		
		760 (60 (30 (30 (3)))		41. 2. 60.06. 60
		(0.0)	4 403 6 6	
Fotal deletions for L	and Improvements	\$ -		\$ -

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
CONTROL OF THE CONTROL		380/88 AND 52.08	5 (580)(80)(55, 65, 51	5 5 6 6 6
			0.00	
Section 19		601 (0) (0)		
		these and the contract	10 000 000 000 000 000 000 000 000 000	
	Annual Company of the	628.000		
Fotal additions for E	Building Improvements	\$ -	10.050	\$ -
Deletions:				
	100 (100 (100 (100 (100 (100 (100 (100	100 000 000 000		
0.00	And the second of the second o			
3.0 (20 (20 (2) )		3100 100 100 100 100 100 100 100 100 100	5.1000000000000000000000000000000000000	
		100000000000000000000000000000000000000		100000000000000000000000000000000000000
				100 00 00 00
Fotal deletions for B	building Improvements	\$ -		<b>s</b> -

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

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

1	The second state of Town		Useful	T
Acquisition Date  Additions:	Description of Item	Cost	Life	Depreciation
Auditions				
			10.00	
				250 10 100 100
		1330 (6344 S) 435 (334 337 (832 S) 137 (334 S)		
Cotal additions for	Non-Movable Equipment	\$ -		\$ -
Deletions:				
				9700 (BB) (MB) (GB) (S)
o in contract white all contract		100 PM 000 000 000	00/11/00/17/00/20/00/20/00/20/00/20/00/20/00/20/20/	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
				250 (150 text) (150 text)
		750 (00.000) (00.000)	2000 00 00 00 00 00 00 00 00 00 00 00 00	200000000000000000000000000000000000000
33.02.02.00.00.00.00.00		0.0000000000000000000000000000000000000	9.65.55.65.65.7	/AS (20) ASS (3)
			12/3037-033-033-233-2	205 20 25 00 20
l'otal deletions for	Non-Movable Equipment	\$ -		<b>S</b> -

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

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

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

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:			1.	
	10.00		20.000	
				0.0000000000000000000000000000000000000
U 100 (100 (200 (200 (200 (200 (200 (200			0 100 000 000	
Total additions for	Movable Equipment	\$ -		\$ -
Deletions:				
9/1/1986	Furniture	\$ (651	7 YRS	
9/1/1986	Furniture		7 YRS	
2/10/1997	Mattresses		3 YRS	
9/15/1997	Computer		3 YRS	
9/10/1998			3 YRS	
8/8/2008	Living Room Lounge Seating		5 YRS	
Total deletions for	Movable Equipment	\$ (8,740		\$ -

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

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions;				
			10.000000000000000000000000000000000000	
		16 80 80 80 80	5 (2 kg) (5 (5 kg)	
		0.00	38 G 38 G 3	
		160 Carrest 150 April		100 100 100 100 100
		e socialisticate against.	A compression of the con-	Sept. (55.5) (apr. 1.586) (2.5
Fotal additions for	Leaschold Improvement	\$ -		\$ -
Deletions:		5 18201075557885557885		176-944-0000-0000-0000-000
9/30/1992	Heating System	\$ (705)	5 YRS	
		1650 CO 100 CO 100 CO	5 356 600 556 556 5	0.00 0.00 0.00 0.00
		Macanian services in the		100
			00.000.000.000.000	
		4000	5/201/201/10	100.000 (0.000)
i otal deletions for	Leaschold Improvement	\$ (705)		\$ -

<sup>\*\*</sup>Ties to Page 23, Line D2h

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

## Amortization Schedule\*

Nan Wes	Name of Facility Westway Manor, Inc.		1	License No. 1796		Report for Year Ended 9/30/2015	r Ended		Page 24	of 37
		Date of	4-1			Accumulated Amort. to				
		Acquisition	ion			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
	Item	Month Y	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Ą.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	. Subtotal									
m.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	. Subtotal									-
ن	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var. Var.		Various	145,192	124,006 A	A.		3,805	
	2. Disposals (attach schedule)	9 1	1992 5	5 Yrs	(702)	(705)				
	3. Acquired during this report period									
	(attach schedule)									
C-4.	. Subtotal									3,805
Ď.	Total Amortization									3,805
	* 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; OR

C. Remaining Life of Lease; OR D. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year l	Ended		Page of
Westway Manor, Inc.	1796	9/30/2015			25   37
11. Property Questionnaire				····	
Part A	*******		· ******		
Is the property either owned by the	e Facility				If "Vas II somelate Deet D
or leased from a Related Party?*	io i domity	Yes	0	No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this fac	cility is related by famil	v marriage ownershin a	bility to control or		ii No, complete raft C.
business association to any person of	or organization from wh	iom buildings are leased,	then it is considered	1	
a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed	CD 1				
If <b>NOT</b> Original Owner, Date     Date of Initial Licensure	of Purchase	04/28/8	36		
5. Total Licensed Bed Capacity					
6. Square Footage			1.5		
7. Acquisition Cost	7				
a. Land					
b. Building	***				
Part B - Owner and Related Par	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing			Ziid Wortgage	Jid Wortgage	4th Mortgage
a. Type of Financing (e.g., fi	xed, variable)				
b. Date Mortgage Obtained					7177
c. Interest Rate for the Cost	Year		17700		
d. Term of Mortgage (numbe					
e. Amount of Principal Borro					
f. Principal balance outstand		TOTAL SANALAN AND SANALAN SANA			
Complete if Mortgage was R					
During Current Cost Yes					
g. Type of Financing (e.g., fin	xed, variable)				V.1
h. Date of Refinancing i. New Interest Rate	- W.III.				***-
j. Term of Mortgage (numbe	r of more)		-		<del>-</del> /
k. Amount of Principal Borro					
l. Principal Outstanding on N			100		
Part C - Arms-Length Lease		v Improvements On	lv		
Name and Address of Lessor		roperty Leased	<u> </u>	Term of Lense	Annual Amount of Lease
W1-A		roperty Ecuson	Butto of Lease	1 Cim of Lease	Annual Amount of Lease
					······································
				70.0	71-511
		· · · ·			
	İ			:	
		·····		W	

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

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

Name of Facility	License No.		Report for Ye	ar Ended		Page of
Westway Manor, Inc.	1796		9/30/2015			26   37
						Residential Care
Item			Total	CCNH	RHNS	Home
12. Interest	( 0 NT - NT 11.					
A. Building, Land Improvem Equipment	ent & Non-Movable	;				
1. First Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage		\$				
Name of Lender		Rate	10 mg 10 mg			
Address of Lender						
3. Third Mortgage		\$	Committee of the Commit	BIANCO STATE OF THE PARTY OF TH		TERRITORIA DE CARELLO DE CONTRACTORIO DE CARELLO DE CAR
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information	1					
Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %					5.0	
4. Term						
5. CHEFA Interest Exper	nse					
12 B7. Total Building Interest Expen		\$				
12 Dr. Tome Damming Interest Daper	(*** 111. 130)	Ψ		u Subtotals t	forward to n	ext nage)

(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
Westway Manor, Inc.	1796		9/30/2015	car Ended		1 age   27	37
						Reside	
10	tem		Total	CCNH	RHNS	Care I	
		ought Forward:			2322	00.01	
12. C. Movable Equipment							
1. Automotive Equipm	nent	\$					
A. Item	Rate	Amount					
Lender							
Address of Lender							
Tradition of Bonder							
2. Other (Specify)		\$					
A. Item	Rate	Amount					
Lender							
A 11 CY I							
Address of Lender							
B. Item	Rate	Amount					
B. Reili	Rate	Amount					
Lender		1					
Address of Lender							
12. C. 3. Total Movable Equi	pment Interest						
Expense (C1 + 2)		\$					
12. D. Other Interest Expense	(Specify)	\$	1			\$67.097.058.00099.00934	1
Working Capital							n,
13. Total All Interest Expense (	(12D7 ± 12C2 ± 12I	D) \$					1
14. Insurance	(14D) + 12C3 ± 121	ه ره	1			<b></b> .	1
a. Insurance on Property (	buildings only)	\$	7,435				7,435
b. Insurance on Automobi		\$	7,733				1,733
c. Insurance other than Pro							
1. Umbrella ( <i>Blanket C</i>		\$					
2. Fire and Extended C	overage	\$					
3. Other ( <i>Specify</i> )		\$					
1/A Total Insurance Property							
<ul><li>14d. Total Insurance Expenditu</li><li>15. Total All Expenditures (A-1)</li></ul>		\$  	7,435				7,435
13. Ioan An Expenditures (A-1	13 mru C-14)	<u> </u>	434,387			4.	34,387

## D. Adjustments to Statement of Expenditures

Nam	e of Fa	cility		Lie	cense No.	Report for Ye	ar Ended	Page of
	way N				1796	9/30/2015		28   37
	T				Total			
Item	Page	Line			Amount of			Residential Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	Home
		alari	es and Wages					
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
Page	13 - 1	rofes	sional Fees					
5.			Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$				
Page	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.			Accounting & Legal	\$				
11.			Telephone	\$				
12.	15	1h2	Cellular Telephone	\$	1,202			1,202
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 *	\$				
19.	15	1j	Income Tax / Corporate Business Tax	\$	3,204			3,204
20.			Fund Raising / Contributions	\$				
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	. \$.	58			
Page	18 - I	)ietar	y Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$				
Page	19 - 1	auna	ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$			Charles	VA CONTRACTOR OF THE CONTRACTO
Page	20 - 1	Iouse	keeping Expenditures					
26.			Housekeeping services to employees, guests					
			and others who are not residents	\$				
			Subtotal (Items 1 - 26)	\$	4,463			4,463
			Wanted!"		//		orward to next	

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

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

#### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
1.150 (S. 53)					
				0.00	
V (20) (20) (20) (2)					
				100000000000000000000000000000000000000	5 66 5 6 6 6
					18 (A) (A) (A) (A)
	(See also see also				
Total Othe	r Salaries .	Adjustment	\$ -	\$ -	\$ -

#### Schedule of Fces Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
		- CO/111	Kirks	Care Home
			4.0	
				9
		2019/09/09 09:00		20. Z. 20. 30 (20. 20. 20. 2
Total Othe	r Fees Adjustments	\$ -	\$ -	\$ -

#### Schedule of Other A&G Adjustments

Page Ref	Line Re	f Description	CCNH	RHNS	Residential Care Home
16	m13	Other Bank Service Charge			\$ 53
16	m13	Bingo Money	19(21)(2) (2)		\$ 5
			44 (0) (0)	Programme of the state of	
	9.00		St. 150 (1) (2) (3)	Succession of the	
Total Othe	r A&G A	djustments	\$ -	\$ -	\$ 58

1
The state of the s

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

Westway Manor, Inc.  1796 9/30/2015 29 3'  Total  Item Page Line No. No. No. Item Description  1796 Page CCNH RHNS Home	NT.	c r	_ 1114	D. Adjustments to Statemen					D	
Residential Content   Residential Content			_		Li			ear Ended	_	of
Item   Page   Line   No.   No.   No.   Item Description   Decrease   CCNH   RIINS   Home	west	way M	ranor,	, Inc.			3/30/2013	ı	29	37
No.   No.   No.   Item Description   Decrease   CCNH   RHNS   Home	T+	Door	T :						Darida.	tial Caus
Subtotals Brought Forward   \$ 4,463   4,200   4,463   4,200   4,463   4,200   4,463   4,463   4,200   4,463   4,463   4,463   4,463   4,200   4,463   4,464				Itam Dagarintian			CONIT	DING	I	
Page 20 - Resident Care Supplies***   27.	INO.	190.	190.			<b></b>	CUNH	KHIN2	HO	
27.	Daga	20 7	) ani da		Э	4,463				4,463
28.		20 - I	esine		ø					iaizas alamaia
29.							]			
30. Laboratory \$ 31. Medical Supplies \$ 32. Oxygen (non emergency) \$ 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs urrelated to resident care) - See Attached Schedule \$ 44. Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
31.   Medical Supplies   \$	-				_					
32. Oxygen (non emergency) \$ 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property  35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance  40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 44. Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -				-	_	-				
33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ Page 22 - Maintenance and Property 35. Excess Movable Equipment Depreciation See Attached Schedule \$ 36. Depreciation on Unallowable Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$ 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 8 8 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
34. Other - See Attached Schedule   \$Page 22 - Maintenance and Property   35.										
Page 22 - Maintenance and Property         35.       Excess Movable Equipment Depreciation         36.       Depreciation on Unallowable         Motor Vehicles       \$         37.       Unallowable Property and Real         Estate Taxes       \$         38.       Rental of Building Space or Rooms       \$         39.       Other - See Attached Schedule       \$         Page 27 - Insurance       \$         40.       Mortgage Insurance       \$         41.       Property Insurance       \$         41.       Property Insurance       \$         42.       Research or Experimental Activities       \$         43.       Radio and Television Revenue       \$         44.       Vending Machine Revenue       \$         45.       Purchase Discounts and Allowances       \$         46.       Duplications of functions or services       \$         47.       Expenditures made for the protection, enhancement or promotion of the providers interest       \$         48.       Interest Income on Accounts Rec       \$         49.       Other (include personnel and other costs unrelated to resident care) - See Attached Schedule       \$         8       Autached Schedule       \$      <										
Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   S   Sec Attached Schedule   Sec Attached Sch		22 7	Naint		Φ					
See Attached Schedule  36. Depreciation on Unallowable Motor Vehicles \$  37. Unallowable Property and Real Estate Taxes \$  38. Rental of Building Space or Rooms \$  39. Other - See Attached Schedule \$  Page 27 - Insurance  40. Mortgage Insurance \$  41. Property Insurance \$  41. Property Insurance \$  42. Research or Experimental Activities \$  43. Radio and Television Revenue \$  44. Vending Machine Revenue \$  45. Purchase Discounts and Allowances \$  46. Duplications of functions or services \$  47. Expenditures made for the protection, enhancement or promotion of the providers interest \$  48. Interest Income on Accounts Rec \$  49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -		22 - 10								
36. Depreciation on Unallowable Motor Vehicles \$  37. Unallowable Property and Real Estate Taxes \$  38. Rental of Building Space or Rooms \$  39. Other - See Attached Schedule \$  Page 27 - Insurance  40. Mortgage Insurance \$  41. Property Insurance \$  42. Research or Experimental Activities \$  43. Radio and Television Revenue \$  44. Vending Machine Revenue \$  45. Purchase Discounts and Allowances \$  46. Duplications of functions or services \$  47. Expenditures made for the protection, enhancement or promotion of the providers interest \$  48. Interest Income on Accounts Rec \$  49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	55.				¢					
Motor Vehicles \$ 37. Unallowable Property and Real Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$ 41. Property Insurance \$  Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Ree \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 44. Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	36				Ψ					ina si sa sa
37. Unallowable Property and Real Estate Taxes \$  38. Rental of Building Space or Rooms \$  39. Other - See Attached Schedule \$  Page 27 - Insurance \$  40. Mortgage Insurance \$  41. Property Insurance \$  Other - Miscellaneous \$  42. Research or Experimental Activities \$  43. Radio and Television Revenue \$  44. Vending Machine Revenue \$  45. Purchase Discounts and Allowances \$  46. Duplications of functions or services \$  47. Expenditures made for the protection, enhancement or promotion of the providers interest \$  48. Interest Income on Accounts Rec \$  49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	50.			•	¢					
Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ Page 27 - Insurance \$ 40. Mortgage Insurance \$ \$ 41. Property Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	37				Ψ					
38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$  Page 27 - Insurance	37.			· •	¢					
39. Other - See Attached Schedule \$ Page 27 - Insurance 40. Mortgage Insurance \$ 41. Property Insurance \$  Other - Miscellaneous 42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	38									
Page 27 - Insurance  40. Mortgage Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
40. Mortgage Insurance \$ 41. Property Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		27 - I	ทรมรส		Ψ					
41. Property Insurance \$  Other - Miscellaneous  42. Research or Experimental Activities \$  43. Radio and Television Revenue \$  44. Vending Machine Revenue \$  45. Purchase Discounts and Allowances \$  46. Duplications of functions or services \$  47. Expenditures made for the protection, enhancement or promotion of the providers interest \$  48. Interest Income on Accounts Rec \$  49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					\$					
Other - Miscellaneous         42.       Research or Experimental Activities       \$         43.       Radio and Television Revenue       \$         44.       Vending Machine Revenue       \$         45.       Purchase Discounts and Allowances       \$         46.       Duplications of functions or services       \$         47.       Expenditures made for the protection, enhancement or promotion of the providers interest       \$         48.       Interest Income on Accounts Rec       \$         49.       Other (include personnel and other costs unrelated to resident care) - See Attached Schedule       \$         Not For Profit Providers Only       \$         50.       Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
42. Research or Experimental Activities \$ 43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 44		· - Mis		- ·	Ψ					
43. Radio and Television Revenue \$ 44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					\$					
44. Vending Machine Revenue \$ 45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 44 \$ Not For Profit Providers Only \$ 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
45. Purchase Discounts and Allowances \$ 46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 44 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
46. Duplications of functions or services \$ 47. Expenditures made for the protection, enhancement or promotion of the providers interest \$ 48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 44 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -										
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 \$ 44 \$ Not For Profit Providers Only \$ Building/Non Movable Eq. Depreciation Unallowable Building Interest -				Duplications of functions or services						
enhancement or promotion of the providers interest \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
providers interest   \$				•						
48. Interest Income on Accounts Rec \$ 49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 44 Not For Profit Providers Only 50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					\$					8
49. Other (include personnel and other costs unrelated to resident care) - See Attached Schedule \$ 44  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	48.									
costs unrelated to resident care) - See Attached Schedule \$ 44  Not For Profit Providers Only  50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	49.									
Attached Schedule \$ 44										
50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -					\$	44		**************************************		44
50. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	Not F	or Pro	ofit P	roviders Only						
				Unallowable Building Interest -						
		ļ			\$	The state of the s		- Annual Maria		
51. Total Amount of Decrease (Items 1 - 50) \$ 4,507 4,5	51.	Total	Amoi	unt of Decrease (Items 1 - 50)	\$	4,507				4,507

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

Westway Manor, Inc. 9/30/2015

#### Schedule of Other Ancillary Costs

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
	19. 30. 30. 31		100000000000000000000000000000000000000	100/2/2020	
			1 3 5 5 5 5		
	30.00				
	0.00			15 175 184 185 186	
			10.000 000 000 000 000		
			100000000000000000000000000000000000000	30.00	
			50 FE UN 100 TO 100 TO	100000000000000000000000000000000000000	ar typis 2000 per angly as a sa-
				10.101.001.001	
					4
			S 41 32 32 32 33		
Total Othe	r Ancillary	, Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	1 (3) (3) (3)				
100 00 00				3010003032000	40.000.000
0.000	90.05 (0.05	0.74		8 (8 (8 (8 (8	
					700 00 00 00 00 00
301000.4				20.000.015	
					6 0 0 0 0
3 (2000)	er redsensels warmen			- 13 (6) (5) (10)	Section delication of
				50 00 50 60 60 60	(5) (6) (4) (4) (5) (4)
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
					700 101 10 10 10
				V 45 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	6 6 6 9				
	100.00			1000	16 (5 (5) (5) (5) (2)
	Ligaria de		balana na taona	288833	(S. 1801) S. 1811
9-32-00-00-0	180 ON 181 OF				
	100				
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
20	5i	Cable in Resident Rooms	10 (3) (69) (3) (3) (60)		\$ 44
	337 (\$4.51.48)			100000000000000000000000000000000000000	
	20 CA (CA)(C				
10 100 100 100 100			5763 (97.68) (67.66)		
	01.00.00				
	155 SE 155 By		and something		
	10 00 00				
Total Othe	r Adjustm	ents	\$ -	s -	\$ 44

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
5)/(4)/(5)/(5)					
	60.00.00.00			1 (5) (5) (5) (5)	
			30.000		
E-100 10 10 V					48 S. S. S. S. S.
0.22.25.25.3					
			Professional Control		
	1000,000,000		6: 72- 330 (100 (200 (200 (200 (200 (200 (200 (20	100000000000000000000000000000000000000	
Total Unal	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

### F. Statement of Revenue

Name of Facility	License No.	11	Report for Y	ear Ended		Page	of
Westway Manor, Inc.	1796		9/30/2015				37
						Residential	Car
	Item		Total	CCNH	RHNS	Home	
I. Resident Room, Board & Routine (	Care Revenue						
1. a. Medicaid Residents (CT only)	1	\$	414,617			414,	,617
b. Medicaid Room and Board Co	ontractual Allowance **	\$					
2. a. Medicaid (All other states)		\$				170	
b. Other States Room and Board	Contractual Allowance **	\$		***************************************			
3. a. Medicare Residents (all inclus	ive)	\$					
b. Medicare Room and Board Co	ntractual Allowance **	\$		***	*		
4. a. Private-Pay Residents and Oth	er	\$	30,295	•	11111	30,	,295
b. Private-Pay Room and Board	Contractual Allowance **	\$					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare		\$					2000232
b. Prescription Drugs - Medicare	Contractual Allowance **	\$		·			
c. Prescription Drugs - Non-Med	~~········	\$					
d. Prescription Drugs - Non-Med		\$					
2. a. Medical Supplies - Medicare		\$	14			***************************************	
b. Medical Supplies - Medicare (	Contractual Allowance **	\$		***************************************		***************************************	
c. Medical Supplies - Non-Medic	The state of the s	\$		***************************************			
d. Medical Supplies - Non-Medic		\$					_
3. a. Physical Therapy - Medicare	Washington and the second and the se	\$	-	····		~~~~	
b. Physical Therapy - Medicare C	Contractual Allowance **	\$			· · · · · · · · · · · · · · · · · · ·		_
c. Physical Therapy - Non-Medic		\$					
d. Physical Therapy - Non-Medic		\$					_
4. a. Speech Therapy - Medicare	11/1/11/11	\$	W0014-				
b. Speech Therapy - Medicare Co	entractual Allowance **	\$					
c. Speech Therapy - Non-Medica		\$					
d. Speech Therapy - Non-Medica		\$					
5. a. Occupational Therapy - Medic		\$					
b. Occupational Therapy Medic		\$					
c. Occupational Therapy - Non-I		\$					
	Medicare Contractual Allowance **	\$				**	
6. a. Other (Specify) - Medicare		\$					
b. Other (Specify) - Non-Medical	T.	\$					
III. Total Resident Revenue (Section I.		\$	444,912			4444	010
IV. Other Revenue*	The source in the same of the	4	444,712			444,9	912
Meals sold to guests, employees &	r others	۰					
2. Rental of rooms to non-residents	t duicis	\$ \$					
3. Telephone		f					
Rental of Television and Cable Se		\$					
5. Interest Income (Specify)	TYICCS	\$					
6. Private Duty Nurses' Fees		\$					
		\$					
<ul><li>7. Barber, Coffee, Beauty and Gift sl</li><li>8. Other (<i>Specify</i>)</li></ul>	iops	\$	<del></del>				
	774-11	\$					
V. Total Other Revenue (1 thru 8)		\$					
VI. Total All Revenue (III+V)		\$	444,912		1	444,9	<del>)</del> 12

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

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

Schedule of Other Resident Revenue - M	Tedicai	re
--	---------	----

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
				(i) 10 15 (ii) 15
		1 50 00 00 00 00	(6) (8) (8) (8) (8)	(4)
38,788,4856			960 (1801) (1802) (1804) (1805)	17 (12 (12 (12 (12 (12 (12 (12 (12 (12 (12
			9.0000000000000000000000000000000000000	
Total Othe	er Resident Revenue - Medicare	\$ -	s -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
200 00000000000000000000000000000000000		V 50 (50 S)		
				- 1811 (See ACC) 1021 (See
230 (3) (3)			200 (200 AS) (30 AS)	
000000000000000000000000000000000000000		100000000000000000000000000000000000000		
Total Oth	er Resident Revenue	\$ -	S -	\$ -

#### **Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
				A STATE OF THE STA	
Total Inter	est Income		\$	\$	\$ -

Schedule of Other Revenue

				Residential
Page Ref	Description	CCNH	RHNS	Care Home
				2000200000
65 (80 (9) (8				
		147	10 (10 (19 (10 (10 (1	
150 000 000				
5000		19 (5) (5) (5)		0.00 (0.00
265-068-662-72				
		(0)	20.60 0.00	60.00.000.00
Total Oth	er Revenue	\$ -	s -	\$ -

## G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Westway Manor, Inc.	1796	9/30/2015	31	37
	Account	-	Ar	nount
Assets				
A. Current Assets				
1. Cash (on hand and in	banks)		\$	1,251
2. Resident Accounts Re	eceivable (Less Allowand	e for Bad Debts)	\$	19,314
3. Other Accounts Rece	ivable (Excluding Owner	s or Related Parties)	\$	
4 Inventories			\$	
<ol><li>Prepaid Expenses</li></ol>			\$	8,981
a. Prepaid Insurance		5,962		
b. Prepaid Rent		679		
c. Cable Thirteenth-M	Monthly Payment	165		
d. October 1 Payroll	Direct Deposit Portion	2,175		
<ol><li>Interest Receivable</li></ol>			\$	
<ol><li>Medicare Final Settle</li></ol>	ment Receivable		\$	
8. Other Current Assets	(itemize)		\$	
A-9. Total Current Assets (Li	nes A1 thru 8)		\$	29,546
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
_	Accum. Depreci	lation Net		
3. Buildings	*Historical Cost		\$	
	Accum, Depreci	lation Net		
4. Leasehold Improveme	ents *Historical Cost	144,487	\$	17,381
·	Accum. Depreci	iation 127,105 Net		•
<ol><li>Non-Movable Equipm</li></ol>	nent *Historical Cost	18,857	\$	
	Accum. Depreci	ation 18,857 Net		
6. Movable Equipment	*Historical Cost	14,320	\$	
	Accum. Depreci	ation 14,320 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum, Depreci	ation Net		
8. Minor Equipment-No			\$	
9. Other Fixed Assets (in	'emize)		\$	27,270
Other Assets		27,270		
B-10. Total Fixed Assets (I	ines B1 thru 9)		\$	44,651
			ĮΨ	-17,001

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

# G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page		of
West	way	y Manor, Inc.	1796	9/30/2015		32		37
			Account		<u> </u>	<u>A</u> 1	mount	
				Total Brought Forward:	\$		7.	4,197
C.	Le	asehold or like property record	ded for Equity Purpos	ses.				
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	7.	Minor Equipment-Not Depre	ciable		\$			
C-8	To	tal Leasehold or Like Properi	ties (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	on Net	\$			
	4.	Goodwill (Purchased Only)			\$			
		Investments Related to Resid	ent Care (itemize)		\$			
			, ,					
	6.	Loans to Owners or Related	Parties (itemize)		\$			
		Name and Address	Amount	Loan Date				
	7.	Other Assets (itemize)			\$	CONTRACTOR CONTRACTOR IN TAXABLE IN		
		•						
				· · · · · · · · · · · · · · · · · · ·	1			
D-8.	To	tal Investments and Other As	sets (Lines D1 thru 7		\$	, and the second second		
		tal All Assets (Lines A9 + B1			\$		74	4,197

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

## G. Balance Sheet (cont'd)

Name of Fac			License No.	Report for Year	Ended	Page	of
Westway M	anor,	Inc.	1796	9/30/2015		33	37
			Account			Am	ount
Liabilities	<b>a</b>	. <del></del>					
A.		rrent Liabilities					
	1.	Trade Accounts Payable	***************************************	***************************************	\$		3,278
	2.	Notes Payable (itemize)			\$		
	3	Loans Payable for Equipm	ent (Current parties	1) (itamiza)	\$		
		Name of Lender	Purpose	Amount	Date Due		
		T. WALLE OF LIGHT	ruipose	Amount	Date Duc		
****	4.	Accrued Payroll (Exclusive	e of Owners and/or S	Stockholders only)	\$		5,631
	5. Accrued Payroll (Owners and/or Stockholders only)						
	6.	Accrued Payroll Taxes Pay	\$				
	7.	Medicare Final Settlement			\$		
	8.	Medicare Current Financin	g Payable		\$		
	9.	Mortgage Payable (Curren			\$		
	10.	Interest Payable (Exclusive	of Owner and/or Re	elated Parties)	\$		
	11.	Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (i	temize)		\$		11,550
		Accrued Accounting	4,0	050			
		Accrued Rent		500			
				, ,,,,			
1 4-	7F 7	171 / 71 / 171 / / / /					
A-13.	1 ot	<i>al Current Liabilities</i> (Line	es A1 thru 12)		\$		20,459

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

# G. Balance Sheet (cont'd)

Name of Facility			Ended	Page	0:
Westway Manor, Inc.	Manor, Inc. 1796 9/30/2015			34	37
	Account		Ar	nount	
Total Brought Forward:					20,45
Liabilities (cont'd)					
B. Long-Term Liabilities					
<ol> <li>Loans Payable-Equipment</li> </ol>	\$				
Name of Lender	Purpose	Amount	Date Due		
	·				
Mortgages Payable		1	\$		
	ated Parties (itemize)		\$		30,35
Name and Address of Lender	Loans from Owners or Related Parties (itemize)  nd Address of Lender Amount Loan Date				50,55
Traine and Address of Defider	7 IIIIO CIIIC	Equil E			
•					
Edward Weigen	30,359	On Demand			
Edward Weigen	30,337	on Bomana			
·					
4. Other Long-Term Liabilitie	\$				
Callet Zong Ferm Endomines (womber)					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					30,35
C. Total All Liabilities (Lines A-13 + B-5)					50,81

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

Nar	ne of Facility	License No.	Report for Y	ear Ended	Page	of
We	stway Manor, Inc.	1796	9/30/2015		35	37
	Account			Aı	nount	
A.	Reserves					
	Reserve for value of leased land				\$	·····
	2. Reserve for depreciation v	alue of leased build	lings and appurte	nances		
	to be amortized			\$		
	3. Reserve for depreciation v	alue of leased perso	onal property (Eq	ruity)	\$	
	4. Reserve for leasehold real	properties on which	n fair rental value	e is based	\$	
ļ	5. Reserve for funds set aside	as donor restricted			\$	,
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	1,000
	3. Paid-in Surplus			·····	\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	11,854
	6. Gain or Loss for Period	10/1/20	014 thru	9/30/2015	\$	10,524
	7. Total Net Worth				\$	23,379
C.	Total Reserves and Net Worth				\$	23,379
D.	Total Liabilities, Reserves, an	d Net Worth			\$	74,197

# H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	r Ended	Page	of	
Wes	tway Manor, Inc.	1796	9/30/2015		36	37	
	Account				Amount		
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$		43,112	
В.	Total Revenue (From Statement of			\$		444,912	
C.	Total Expenditures (From Statemen	nt of Expenditures P	age 27)	\$		434,387	
D.	Net Income or Deficit			\$		10,524	
E.	Balance			\$		53,636	
F.	Additions  1. Additional Capital Contributed  2. Other (itemize)	(itemize)					
F-3. G.	Total Additions Deductions 1. Drawings of Owners/Operators.	/Partners (Snecify)		\$ \$			
	Name and Address ( <i>No., City,</i>		Title	Amount			
		<u> Бигс, Бір ј</u>	THE	\$			
	2. Other Withdrawings (Specify) Purpose Amount						
	Purpose  3. Total Deductions		Amo	sunt			
H.	Balance at End of Period	09/30/1	5	\$		53,636	

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

Name of Facility	License No.	Report for Year Ended	Page	of			
Westway Manor, Inc.	1796	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	☑ Residential Care Home				
Preparer/Reviewer Certification							
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.							
Signature of Preparer	Title	Date Signed					
Printed Name of Preparer							
Karen E. Rogers							
Addres Address		Phone Number	Phone Number				
118 Candia Road, Chester, NH 03036-4006		860-951-6302					

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