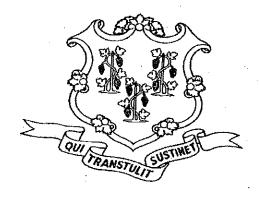
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as	licensed)						
CSC Enterprises, Inc	. d/b/a Branfor	d Hills Health	Care Center				
Address (No. & Stree				·			
189 Alps Road, Bran	ford, CT 0640:	5					
Type of Facility							
Chronic and C	Convalescent		Rest Home wit	h Nursing			
☑ Nursing Home	e only		Supervision or	ıly		(Specify)	
(CCNH)			(RHNS)			•	
Report for Year Begi	nning		Report for Yea	r Ending	·		
10/1/2014			9/30/2015				
						·	
License Numbers:		CCNH	RHNS		(Specify)	Me	edicare Provider
		997C					07-5296
						l	
N	·1		73.11.1	D.7.	D.I.O.	T.C.	
Medicaid Provider N	umbers:	CC 9977	CNH	KH	INS	IC	CF-IID
<u> </u>		[9977					
For Department Us	e Only						
Sequence Number	Signed and	Date	Sequence N	lumber	Cionada	nd Matariand	Data Dansing d
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notarized	Date Received
L		<u> </u>	<u> </u>		<u></u>		

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care	997C	9/30/2015	11	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 CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center [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) Janet A. Woxland			Printed Name (Owner) Charles F. Shelton, Jr	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires

(Notary Seal)

State of Connecticut

Annual Report of Long-Term Care Facility

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State of Connecticut

Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center				10/1/2014	9/30/2015
Address of Facility 189 Alps Road, Branford, CT 06405					
Report Prepared By		Phone Nun		Date	
Renee P. Grailich, Director of Financial Analysis		203-483-44	102		
Item	- 11.	Total	CCNH	RHNS	(Specify)
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.

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General Information and Questionnaire Type of Facility - Organization Structure

							-
			ility	Report for Ye	ar Ended		of
	203	-481-6221		9/30/2015		2	37
Name of Facility (as shown on license)	~ .			Street, City, Sto			
CSC Enterprises, Inc. d/b/a Branford Hills Health Card			ad, I	Stanford, CT 0	0405	Medicare I	Duovidon Mo
CCNH License Numbers: 997C		RHNS		(Specify)		07-5296	TOVIDEL INC
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent		t Home with lervision only			(Specify))	
Type of Ownership (Check appropriate box)		<u>. </u>		-			
O Proprietorship O LLC O Partnership	•	Profit Corp.	0	Non-Profit Co	тр. О	Government	O Trust
If this facility opened or closed during report year pro-	vide:		Date	Opened	Date Clo	sed	
Has there been any change in ownership							
or operation during this report year?	0	Yes	<u> </u>	No	If "Yes,"	explain full	у.
Administrator							
Name of Administrator				Nursing Ho	ome	·	
Janet A. Woxland				Administra		001516	
				License 1	No.:		
Other Operators/Owners who are assistant administrate	tors (fu	ll or part time) of t	License	No.		
Name Charles F. Shelton, Jr				License	NO	211	
						•	

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General Information and Questionnaire Partners/Members

Name of Facility CSC Enterprises, Inc. d/b/a Bra		License No. 997C	Report for Y 9/30/2015	ear Ended	Page of 3 37
Legal Name of Parts		Business A	Address		or Town(s) in egistered
NOT APPLICABLE					
Name of Partners/Members	Business Ad	ddress		Title	% Owned
NOT APPLICABLE					,

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
CSC Enterprises, Inc. d/b/a Branford Hills I	1 997C	9/30/2015		3A 37
If this facility is owned or operated as a corp	oration, provide tl	ne following informa	tion:	
Legal Name of Corporation	Busine	ss Address	State(s) in Whi	ch Incorporated
CSC Enterprises, Inc. d/b/a	189 Alps Road, I	Branford, CT 06405	CT	
Branford Hills Health Care				
Center				
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
Charles F. Shelton, Jr.	29 Blackstone A 06405	venue, Branford, CT	resident/Treasur	99
Doris J. Shelton	29 Blackstone A 06405	venue, Branford, CT	Secretary	1
Names of Stockholders Owning at Least 10% of Shares	-			
Charles F. Shelton, Jr.	29 Blackstone A 06405	venue, Branford, CT	resident/Treasur	99

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
CSC Enterprises, Inc. d/b/a Branford Hills Health	997C	9/30/2015	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:
Owi	ner(s) of Facility		
	.,		
NOT APPLICABLE			
·			
	•		

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

General Information and Questionnaire Related Parties*

Name of Facility CSC Enterprises, Inc. d/	Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care	License No.	No. 997C	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	cility rel	ated throug	Ų	If "Yes," provide the Name/Address and	te Name/Ado	Iress and
marriage, ability to conti	marriage, ability to control, ownership, family or business association?	ss assoc		O Yes O No	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
Are any individuals or c	Are any individuals or companies which provide goods or services,	or servi	es,				
including the rental of p	including the rental of property or the loaning of funds to this facility,	this fa	cility, or business	oN C sey @			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cility?		If "Yes," provide the following information:	ne following	information:
	-	Also	Also Provides		Indicate Where		
		Goods	Goods/Services to		Costs are Included		
Name of Related	Business	Non-Re	Non-Related Parties	Description of Goods/Services	<u>.</u> =	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %**	* Provided	Page # / Line #	Reported	Related Party
Charles F. Shelton, Jr.	Branford Hills Realty Associates, New Haven, CT	0	•	Arms-length lease of land and building	22/9	370,365	370,365
Charles F. Shelton, Jr.	29 Blackstone Avenue, Branford, CT 06405	0	•	Stockholder dividend	36/F2	750,000	NA
Charles F. Sheiton, Jr.	Blackstone Associates, Branford, CT 06405	0	•	Management services - financial & banking 30a/IV8	cing 30a/IV8	49,900	49,900
Charles F. Shelton, Jr.	Minetta LLC, Branford, CT 06405	0	•	Management services - energy contracting	ng 30a/IV8	49,900	49,900
Charles F. Shelton, Jr.	Trison LLC, Branford, CT 06405	0	•	Management services - insurance contracting 30a/IV8	cting 30a/IV8	49,900	49,900
DJS Enterprises, LLC d/b/a BHHCC Pharmacy		•	0	See Page 4a	See Page 4a	785,429	785,429
ACD Enterprises	189 Alps Road, Branford, CT 06405	0	•	Rent land/building - Administrative Offices 22/9	ices 22/9	49,900	49,900
BHHCC Memorial Trust	189 Alps Road, Branford, CT 06405	0	0	Provided benefits to residents	N/A (No costs)	N/A	N/A
		0	0				

^{*} Use additional sheets if necessary.

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

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General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	٠.	Report for Year Ended	Page	OI
CSC Enterprises, Inc. d/b/a Branford Hills Hea			9/30/2015	5	37
If the facility is licensed as CDH and/or RCH of	or provides A	IDS or TB	I services with special Medica	id 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 provide	d by EAC	CH
Nursing		employee o	classification, i.e., Director (or	Charge	Nurse),
		Registered	Nurses, Licensed Practical N	arses, Ai	des and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provide	ed by EA	.CH
		specialist ((See listing page 13)		
Maintenance and operation of plant		Square feet	t		
Property costs (depreciation)		Square fee	t		
Employee health and welfare		Gross salaı	ries		
Management services			e cost center involved		40.44
All other General Administrative expenses			irect and Allocated Costs		
The preparer of this report must answer the fol	lowing quest	ions applic	able to the cost information pr	ovided.	
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why su	ch alloca	tion was
costs allocated as required?	o res	O 140	not made.		
2. Explain the allocation of related company e	xpenses and	attach copy	of appropriate supporting dat	a.	
3. Did the Facility appropriately allocate and s	self-disallow	direct and	indirect costs to non-nursing h	ome cost	t centers?
(e.g., Assisted Living, Home Health, Outpa	tient Service	s, Adult Da	y Care Services, etc.)		
			If "No," explain fully why su	ch alloca	ation was
	Yes	O No	not made.		
Outpatient Therapy, Respiratory Therapy and	BHHCC Pha	rmacv			
Outpation Thorapy, respiratory Thorapy and	D. 11100 1 110				

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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	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cen	alth Car	e Cen	997C	9/30/2015			6 37	
	Related * to	* to						
-	Owners,	rs,						
	Operators,	ors,				Annual		
	Officers	ers		Date of	Term of	Amount	Amount	
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed	
Corner Stone Medical, 115 Hurley Road, Oxford, CT 06478	0	•	Continuous passive motion device		As needed		2,374	pdj 09/35°
Life Systems, 7320 Central Avenue, Savannah, GA 31406	0	0	Monitoring machine		As needed		1,782	reclass algist
ADP, PO Box 7247-0372, Philadelphia, PA 19170-0372	0	•	Time Clocks	05/01/03	Monthly		13,483	reclass Siglet
Accelerated Care, 13828 Coll Center Road, Chicago, IL 60963	0	0	PT and OT Equipment		As needed		14,181	PFELLOSS ONS
Teleficalth Services, PO Box 890115, Charlotte, NC 28289- 0115	0	0	Televisions	08/01/04	1 Year		14,136	adj 29/35/
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250- 7887	0	•	Postage Machines	10/01/98	Monthly		2,813	reclass sallet
Great American Leasing Corp. PO Box 609, Cedar Rapids, IA 52406	0	0	Telephone System	04/01/11	3 Years		9,814	
	0	0						
	0	0	Account of the Control of the Contro					
	0	0						

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

Total *** 58,583

% O

O Yes

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility Lie	cense No.	Report for Year Ended		Page		of
CSC Enterprises, Inc. d/b/a Branfor	997C	9/30/2015		7		37
The records of this facility for the perio	od covered by this report	were maintained on the following basis:				
	odified Cash					
Is the accounting basis for this						
period the same as for the OYe		If "No," explain.				
previous period? O No	0	The state of the s				
Independent Accounting Firm						
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	 }			
1 O'Connor Davies		100 Great Meadow Rd., Wethersfield, C				
2 Saslow, Lufkin & Buggy, LLP		10 Tower Lane, Avon, CT 06001				
3		, ,				
4						
Services Provided by This Firm (descr	ribe fully)					
Accounting and Financial Reporting			\$	9,7:	50	
			\$	4,5		
2 Medicare Cost Report				-1,50		
3			\$			
4	.,				- D	: 1 - 1
			Charge fo			ngea
			\$	14,2	50	
	are Portion of This Report? If	Yes, Specify Expense Classification and Line No.				
O Yes O No						
Legal Services Information			Telephon	e Number		
Name of Legal Firm or Independent A 1 CATIC	Money		203-458-			
	1		203-281-2			
Parrett, Proto, Parese and ColwellAttorney Christian B. Shelton	±		203-481-			
4						
5						
Address (No. & Street, City, State, Zip	Code)					•
1 29 Water Street, Guilford, CT 064						
2 2319 Whitney Ave., Hamden, CT						
3 6 Spice Bush Lane, Branford, CT	06405					
4						
5						
Services Provided by This Firm (descri	ribe fully)					
1 Accts Receivable Collection Efforts			\$	2	70	
2 Facility Lease Review			\$	8,8	79	
3 Facility Lease Review			\$		73	
4			\$			
5			\$			
3			Charge fo	r Service	s Prov	zided.
			\$	9,2		
A TE Character B. Character de E. Alexandra	ura Dartian of This Dana+9 1	Yes, Specify Expense Classification and Line No.		7,2	24	
	g 15 Ln 1e	тез, ореену върсияе Опазапецион инстине 140.				
⊙ Yes O No	D 10 101 10					
I						

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CSP-8 Rev. 9/2002

Schedule of Resident Statistics

								F 4.5	-	-) (J+0
Name of Facility	re Center		License No. 9970	No. 997C		<u> </u>	Keport 10r 9/30/2015	Keport for year Ended 9/30/2015	d		بر میں 8	37
CSC Enterprises, Inc. u/u/a Biamoid finis from the			The state of the s		٦	Period 10/1 Thru 6/30	Thru 6/3	0		Period 7/1	Thru 9/30	0
		Total	Total									
	Totai All	CCNH	RHINS	Total		TINO	SMHd	(Specify)	Total	HNU	RHNS	(Specify)
	Levels	Level	Tevel	(Specify)	TOTAL			(Change)				
Certified Bed Capacity A On last day of PREVIOUS report period	190	190			190	190			190	190		
B. On last day of THIS report period	190	190			190	190			190	190		
1 🛱	781	186	<u> </u>		186	186			182	182		
- 1	183	183			178	178			183	183		
3. Total Number of Days Care Provided During Period										-	-	
	9,945	9,945			7,316	7,316			2,629	2,629		
B. Medicaid (Conn.)	47,350	47,350			35,365	35,365			11,985	11,985		
C. Medicaid (other states)				-								
1	9,178	9,178			7,297	7,297			1,881	1,881		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	66,473	66,473			49,978	49,978			16,495	16,495		
Total Number of Days Not Included in Figures in 3G	- 100											
4. for Which Revenue Was Received for Reserved										. <u> </u>		
A. Medicaid Bed Reserve Days	126	126			126	126						
B. Other Bed Reserve Days	110	110			51	51			59	59		
5. Total Resident Days (3G + 4A + 4B)	66,709	66,709			50,155	50,155			16,554	16,554		
1												

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Report	for Year	Ended		Page	of
CSC Enterpri	ses, Inc.	d/b/a B	ranford Hills He	g	997C					9/30/201	5		9	37
	_		in the certified b		ipacity du	ring t	he repo	ort yea	ır?	0	Yes	0	No	
H IES			f Change	.1011.	CI	NOTION OF	in Bed	e		Co	pacity Afte	er Change	<u> </u>	
						lange				Ca	pacity Att	or Change		
Date of	CCNH	RHNS	(Specify)		Lost	Γ'''	<u> </u>	Gaine	a					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fe	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(5)	001111	*******	(просту)	11040071	or 471411-84
								 	····			12		
														-
	_	_	in certified bed o			g the r	eport y	ear (a	s report	ted in iten	n 4 above)	provide the nun	mber of	
			Change in Re							CC	NH .	RHNS	(Sne	cify)
1st chan	9C		Change in re	J31GC1	n Days						2111	Iunio	(-1	,,
2nd char														
3rd chan														
4th chan														
6. Number	of Resid	dents an	d Rates on Septe	mber			ar				10.5		0.1 0.	
			Medicare		Medi	caid		ļ		Se	elf-Pay		Other Sta	te Assisted
								l						
	- .		CONT	_ ا	TOD IXX	l ",	rn ia	_,	ON ITT	, n	TNIC	(9:6.)	D CH	IOE MD
N - CD	Item		CCNH	Ĺ	CONH	KI	HNS	C	CNH	KI	INS	(Specify)	R.C.H.	ICF-MR
No. of R Per Dier		3	31		128									
a. One l														
b. Two			559.37		228.85									
c. Three	e or mor	e												
bed													_	
											m	CONTI	Drn vo	/a 'e\
			al Therapy Treat	ment	S					10	TAL	CCNH	RHNS	(Specify)
	Medica										16,590	16,590		
B.		-	lusive of Part B) to Treatments											
			Treatments								1,038	1,038		
C.	Other	· · · · · · · ·		**							1,036	1,036		
D.	Total I	Physical	Therapy Treatm	nents							18,664	18,664		
			n Therapy Treatn											
	Medica										544	544	promote the second seco	
В.			lusive of Part B)	ı										
			e Treatments									45		
		torative	Treatments							 	45 107	45 107		
	Other	Snooch '	Therapy Treatm	ents							696	696		
			ational Therapy		ments									
	. Medic										11,876	11,876		to make the second of the seco
			clusive of Part B))										
			e Treatments											
		torative	Treatments							ļ	957	957		
	. Other									<u> </u>	1,167	1,167		
ı D	. Total C	Occupat	tional Therapy T	reati	nents					1	14,000	14,000	1	1

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cent Some of Facility Some of F	d 57,447
Are time records maintained by all individuals receiving compensation? Item CCNH Hours RHNS Hours	d 57,447
Total Cost and Hours	d 57,447
Item	d 57,447
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 152,096 2,192 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 187,920 2,088 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 654,826 16,835 5. Dictary Service a. Head Dietitian 72,901 2,120 b. Food Service Supervisor 69,554 2,126 c. Dietary Workers 703,683 49,366 6. Housekeeping Service a. Head Housekeeper 62,383 1,545 b. Other Housekeeping Workers 460,179 32,703 7. Repairs & Maintenance Services	d 57,447
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian 72,901 b. Food Service Supervisor c. Dietary Workers 703,683 49,366 6. Housekeeping Service a. Head Housekeeper a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	d 57,447
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian 72,901 b. Food Service Supervisor c. Dietary Workers 703,683 49,366 6. Housekeeping Service a. Head Housekeeper a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	d 57,447
1. Operators/Owners (Complete also Sec. I of Schedule A1) 2. Administrator(s) (Complete also Sec. III of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian b. Food Service Supervisor c. Dietary Workers 6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	d 57,447
2. Administrator(s) (Complete also Sec. III 152,096 2,192 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 187,920 2,088 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 654,826 16,835 5. Dictary Service a. Head Dietitian 72,901 2,120 b. Food Service Supervisor 69,554 2,126 c. Dietary Workers 703,683 49,366 6. Housekeeping Service a. Head Housekeeper 62,383 1,545 b. Other Housekeeping Workers 460,179 32,703 7. Repairs & Maintenance Services	d 57,447
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3. Assistant Administrator (Complete also Sec. IV of Schedule A1) 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian 72,901 2,120 b. Food Service Supervisor 69,554 2,126 c. Dietary Workers 703,683 49,366 6. Housekeeping Service a. Head Housekeeper 62,383 1,545 b. Other Housekeeping Workers 460,179 32,703 7. Repairs & Maintenance Services	d 57,447
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4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 5. Dietary Service a. Head Dietitian 72,901 b. Food Service Supervisor c. Dietary Workers 703,683 49,366 6. Housekeeping Service a. Head Housekeeper 62,383 1,545 b. Other Housekeeping Workers 460,179 32,703 7. Repairs & Maintenance Services	d 57,447
Operator, clerks, receptionists, etc.) 654,826 16,835	d 57,447
5. Dietary Service a. Head Dietitian 72,901 2,120 b. Food Service Supervisor 69,554 2,126 c. Dietary Workers 703,683 49,366 6. Housekeeping Service a. Head Housekeeper 62,383 1,545 b. Other Housekeeping Workers 460,179 32,703 7. Repairs & Maintenance Services	
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c. Dietary Workers 703,683 49,366 6. Housekeeping Service 40,366 49,366 a. Head Housekeeper 62,383 1,545 b. Other Housekeeping Workers 460,179 32,703 7. Repairs & Maintenance Services 460,179 32,703	4
6. Housekeeping Service a. Head Housekeeper b. Other Housekeeping Workers 7. Repairs & Maintenance Services	
a. Head Housekeeper 62,383 1,545 b. Other Housekeeping Workers 460,179 32,703 7. Repairs & Maintenance Services 32,703	
b. Other Housekeeping Workers 460,179 32,703 7. Repairs & Maintenance Services	Š
7. Repairs & Maintenance Services	4
a. Engineer or Chief of Maintenance 69,571 2,126)176,887
b. Other Maintenance Workers 107,316 4,670	ן יייטיוען.
8. Laundry Service	
a. Supervisor 31,178 772	4
b. Other Laundry Workers 180,740 11,902	-
9. Barber and Beautician Services 10. Protective Services 171,584 13,692	1
11. Accounting Services	
a. Head Accountant	
b. Other Accountants	
12. Professional Care of Residents	
a. Directors and Assistant Director of Nurses 273,877 5,717	MI .
b. RN	4
1. Direct Care 1,064,646 32,026 267,576 7,499	1
2, Administrative** 267,576 7,499 c. LPN	
1, Direct Care 1,488,285 58,704	
2. Administrative** 54,797 1,832]
d. Aides and Attendants 2,708,814 191,424	4
c. Physical Therapists	-
f. Speech Therapists	
g. Occupational Therapists h. Recreation Workers 202,546 10,147	1
i. Physicians	
1. Medical Director	
2. Utilization Review	_
3. Resident Care***	
4, Other (Specify)	- ·
j. Dentists	1
k. Pharmacists]
i. Podiatrists	
m. Social Workers/Case Management 148,999 6,159	4
n. Marketing	X
o. Other (Specify)	reclass An
See Attached Schedule 198,395 8,635 A-13. Total Salary Expenditures 9,331,866 464,280	ALECTIONS U.

^{*} 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	RH	NS	(Spe	cify)
Position	\$	Hours	\$	Hours	\$	Hours
Admissions Coordinator	\$ 79,651	2,144	1 Reciass A4			
Medical Records	\$ 49,634	2,304	Recluss A4			
Nursing Scheduler	\$ 31,096	2,005	Reclass A4			
Unit Secretary	\$ 38,014	2,182	Redoss A4			
				40 000 NO.	5.030 (0.00)	
				Val. (Version Version)		
			200000000000000000000000000000000000000	86.80.88.85.88		
	35.30 (5.15)					
	5000000 Lib (1000 3000)		T0000000000000000000000000000000000000	300000000000000000000000000000000000000		
		100000000000000000000000000000000000000				
	11.00 Sept. 10.00					\$2.50.000
	Control of the Contro				94.00.50 to 0.00.00.000	40.000.000.000.000
	100.000 A.D. 00.000					
			100000000000000000000000000000000000000			
Total	\$ 198,395	8,635	\$ -		\$ -	1000 000 000 + 300

Schedule of Other Fees (Page 13)

	CCN	Ή	RH	NS	(Sp	ecify)
Service	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy Patient Care	\$ 94,738	1,723				a
Therapy Services Consultant	\$ 2,540	39			448.50.60.60.5	l a
			S 10 10 10 10 10 10 10 10 10 10 10 10 10	(2013): 21: 21: 22	9.60 (85.00)	
		A 10 10 10 10 10 10 10 10 10 10 10 10 10				
			3 36 33 33 33			
		200 S00 S00 S00 50	Section (2012) 188 (-2)			
					10 000 000 000 000	
				50 50 CA 50 50		
				56×52×54×65×59		8 30 30 34 32 8
		F6 62 (5)				
		Accession and Access of the Control	30 30 00 00 00 00 00 00		100000000000000000000000000000000000000	
		Section 150 Section			0.0000000000000000000000000000000000000	
			V - 50 - 50 - 50 - 50 - 50 - 50 - 50 - 5			8 808 / 600 0000
Total	\$ 97,278	1,762	\$ -		\$ -	

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

Assistant Administrators and Other Related Parties*

i de la companya de		7	Assistani	Administra	Assistant Administrators and Outer Netated Laters	Notate	מו ד מו נוכא		2	4
Name of Facility				License No.		Keport tor	Keport for Year Ended		Fage	10
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	ord Hills He	salth Care C	Center	367C		9/30/2015			11	37
		Salary Paid	р							
				Fringe Benefits		Totai	Line Where		Total	
Name	CCNE	RHINS	(Specify)	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					1000 E 10					
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).				·						
Christian B. Shelton	55,867				In-house legal counsel	1,044		(Disallowed see Pg 28)		
Stephen J. Shelton	192,956			Auto Exp See Pg 28	Director of Operations	2,152 A 4	A 4			
11		And I to a fact that the second		- 1. Landensking The	Sometimes of the state of the s	- Friend				

^{*} No allowance for salaries will be considered unless full information is provided. Use additional sheets if required. ** Include all employment worked during the cost year.

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

Assistant Administrators and Other Related Parties*

		€,	ssistant	Administra	Assistant Administrators and Outer netated faltes	Nelaled	ר מונובצי			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	rd Hills He	alth Care C		997C		9/30/2015			12	37
		Salary Paid	7-1							
				Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHINS	(Specify)	(describe fully)	Services Rendered	Worked		Other Employment**	Worked	Received
Section III - Administrators***	·									
Janet A. Woxland	152,096				Administrator	2,192 A 2	A2			
								- Telebooker		
Section IV - Assistant										
Administrators										
Charles F. Shelton. Jr	187,920			Auto Exp See Pg Assistant Administ	Assistant Administrator	2,088 A 3	A3			
	-									
	-									
	1.		2.11 3.2.2	TT Population of the	in a second to so this for a free of the second	onite of				

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	<u>cs - 1 1 0 1</u>	Report for Y		Page	of	1
CSC Enterprises, Inc. d/b/a Branford Hills Health C	997	C	9/30/2015		13	37	
			Total Cost	and Hours			
Bellevis and the second							
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours	
*B. Direct care consultants paid on a fee							
for service basis in lieu of salary							
(For all such services complete Schedule B1)							
1. Dietitian							ļ., ,
2. Dentist	20,979	38	ļ				lim d
3. Pharmacist	14,744	268					
4. Podiatrist							
5. Physical Therapy							
a. Resident Care	897,706	9,865					
b. Other							
6. Social Worker							
7. Recreation Worker							
8. Physicians							
 a. Medical Director (entire facility) 	85,585	208					limit
b. Utilization Review							
(Title 18 and 19 only) monthly meeting							
c. Resident Care**							
d. Administrative Services facility			41 11 11 11 11				
Infection Control Committee	1		1				
(Quarterly meetings)							ł
Pharmaceutical Committee (Quarterly meetings)							
3. Staff Development Committee							
(Once annually)	}						
e. Other (Specify)	1000000						
(
9. Speech Therapist							
a. Resident Care	97,158	995					1
b. Other					7		1
10. Occupational Therapist							
a. Resident Care	760,173	8,168					d
b. Other							
11. Nurses and aides and attendants							
a. RN							
1. Direct Care							1
2. Administrative***							
b. LPN	T						
1. Direct Care						The second state of the se]
2. Administrative***							
c. Aides]
d. Other	1						1
12. Other (Specify)	10.70						
See Attached Schedule	97,278	1,762	o natural de la constitución de				Ø.
B-13 Total Fees Paid in Lieu of Salaries	1,973,623	21,304					
2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		<u> </u>				•	3

^{*} 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 CSC Enterprises, Inc. d/b/a Branford Hills I	License No. Health Care 997C		Report for Y 9/30/2015	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers No	Explai	nation of Rela	tionship
Healthdrive Dental Services, 85 Barnes Rd Suite 207, Wallingford, CT	Dental Consultant	0	•			
Dr. Harold Levy, 140 Montowese St, Branford, CT	Medical director	0	0			
Dr. Joseph A Balsamo, 11 Loop Road, Clinton, CT	Medical director	0	0			
Omnicare of CT, PO Box 715268, Columbus, OH	Pharmacy consultant	0	•			
Alliance Rehab of CT, 1520 Kensington Rd Suite 105, Oak Brook, IL	PT, OT, ST and RT services	0	•			
	•	0	0			
		0	0			
		0	0			
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		0	0			

^{*} Use additional sheets if necessary.

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

Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Y	ear Ended	Page 15	of 37	
CSC Enterprises, Inc. d/b/a Branford Hills Healtl 997C		9/30/2015		13	31	
Item		Total	CCNH	RHNS	(Specify)	
1. Administrative and General						
a. Employee Health & Welfare Benefits						
Workmen's Compensation	\$	278,900	278,900			
Disability Insurance	\$					
Unemployment Insurance	\$	205,106	205,106			
4. Social Security (F.I.C.A.)	\$	666,558	666,558			
5. Health Insurance	\$	894,855	894,855			
6. Life Insurance (employees only)	The state of the s					· Cini
(not-owners and not-operators)	\$					Tolal Fring 2,068,075
7. Pensions (Non-Discriminatory)	\$	22,654	22,654			J,068,078
(not-owners and not-operators)	1800				US NOW	
8. Uniform Allowance	\$					1 1
9. Other (Specify)	\$	10,945	10,945		AND THE PROPERTY OF THE PROPER	reclassad v
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and	\$					
Profit Sharing Plans for Owners and	100 Aug					
Operators (Discriminatory)*	5000					
c. Bad Debts*	\$	415,310	415,310	•••		d
d. Accounting and Auditing	\$	14,250	14,250			d 4500
e. Legal (Services should be fully described on Page 7)	\$	9,222	9,222			d
f. Insurance on Lives of Owners and	\$[1,212	1,212			d
Operators (Specify)*	100					
g. Office Supplies	\$	239,734	239,734			
h. Telephone and Cellular Phones	TOTAL COLUMN					1.000
1. Telephone & Pagers	\$	42,195	42,195			d 1392 d 3,417
2. Cellular Phones	\$	4,137	4,137			d 3,417
i. Appraisal (Specify purpose and	\$[
attach copy)*	One of the					
j. Corporation Business Taxes (franchise tax)	\$					
k. Other Taxes (Not related to property - See Page 22)						
1. Income*	\$					1
2. Other (Specify)	\$	12,913	12,913			2
See Attached Schedule						
3. Resident Day User Fee	\$	1,154,965	1,154,965			1
Subtotal	\$	3,972,956	3,972,956]

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

(Carry Subtotals forward to next page)

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

CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)	_
Employee Physicals	\$ 1,200			reclass 16/10
Employee Background Checks	\$ 2,488			recloss 16/11
Employee Drug Screening	\$ 5,400			100/485/6/41
Workshoes and Tools	\$ 1,857			recios is/
	2002/2	*		
Total	\$ 10,945	\$ -	\$ -	33

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales and Use Tax	\$ 12,913		
Total	\$ 12,913	\$ -	\$ -

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

Name of Facility License No.		Report for	Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Ca 997C		9/30/2015		16	37
				·	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forwar	d:	3,972,956	3,972,956		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	13,016	13,016		
3. Gifts to Staff and Residents	\$	19,905	19,905		
4. Employee Travel	\$	4,499	4,499		
5. Education Expenses Related to Seminars and Conventions	\$	9,472	9,472		
6. Automobile Expense (not purchase or depreciation)	\$	13,569	13,569		
7. Other (Specify)	\$	16,781	16,781		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	7,631	7,631		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$	15,840	15,840		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***					
7. Postage	\$	12,489	12,489		
* 8. Dues and Membership Fees to Professional	\$	14,744	14,744		
Associations (Specify)		1.1			
See Attached Schedule				10 TE 10 TE	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	325	325	***************************************	
9. Subscriptions	\$	5,933	5,933		
10. Contributions***	\$	2,444	2,444		
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$	34,120	34,120		
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$				
13. Other (Specify)	\$	66,337	66,337		
See Attached Schedule					775.55
C-14 Total Administrative & General Expenditures	\$	4,210,061	4,210,061		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)	1903	d on 29/23
Travel and entertainment	\$ 4,781			You got a	1 m 28/23
Board of director fees	\$ 12,000	SE 82, 85 (A)		reclass mis	C Dir Stare
		Washington Alex			
	100000000000000000000000000000000000000				
Total Other Trayel and Entertainment	\$ 16,781	Š	S		

Schedule of Other Advertising

Description	CCNII	RHNS	(Specify)
Promotion	\$ 15,840	SPINE SPANSE	c
			4074500000000
		25.48V (B.S.48V	
Total Other Advertising	\$ 15,840	\$	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCE	\$ 12,821		
ALTCFM	\$ 320		2012/03/03/03
CT Bar Association	\$ 280		300000000000000000000000000000000000000
American Express	\$ 435	500000000000000000000000000000000000000	
ACHCA	\$ 385		
CAT Recreation Directors	\$ 20		460000000000000000000000000000000000000
Healthcare Compliance Assn	\$ 295		
Infection Control Nurses of CT	\$ 38	31700135030	35,800,987,080,91
Shoreline Eldercare Alliance, Inc	\$ 150	200000000000000000000000000000000000000	543550000000000000000000000000000000000
			\$ 100 KB 100 KB 100 KB
Total Dues	\$ 14,744	\$ -	\$ -

Over no Mi

Schedule of Contributions

Description	CCNII	RHNS	(Specify)
ACHCA Pedge Sponsor Program (See pg 28)	\$ 250	Carry Codersting	
Branford Fireworks Committee (See pg 28)	\$ 100		
Feed Branford Kids (See pg 28)	\$ 150	Y. 181 (19)	
Guilford Art Center (See pg 28)	\$ 500	STAGE STAGE	WARRENCE CO.
Kate Foundation (See pg 28)	\$ 500		\$03099999955
Branford Town Band Concert (See pg 28)	\$ 100	Witte allegan	AMERICAN PROPERTY.
Shoreline Eldercare Alliance	\$ 500		Bosan ne voav ji
Rotary Foundation (See pg 28)	\$ 344	\$40,550 to 18 2000	
Total Contributions	\$ 2,444	s -	2

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
License - CT Boiler/Furnace license and inspection fees	\$ 480		
	\$ 40	Williams Helling	
License - CT RN license	\$ 105	8003-520300	
License - Eash Shore Health District food service	\$ 450	3.73.50	
License - CT elevators	\$ 480		
License - DEA registration	\$ 731	Day and Salar	away danges.
Cable TV	\$ 61,621	V. 1984 (1885)	
Cable Business Internet	\$ 2,430	100,000,000	
		200-000-000-000-000-000-000-000-000-000	
Total Other Administrative and General	\$ 66,337	\$ -	\$

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reclass 60/5/97 limit

State of Connecticut **Annual Report of Long-Term Care Facility**CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills	License No. 997C	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 #

^{*} 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)

				i Page 5)			f	
Name of Facility			cense		Report for Y		Page	of
CSC	Enterprises, Inc. d/b/a Branford Hills Health	Care		997C	9/30/2015		18	37
					:			
	Item			Total	CCNH	RHNS	(S _I	ecify)
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	580,378	580,378			
	2. Non-Food Supplies		\$	112,594	112,594			
	3. Other (Specify)		\$					
	b. Purchased Services (by contract other		\$	802	802			
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$					
	d. Other (Specify)		 \$					
	u. Offici (Speedy)		Ψ					
2E.	Total Dietary Expenditures (2a + b + c + d)		\$	693,774	693,774			
ZE.	Total Dictary Experiments (2a + e + e + a)		Ψ	0,5,774	073,774		<u> </u>	
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(S _I	ecify)
G.	Resident Meals: Total no. of meals served pe	r day:*						
H.	Is cost of employee meals included in 2E?	O Y	es	•	No			
I.	Did you receive revenue from employees?	O Y	25	•	No	If yes, specify		
1.	Did you receive revenue from emproyees.				1,0	amt.		
J.	Where is the revenue received reported in the	e Cost F	Cepor	t? (Page/Line	Item)			
	Is cost of meals provided to persons other					If you and if		
K.	than employees or residents (i.e., Board	OY	es	•	No	If yes, specify		
	Members, Guests) included in 2E?					cost.		
						If yes, specify		
L.	Is any revenue collected from these people?	O Y	es	•	No	amt.		
M.	Where is the revenue received reported in the	Cost F	Repor	t? (Page/Line	Item)			
Ë	Is cost of food (other than meals, e.g.,			· · ·			. ,	
	snacks at monthly staff meetings, board	_		_		If yes, specify		
N.	meetings) provided to employees included	O Y	es	•	No	cost.		
'	in 2E?					ः राज्य		
\vdash	111 2.17					If yes, specify		
О.	Is any revenue collected from employees?	O Y	es	•	No	amt.		
						amt.		
P.	Where is the revenue received reported in the	e Cost I	Repor	t? (Page/Line	Item)			

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

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

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

Name of Facility		No.	Report for Y	ear Ended	Page of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care (997C	9/30/2015		19 37
Item		Total	CCNH	RHNS	(Specify)
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.				
washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt.\$				
Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
4. Repair and/or purchase of linens.***	Amt. \$ Lbs.				
·	Amt. \$	42,418	42,418		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (<i>Specify</i>) Laundry Supplies	\$	19,183	19,183		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	61,601	61,601		
3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.	
	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?	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)

· · · · · · · · · · · · · · · · · · ·		1	Repo	ort for Year E	nded	Page	of
CSC	CEnterprises, Inc. d/b/a Branford Hills Hea	997C		9/30/2015		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	56,503	56,503		
	b. Purchased Services (by contract other than through Management Services)	Sq. Ft. Serviced by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*		\$				
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	56,503	56,503		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***			12 (27)			
	1. Own Pharmacy		\$				
	2. Purchased from		\$	768,215	768,215		
	Own Pharmacy						
	b. Medicine Cabinet Drugs		\$				
,	c. Medical and Therapeutic Supplies		\$	369,966	369,966		
	d. Ambulance/Limousine***		\$				
	e. Oxygen		φ.				
	1. For Emergency Use		\$ \$	(0.5(0.	(0.5(0.		
	2. Other***	****	\$	60,569 33,336	60,569 33,336		
	f. X-rays and Related Radiological		Φ	33,330	33,330		
<u> </u>	Procedures*** g. Dental (Not dentists who should be inc	aludad undar	\$				
	salaries or fees)	линси инист	Ψ				
_	h. Laboratory***		\$	90,157	90,157		
<u> </u>	i. Recreation		\$	33,771	33,771		
	j. Other (Specify)****		\$	81,398	81,398		
	See Attached Schedule		~	,	-,-		
5K	Total Resident Care Expenditures (5a -	5i)	\$	1,437,412	1,437,412	A CONTRACTOR OF THE CONTRACTOR	

^{*} 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	(Specify)
Glucose monitoring (See pg 29a)	\$ 7,758	d	
Social Services supplies	\$ 187		
Resident personal needs (See pg 29a)	\$ 10,576		
PT supplies	\$ 4,783	DND ✓	
OT supplies	\$ 77		
IV Supplies (See pg 29a)	\$ 50,101	d	
IV Supplies HMO (See pg 29a)	\$ 7,916	d	
Total Other Resident Care	\$ 81,398	\$ -	\$ -

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

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health C	ranford Hills Health Ca	Care Center		License No. 997C	Report for Year Ended 9/30/2015				Page 21	of 37
		Related ** to Owners, Operators, Officers	o Owners, Officers			Ţ	otal Cost/F	Total Cost/Page Ref.***	м.	
Name of Individual or		>	2	Explanation of Relationshin	Full Explanation of Service Provided*	CCNH	SNHW	(Snecify)] ød	Line
Company Westcom Solutions	Suite A Milford, OH 45150	e o	€ ⊙	A CONTRACTOR OF THE CONTRACTOR	Patient/financial system software & support	35,247			2	1G
Ozzie's Carting	1933 Moose Hill Road Guilford, CT 06437	0	0		Refuse removal	42,598			22 (6F
Thyssen Krupp	PO Box 933007 Atlanta, GA 31193	0	•		Elevator maintenance	14,293			22 6F	Æ
Limewood	33 Waverly Road Branford, CT 06405	0	•		Snow removal	27,135			22 (6F
Controlled Air	21 Thompson Road Branford, CT 06405	0	•		HVAC Maintenance	42,011			22	6F
Allied Communications	88 Farwell Street West Haven, CT 06516	0	•		System backup/support, internet phone services	44,791			15 1G	පු
Comeast Corporation	Boulevard Philadelphia, PA 19103	0	0		Cable television for residents	61,621			16]	16 M13
Comeast Corporation	Boulevard Philadelphia, PA 19103	0	0		Business internet access	2,234			16	16 M13
OnShift Inc	Suite 1500 Cleveland, OH 44115	0	•		Staff scheduling software	12,196			15	1G
ADP, LLC	One ADP Drive Augusta, GA 30909	0	•		Payroll processing services	75,692			15 1G	<u>5</u>
AR Solutions	PO Box 592 Wallingford, CT 06492	0	•		consultant/billing services	19,320			16]	16 M11
INC Lawn Care	PO Box 3186 Branford, CT 06405	0	0		Grounds Maintenance	11,393			22	6F
Natureworks	518 Forest Rd	0	•		Grounds Maintenance	12,575			22	6F
		0	0							

^{*} 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
CSC Enterprises, Inc. d/b/a Branford Hills He 997C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specif	íy)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 96,310	96,310			
b. Heat	\$ 115,410	115,410			
c. Light & Power	\$ 133,262	133,262			
d. Water	\$ 46,326	46,326			
e. Equipment Lease (Provide detail on page 6)	\$ 58,583	58,583			
f. Other (itemize)	\$ 183,068	183,068		٠.	
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 632,959	632,959			
7. Depreciation (complete schedule page 23*)		·			
a. Land Improvements	\$ 23,778	23,778			
b. Building & Building Improvements	\$ 				
c. Non-Movable Equipment	\$ 813	813			
d. Movable Equipment	\$ 78,440	78,440			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 103,031	103,031			
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$			****	
c. Leasehold Improvements	\$ 189,840	189,840			
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 189,840	189,840			
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$ 457,460	457,460			
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 				
b. Real estate taxes paid by lessor	\$ 164,673	164,673			
c. Personal property taxes	\$ 12,172	12,172			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 927,176	927,176		<u> </u>	

^{*} 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	(Specify)
Equipment rentals (non-lease)	\$ 738		
Maintenance Purchased services	\$ 138,439		
Refuse removal	\$ 42,598		
Interior Decorating	\$ 1,293		
		(3) (3) (6) (7) (10 (6) (4)	
The state of the s			
Total Other Repairs and Maintenance	\$ 183,068	\$ -	\$ -

and the contract of the contra

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Depreciation Schedule

								2	4-
Name of Facility CSC Enterwises Inc. d/b/a Branford Hills Health Care Center		License No. 997C	U		Report for Year Ended 9/30/2015	inded	ï	rage 23	or 37
Section of the sectio		Historical			Accumulated	•			
		Cost Exclusive of	Less Salvage	Cost to Be	Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
Property Item		Land	· Value	Depreciated	Year's Operations	븨	Life	for This Year	Totals
A. Land Improvements		105.000		230 567	108 250	137	Var	23.200	
 Acquired prior to this report period 		137,364		107,700	100,200	3	13	200	
2. Disposais (attach schedule)									
	-	12,835		12,835		SI	Var	578	
									23,778
B. Building and Building Improvements									
		6,746,906		6,746,906					
2. Disposals (attach schedule)									
3 Acquired during this report period (attach schedule)									
C Non-Movable Equipment									
		181,006		181,006	180,193	SL	Var	813	
2. Disposals (attach schedule)									
3 Acquired during this report period (attach schedule)									
									813
Is a mileage	41	Historical			Accumulated				
maintained?	4;	Cost	Less		Depreciation to	Method of			
		Exclusive of	Salvage	Cost to Be	_			Depreciation	,
Yes No	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	ı Life	for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each yehicle)									
a,									
b.									
.c.									
Ö									
2. Movable Equipment		310	×	020		988	7.7.2	COT 122	
a. Acquired prior to this report period		1,655,878		1,655,8/8		76	₩.	04,702	
b. Disposals (attach schedule)		(152,466)		(152,466)) (152,466)		September 1980 Septem		
c. Acquired during this report period									
(attach schedule)		168,853		168,853	A CONTRACTOR OF THE CONTRACTOR	SL	Var	13,738	
D-3. Subtotal									78,440
E. Total Depreciation									105,051

CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center 9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/29/2014	Retaining Wall Dumpster Area	\$ 5,135	20	
12/1/2014	Concrete Pad for Generator	\$ 7,700	20	\$ 321
Total additions for	Land Improvements	\$ 12,835		\$ 578
Deletions:				
No salas en es as				100000000000000000000000000000000000000
			78 198 (THE SALES)	3.34.39.39.35.25
		Version (Version)	BANAN MARKADA	10.035 (20.0320,000)
			5/43/19/4/2/67	
Continue de la Contin				
Total deletions for	Land Improvements	\$		\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

nents Acquired during this report period		Useful	
Description of Item	Cost	Life	Depreciation
		Service (Expression)	
provements	\$ -		\$ -
		10 30 80 X X X	
		(10.000.000.000.000.000.000.000.000.000.	
		201800000000000000000000000000000000000	x0000000000000000000000000000000000000
provements	\$ -	u Provincia de la composició de la compo	\$ -
	Description of Item	Description of Item Cost pprovements S T	Description of Item Cost Life Inprovements S Increase of the second

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		34 (64) 330 (53) (63)	-5.13	
N 400 (\$1.50 (\$1				
3 30 60 20 30 30 30 3		Supplemental Suppl	15 (15 / E.D. 150 (15)	
			S- 3- 4- 5- 5-	
Total additions for No	on-Movable Equipment	\$ -	75 (75 (75) (75)	\$ -
Deletions:				
		Ex 16 (1) 20 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		
- 0.00 mm -				
		5.03 60 50 50	Commission of the Commission o	4-20-030-030-030-030-03
Total deletions for No	on-Movable Equipment	\$ -	Service Control	\$ -

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

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

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

uisition Date	Description of Item	Cost	Useful Life	Depreciatio
itions:			en and a restaure that y	News a warman var
	2 Asus Pro Desktops Intel i7 8GB 1TB SJS and MFB	1,778	3	59
	18 mattresses 35 x 84 x 6	5,120	5	1,02
and the state of the state of	13 HP Leaf Blower	1,222	3	37
	1 Advtg Electric Beds complete package	1,968	12	13
12/8/2014	1 Blixer Triple Phase Two Speed	3,601	10	30
12/9/2014	1 700LB Capacity Power Mat Platform Lift	4,227	10	35
12/10/2014	Asstd Therapy Gym Equipment	6,230	10	ilio (1886) (1895)
12/12/2014	15 Nightstands, chests, wardrobes, and vanities	20,725	15	1,15
12/19/2014	32 Wheel Chairs 20 inch	3,990	5	66
12/23/2014	7 Welch Ally Mobile Stands w Baskets	2,223	15]:
12/29/2014	6 Welch Ally Vital Sign Monitors	19,667	6	2,7:
12/29/2014	1 Hi Lo Stand In Table w Electric Lift	4,381	10	- 31
12/31/2014	7 Punchcard 600PC Medication Carts	9,515	10	79
1/14/2015	Edge Z30 SmallBlock Computer	1,972	5	29
The first of the state of the said of the said.	Double Deck Convection Oven	10,877	10	8
e mannes de maria de la comprese de la	Ricoh Copier MP 301	1,635		2
NAME OF TAXABLE PARTY.	Snow Blower 391cc	1,756	5	2:
	Touchfree Ice Maker/Dispenser	9,040	10	52
and the Control of Street Street	30 Nightstands, chests, wardrobes	24,188	15	94
Commercial Special Control of the Control of the	SS shelves & brackets/poly carving boards	1,946	20	
According to the Artist According to	2 Thurmaduke Steam Tables, cutting boards	7,576	10	3′
THE PART OF THE PA	8 2DR Wardrobe	760	7	19-15-15-15-15-15-15-15-15-15-15-15-15-15-
Charles to the state of the second		9,996	7	4
And have a section of the end of	Tent, frame, covers, s&h	3,213	5	2
a that had a section to be	7 Windows 7 computers	out of the contract of the con	7	1:
et a les transcer a termina de la composition della composition de	New Fiesta Tent cover, frame, S & H	3,886	7	20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (
	24 Chairs/3 Love seats/4 Tables	3,173	Same and Charles and Comment	in this operation, and assist for
5/28/2018	1 Thurmaduke steamtable w accessories	4,188	10	1'
al additions for	Movable Equipment	\$ 168,853	KONE WONGE	\$ 13,73
tions:				144700000000000000000000000000000000000
10/2/2004	Washing Machine	(14,390)		
2/20/2006	Fax Machine	(1,036)		
10/1/2006	CareTracker Software	(2,814)		
12/15/2006	4 Tray Carts	(16,557)		
12/31/2006	Food Slicer	(2,737)		
1/9/2007		(2,867)		
The Department of the Section 1981	Care Tracker Software	(27,771)		Social balance and accom-
and the second second second second second	CareTracker Software	(34,657)		
and the state of the state of	CareTracker Software	(2,285)		
Street State of Carlo	Copier for Admissions	(4,627)		
the second of the second of the second	Sales Tax on Range previously returned	(169)	24 (46 - 100	500000000000000000000000000000000000000
10/31/2007		(2,270)		
5/9/2008		(11,945)	NACES OF THE COLUMN	
	Sling & Lift	(7,253)		
	CareTracker Software	(5,002)		500000000000000000000000000000000000000
The state of the s		(2,581)		2000
Tell of American Company to Smith	Computers and Monitors	And agreement August State (State and August Management)		0.0000000000000000000000000000000000000
	Ice Machine	(6,581)		E45240 M5985 000
12/31/2009	Miscellaneous old equipment	(635)		
erregion (Marie Printer)	W. B. Mason	(296)		68099760878250 5048977597850
		na na ana ana ani manda di mata		Lesson Sacrata
3/31/2010	Hot Food Server/casters	(2,128)	<u>ner i veza sa ziva kez sinjanovika.</u> Listopija kezizik kezek kistorika	erecession and reference
3/31/2010 4/30/2010	2 hot food server tables	(3,708)		100000000000000000000000000000000000000
3/31/2010	2 hot food server tables	the second of th		

Schedule of Leasehold Improvements Acquired during this report period

			Osemi	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
10/18/2014	Aviglone Security Camera System in service 12/14	20,046	. 5	4,009
The state of the s	Loading Dock Extension	1,120	15	¥ 75
11/3/2014	150 KW Generator w Transfer Switch in service 12/14	127,088	V 16	7,281

^{*}Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

		602,	u.	GF .
1/31/2015	Rauland Responder 4000 Nurse Call system - LW	74,658	⊃ 10	4,977
1/31/2015	Loading Dock Ceiling	2,692	∖ 10	179
7/24/2015	Insurance Proceeds for loading dock ceiling	(1,030)	> 10	(69)
3/16/2015	Construction for 2 Nourishment Stations, 2 SS Refrigerators	23,600	5 10	1,377
3/25/2015	(3) 15,000 BTU PTAC Units, labor, etc	8,685	> 10	434
4/2/2015	Physical Therapy Room improvements	8,300	5 10	415
4/5/2015	Pacific tub shell white, s&h plus tax	4,902	> 10	245
4/15/2015	Inst 3 nourishment sta & almond breeze FRP - LW3	1,225	10	61
4/25/2015	Build storage shed	3,100	10	155
5/13/2015	Room 225 - Paint & prep	2,950	J 5	246
5/22/2015	Installation for steam tables/electrical improvements	1,391	N 18	32
6/17/2015	New Heat Exchanger for hot water	3,158	15 4	70
6/22/2015	Installation of one pit ladder	1,300	> 20	22
6/28/2015	Paint one room	2,400	-/5	160
6/28/2015	Install conduit betw BHHCC and 6 Spice Bush Lane	3,755	> 10	125
6/30/2015	Install wiring BH2 & 3 - outlets for new steam tables	1,571	N 18	22
7/12/2015	LW3 Gym remove wallpaper, repaint	3,200	- , 5	160
7/17/2015	PT Entry north side demolition	2,790	ি ।	70
8/3/2015	Room 227 - Paint & prep	2,400	- 5	80
9/30/2015	Installation of remaining pit ladder	1,300	20	5
9/1/2015	Relocate remote annunciator panel/install new	3,403	> 18	16
9/17/2015	Paint one room/FRP on side wall	2,650	-/ 5	44
9/25/2015	Bathroom	8,486	20	35
2012/2017	Leaschold Improvement	\$ 315,139	3	\$ 20,228
eletions:				
	Leasehold Improvement	\$ -		s -
othi deterious for	геязенню тирголения	engga 🖷 aragawa aragawa 🗀	properties and a	Magazini di Kabupatèn Pangari Magazini

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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Amortization Schedule*

Nam	Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
CSC	CSC Enterprises, Inc. d/b/a Branford Hills Health Care	olth Care Cente	997C		9/30/2015			24	37
					Accumulated				
		Date of			Amort. to				
_		Acquisition			Beginning of	Basis for			
					•				
			Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Ą.	Organization Expense								
	2.								
	3.								
A-4	A-4. Subtotal			100 mm					
B.	Mortgage Expense								
-	1.								
	2.								
	3.								
B-4.	Subtotal								
رن ا	Leasehold Improvements and Other								
	1. Acquired prior to this report period			4,155,357	2,837,169			169,612	
	2. Disposals (attach schedule)								
	3. Acquired during this report period								
	(attach schedule)			315,139		***************************************		20,228	
C-4.	Subtotal								189,840
<u> </u>	Total Amortization								189,840
						The second secon			

* 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

	ne of Facility Enterprises, Inc. d/b/a Branford	License No.		Report for Year En 9/30/2015	ded		Page of 25 37
		<u> </u>		3,00,2010			
11.	Property Questionnaire						
	Part A Is the property either owned by t or leased from a Related Party?*			Yes			If "Yes," complete Part B. If "No," complete Part C.
	*If any owner or operator of this fabusiness association to any person a related party transaction.	acility is related or organization	by family, n from whom	narriage, ownership, abi buildings are leased, the	lity to control or en it is considered		
	Description			Total			
	1. Date Land Purchased			01/01/80		6.5	
	2. Date Structure Completed			01/01/80			
<u> </u>	3. If NOT Original Owner, Date	te of Purchase	e	N/A			
<u> </u>	4. Date of Initial Licensure			Est 1980 190			
<u> </u>	5. Total Licensed Bed Capacity6. Square Footage	/		Est 80,109			
 	7. Acquisition Cost			Est 60,105			
	a. Land			112,878			
	b. Building			2,516,322			
	Part B - Owner and Related Pa	arties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
	1. Financing						
	a. Type of Financing (e.g.,		e)	Variable			
	b. Date Mortgage Obtained			03/02/11			
	c. Interest Rate for the Cost			3.04%			
	d. Term of Mortgage (number. Amount of Principal Bor			4,725,477			
	f. Principal balance outstan			4,199,018			
	Complete if Mortgage was			1,22,00			
	During Current Cost Y						
	g. Type of Financing (e.g.,		e)				
	h. Date of Refinancing						
	i. New Interest Rate					:	
	j. Term of Mortgage (numl						
<u> </u>	k. Amount of Principal Bor		·cc				
	Principal Outstanding on			I			
	Part C - Arms-Length Lea			perty Leased		Torm of Lege	Annual Amount of Lease
	Name and Address of Less	or	FIO	perty Leaseu	Date of Lease	Telli of Lease	Annual Amount of Lease
-							
			-				
<u> </u>							
1					ł	L	

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	ear Ended		Page of
CSC Enterprises, Inc. d/b/a Branford 997C		9/30/2015			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Move Equipment 1. First Mortgage	able \$				
Name of Lender	Rate				
Address of Lender					
Second Mortgage	\$			J. C. LONGO AND CO.	
Name of Lender	Rate				
Address of Lender					
Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender	•				
4. Fourth Mortgage	\$				
Name of Lender	Rate			200 200	THE STATE OF
Address of Lender			100 TEN TO THE TEN THE T		
B. CHEFA Loan Information					
Original Loan Amount	\$				
2. Loan Origination Date	·····		All Allert Silver		
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + I	B5) \$				

(Carry Subtotals forward to next page)

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

Name of Facility CSC Enterprises, Inc. d/b/a Branfo 99	No. 7C		Report for Y 9/30/2015	ear Ended		Page of 27 37	
							╡
Item			Total	CCNH	RHNS	(Specify)	
Subt	otals Brou	ight Forward	:				
12. C. Movable Equipment							1
 Automotive Equipment 			Б				
A. Item	Rate	Amount					
Lender							
Address of Lender		***************************************					
2. Other (Specify)			8				
A. Item	Rate	Amount					
Lender							
Address of Lender							
Address of Lender		•					
B. Item	Rate	Amount					
Lender							
Lender							
Address of Lender		÷					
12. C. 3. Total Movable Equipment Inte	rest						4
Expense (C1 + 2)			5				
12. D. Other Interest Expense (Specify)		**	19,649	19,649			1
Unemp tax 798 Misc 35 Lease 18	,816				100		
13. Total All Interest Expense (12B7 + 12	C3 + 12E)) :	19,649	19,649			1
14. Insurance							1
a. Insurance on Property (buildings of	only)		19,567	19,567			
b. Insurance on Automobiles			4,601	4,601			_]0
c. Insurance other than Property (as	specified a						
1. Umbrella (Blanket Coverage)			111,546	111,546]
2. Fire and Extended Coverage			235	235			_
3. Other (Specify)			5				8
			1050/0	10=0/0			
14d. Total Insurance Expenditures (14a +	-		135,949	135,949			4
15. Total All Expenditures (A-13 thru C-	14)		19,480,573	19,480,573		l	⅃

D. Adjustments to Statement of Expenditures

Name o						Report for Yea	ear Ended	Page		1
CSC E	nterpri	ses, Inc	e. d/b/a Branford Hills Health Care Center	\perp		9/30/2015	······	28	37	_
				,	Total	1	'		ı	
	Page Li			,	Amount of	1	'	1		
	No. N		Item Description	′	Decrease	CCNH	RHNS	(S)	pecify)	
Page 1	0 - Sal		ind Wages	′	The state of the s					
1.			tpatient Service Costs	\$				<u> </u>		_
2.			laries not related to Resident Care	\$				<u> </u>		_
3.			cupational Therapy	\$						1eclass 38/a.
4.			her - See attached Schedule	\$	57,447	57,447	'			14Cinch and Cit
	3 - Pre		nal Fees	'						
5.			sident Care Physicians **	\$				<u> </u>],
6.			cupational Therapy	\$				⊥		JV
7.			her - See attached Schedule	\$	94,738	94,738				v +2,540
Pages *	15 & 1	6 - Ad	lministrative and General		The second secon					
8.			scriminatory Benefits	\$						
9.			d Debts	\$						1 . Il but
10.			counting & Legal	\$						y dall but y 4500 Acct,
11.		Tele	lephone	\$	1,392					V 4000.
12.		Cel	llular Telephone	\$	3,417	3,417	<u> </u>			
13.		Life	fe insurance premiums on the life		3		100			
			Owners, Partners, Operators	\$		1,212				1
14.			fts, flowers and coffee shops	\$						
15.			lucation expenditures to colleges or							A
		•	iversities for tuition and related costs							A
.		1	r owners and employees	\$,	,	,			
16.			avel for purposes of attending			ji 1 3 9				A
			nferences or seminars outside the	1		4527				A
			ntinental U.S. Other out-of-state	1						
.		1	yel in excess of one representative	\$, i			0.00	Michael	1
17.			ntomobile Expense (e.g. personal use)	\$		13,569	, , , , , , , , , , , , , , , , , , ,	<u> </u>		√
18.			nallowable Advertising *	\$						+12,071 red
19.			come Tax / Corporate Business Tax	\$		<u> </u>				1
20.			and Raising / Contributions	\$		2,444	, †			1
21.			nallowable Management Fees	\$						1
22.			arber and Beauty	\$						1,
23.			ther - See attached Schedule	\$		79,718	,			1/
	18 - Di		Expenditures	_						
24.	- T		eals to employees, guests and others							4
(no are not residents	\$	ò					1
Page !	19 - Le		Expenditures	_						A
25.	<u> </u>		nundry services to employees, guests							Â
1 [d others who are not residents	\$	ß.					Å
Page /	$\frac{1}{2\theta - H_{\ell}}$		eping Expenditures							
26.	10-		ousekeeping services to employees, guests				3,50797			
1 20.			d others who are not residents	\$	\$ 2,409	2,409		A		incl. OTaph
			Subtotal (Items 1 - 26)							reclass Tapk
			outotta (terris i 25)				forward to next	t nage	·	1 - ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

^{*} All except "Help Wanted".

ind house, keepi Suppli

reclass

⁽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	(Specify)	_
10	A4	In-House Counsel Related to Owner 100% Disallowed	\$ 55,867			✓ reclass 38/1 ✓ reclass 39/2
10	The district of March Str.	Director of Financial Analysis Non-Facility Work Disallowed	\$ 1,580			V 1ecla35 29/2
				8,000,000,000		
Total Othe	r Salaries	Adjustment	\$ 57,447	\$ -	\$ -	1

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
and the second second second second		Respiratory Therapy Contract	\$ 94,738		
600000000000000000000000000000000000000	0/00/00/00/19:55				
					818800000000000000000000000000000000000
\$5 (\$4) \$50 (\$5)	*****************				
Total Othe	r Fees Adi	ustments	\$ 94,738	\$ -	\$ -

Schedule of Other A&G Adjustments

ge Ref	Line Ref	Description	CCNH	RHNS	(Specify)
April 19 Sept 10 Sept 10	L2	Employee Parties and Food	\$ 8,987		
16	L3	Employee Gifts	\$ 12,380		
16	L7	Owner Travel & Entertainment	\$ 21,279	11,999000	
16	M8	Rotary Dues	\$ 190	- 325 /	
16	M8	Chamber of Commerce	\$ 135	/	
16	M11	Administrative Consultant - Medicare	\$ 19,320		
16	М3	Marketing	\$ 12,271		
29B		Outpatient Therapy Overhead	\$ 291	/	
29C		Pharmacy Overhead	\$ 2,173	7	
29D		Business Park Utilities/Maintenance Related to Sub-Lease	\$ 2,692	/	
tal Othe	r A&G Ad	ljustments	\$ 79,718	\$ -	\$ -

edoss 28/14^v edoss 3280 to edoss 370 ve 1v

-eclass 26/17 eclass 29/39 -eclass 29/39 V

reclass 29/3

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

Name	e of Fa	cility	D. Adjustments to Statemen		ense No.	Report for Y		Page	of
			Inc. d/b/a Branford Hills Health Care Cent		997C	9/30/2015		29	37
					Total				
Item	Page	Line			Amount of				
No.	•		Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
			Subtotals Brought Forward	\$	1,454,219	1,454,219			
Page	20 - I	Reside	nt Care Supplies***						
27.			Prescription Drugs	\$	768,215	768,215			
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$	33,336	33,336			
30.			Laboratory	\$	90,158	90,158			
3,1.			Medical Supplies	\$	(3,628)	(3,628)			
32.			Oxygen (non emergency)	\$	60,569	60,569			
33.			Occupational Therapy	\$	77	77			
34.			Other - See Attached Schedule	\$	76,148	76,148			
Page	22 - N	Mainte	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable			1000000			i di di
			Motor Vehicles	\$					
37.			Unallowable Property and Real				100		
٠.			Estate Taxes	\$	3,213	3,213			
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	18,106	18,106			
Page	27-1	nsura	ince						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous				100	(2)	
42.			Research or Experimental Activities	\$					
43.		<u> </u>	Radio and Television Revenue	\$					
44.	<u> </u>	<u> </u>	Vending Machine Revenue	\$				<u> </u>	
45.	i		Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.	t	_	Expenditures made for the protection,			3,265,52		0.000	erenden.
,,,,			enhancement or promotion of the					1000	
			providers interest	\$					
48.		1	Interest Income on Accounts Rec	\$	1				
49.		l	Other (include personnel and other						
. '			costs unrelated to resident care) - See						
			Attached Schedule	\$		***************************************	SOCIOLO DE LA COMPANION DE LA		
Not	For P	rofit F	Providers Only	· ·	TO CALCULA				
50.		1	Building/Non Movable Eq. Depreciation						
"	Ί		Unallowable Building Interest -						
			See Attached Schedule	\$					
C 1	Tata	LAMO	unt of Decrease (Items 1 - 50)	\$		2,500,413			

^{***} 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.

CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)	
20	5J	Glucose Monitoring Supplies	\$ 7,758	/		
20	5J	Patient Personal Needs	\$ 10,576	V		
20	5J	IV Supplies	\$ 58,017	7		act.
30	II 6A	EKG Medicare	\$ (203)			18th-gb
						, u
**************************************					RESIDENCE CONTRACTOR	
				083300000000000000000000000000000000000		
Total Othe	r Ancillar	y Costs	\$ 76,148	\$ -	\$ -	

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Rcf	Description	CCNH	RHNS	(Specify)
1940 (0.7423) (1874	100000000000000000000000000000000000000				
55 V. V. V. V.				745	
44.00000000	5 77 50 22			1917 1918 1218 1918 1918	
	21.73.22.142.000.000.000				
HATTING STANLAND				04,000,000,000,000,000,000,000,000,000,	
	2012/03/03/03/				
				10 (2) (3) (3) (3)	
Total Exce	ss Moyabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

ge Ref	Line Ref	Description	CC	NH	RHNS	(Specify)	୍ର ଅଧ୍ୟାଧା
27	14B	Auto Insurance	\$	4,601			Trectass 29191
-29B		Outpatient Therapy Overhead	\$	139	V		100005 64 to 09
29B		Outpatient Therapy Fair Rent	\$	357	/		1 20-1-1
29C		Pharmacy Overhead	\$	1,041	V	120 280 100 100	
29C		Pharmacy Fair Rent	\$	2,669	/		
29D		Business Park Rent Related To Sub-Lease	\$	9,299	V	35.88	recluse 09/38
] "" 09/35 "
			2500 LEWIS				"38, "
	Stational Control		2000 (8 -002) 2000 (8-002)				8
tal Other	r Propert	y Adjustments	\$	18,106	\$ -	\$ -	

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	80000000000000000000000000000000000000				
	3440,000				
	SAN SECTION OF				
500 kg/m3510 (0.50	Avada di consi.		46.000 46.000		
				31.01.00.00.00	
0.0000000000000000000000000000000000000					
7 - CONTACTOR (1970)			2010/2010/2010/2010		
	S. M. PANE				
Total Othe	r Adjustm	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			02.000.000.000.000		
98 - 180 - 1				Visit (Street)	75.7-100.000
	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
			89-30-30-4A-50-3		
				200200000	
	*1900 (Carlos)				150 CE 18 CA 18
Total Unal	lowable B	uilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

F. Statement of Re	Vent				Page	
Name of Facility License No.			Report for Year Ended			
erprises, Inc. d/b/a Branford Hill: 997C 9/30/2015		30	37			
			CONTE	DIDIO	(0	
Item		Total	CCNH	RHNS	(Spe	erry)
. Resident Room, Board & Routine Care Revenue			all to the same			
1. a. Medicaid Residents (CT only)	\$	18,919,473	18,919,473			
b. Medicaid Room and Board Contractual Allowance **	\$	(8,054,501)	(8,054,501)		<u> </u>	
2. a. Medicaid (All other states)	\$				<u> </u>	
b. Other States Room and Board Contractual Allowance **	\$				ļ	
3. a. Medicare Residents (all inclusive)	\$	4,472,647	4,472,647		ļ	
b. Medicare Room and Board Contractual Allowance **	\$	1,092,572	1,092,572			
4. a. Private-Pay Residents and Other	\$	3,667,973	3,667,973			
b. Private-Pay Room and Board Contractual Allowance **	\$	(52,088)	(52,088)			
I. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	1,288,381	1,288,381			
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$	132,589	132,589			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$		****			
a. Medical Supplies - Medicare	\$	11,665	11,665			
b. Medical Supplies - Medicare Contractual Allowance **	\$,				
c. Medical Supplies - Non-Medicare	\$				T	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	2,698,314	2,698,314			
b. Physical Therapy - Medicare Contractual Allowance **	\$	2,070,514	2,070,511			
• · · · · · · · · · · · · · · · · · · ·	\$	422,811	422,811		<u> </u>	
c. Physical Therapy - Non-Medicare	<u> </u>	422,011	422,011			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	274 409	274 400			
4. a. Speech Therapy - Medicare	<u>\$</u>	374,408	374,408		 	-
b. Speech Therapy - Medicare Contractual Allowance **		61.200	C1 200		 	
c. Speech Therapy - Non-Medicare	\$		61,399		 	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				 	
5. a. Occupational Therapy - Medicare	\$	2,365,033	2,365,033		 	
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$	405,855	405,855		ļ	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				 	
6. a. Other (Specify) - Medicare	\$		381,170		+	
b. Other (Specify) - Non-Medicare	\$	(7,529,886)	(7,529,886)			
III. Total Resident Revenue (Section I, thru Section II.)	\$	20,657,815	20,657,815			
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)	\$		715			
6. Private Duty Nurses' Fees	\$	1				
7. Barber, Coffee, Beauty and Gift shops	\$	1				
8. Other (<i>Specify</i>)	\$		(180,909)		1	
V. Total Other Revenue (1 thru 8)	\$			1		
VI. Total All Revenue (IIII+V)		<u> </u>		1	 	
	\$	20,477,621	20,477,621	1	1	

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

d

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

CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center 9/30/2015

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNII	RHNS	(Specify)
100000	Oxygen Medicare A	\$ 91	MANAGEMENT AND	
	Xray Medicare A	\$ 67,143	SELECTION OF THE SELECT	
	Labs Medicare A	\$ 116,960		
	EKG Medicare A	\$ 203	STANSFALL STAN	
\$450.000 \$400.000	OP Medicare Contractural Allowance	\$ (65,791)		
	Room and Board Prior Year Medicare A	\$ 2,889		100000000000000000000000000000000000000
ancords.	PT Prior Year Medicare B	\$ 2,797		
201525	IV therapy Medicare A	\$ 99,161	verver ent	
SUSPENSION OF THE PROPERTY OF	Prothrombin Medicare B	\$ 3,629		30334743743
0,5500	Respiratory Therapy Medicare A	\$ 154,088	1904/140	
			Signification (netty chapter	
Total Oth	er Resident Revenue - Medicare	\$ 381,170	\$ -	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Complex Medical Equipment	\$ 19,805		
3000000	Oxygen HMO/Private	\$ 1,158		
eyesiet	Contractural Alloyances	\$ (7,504,588)		
(SAME)	Lab HMO Current Year	\$ 12,067		
ggarana.	Xray HMO Current Year	\$ 3,350	40000000000000000000000000000000000000	
82.48 (#)	Respiratory HMO	\$ 1,640	19040) (1.11) (1.11)	
77878 XXX	Xray Medicaid	\$ 186		
	Room and Board Prior Year Medicaid	\$ (46,102)		
No.	Room and Board Prior Year Private	\$ (17,402)	100 11 TEACHER AND SERVICE	2 00.00 mm (1800) (m)
			Garage and State	
és acción		valve namen er	September 1	
Total Oth	er Resident Revenue	\$ (7,529,886)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
\$30.835.500	Interest Income Investments		\$ 666	SHARRA	
	Interest Income Medicare A		\$ 49		
		na line manuring yang paraganan			
Total Inte	rest Income		\$ 715	\$	\$ 1000000

AFT associ associal, in cash, associal, in cash, already uxd. From ROE

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)	In Asset assoc, inch in cosh, already exc
53,800,535	Investment Income Dividends	\$ 9,977	450 (000) 25,000	F184V.03.533.03	N ASSET ASSOCIATION
	Investment Income Net Short Term Capital Gains/(Losses)	\$ (11,084)	455,455-152,955	0.85 (0.008)	
100 HE 1930	Investment Change in FMV	\$ (27,377)			
Varieties	Investment Management Fees	\$ (4,472)	25421 ACE (ACE) (2543)	1 540 350 350 450	an which is and A well ship
\$0.00 PA	Other Revenue and Deductions	\$ 4,829	2000 - 2000 pagas ay a	100000000000000000000000000000000000000	~RFI asset incl. in cash, already (x
Allandari	Rental Income BHHCC Pharmacy	\$ 5,214			, v
	Value Added Service Fee BHHCC Pharmacy	\$ (12,000)	aga lata sa sa sa s	1000 0000	
si kacamatan	Management Fees Blackstone	\$ (49,900)			1
	Management Fees Minetta LLC	\$ (49,900)			
5 10 00 00 00 00 00 00 00 00 00 00 00 00	Management Fecs Trison LLC	\$ (49,900)			at week? when we exceeded
	Barber and Beauty Commissions	\$ 3,704			HEL TXXXIII LEGISTIC CONTRACTOR LAND
					AFT expense? netted, no expense.
Total Oth	er Revenue	\$ (180,909)	\$ <u>-</u>	\$ -	

G. Balance Sheet

Name o	of Facility	License No.	Report for Year Ended	Page	of
CSC E	nterprises, Inc. d/b/a Branford I	H 997C	9/30/2015	31	37
		Account		An An	nount
Assets					
A. C	Current Assets				0.506.660
1.	. Cash (on hand and in banks))		\$	2,506,662
2	. Resident Accounts Receivab	le (Less Allowance i	for Bad Debts)	\$	1,932,540
3	. Other Accounts Receivable (Excluding Owners of	or Related Parties)	\$	25
4				\$	160,400
5	1 1		#0.71 <i>C</i>	\$	76,000
	a. Unexpired Insurance		58,516	117.00	
	b. Sewer Use Fee		7,829		国教主义
	c. Computer/Communicatio	ns Support	5,217		
	d. Dues & Subscriptions		4,438		
6				\$	
7	. Medicare Final Settlement R	eceivable		\$	
8	. Other Current Assets (itemiz		1 200	\$	59,375
	Employee Loans and Advance	S	1,298 58,077		la deix
	IRS Section 759 Deposit		38,077		
		,		1000	
A-9. 7	Total Current Assets (Lines Al	thru 8)		\$	4,735,002
B. F	Fixed Assets				
1	l. Land			\$	
2	2. Land Improvements	*Historical Cost	352,419	\$	220,391
	•	Accum. Depreciat	tion 132,028 Net		
3	3. Buildings	*Historical Cost		\$	
		Accum. Depreciat	tion Net		
	4. Leasehold Improvements	*Historical Cost	4,470,496	\$	1,443,487
	,,	Accum. Deprecia	tion 3,027,009 Net		
- 4	5. Non-Movable Equipment	*Historical Cost	181,006	\$	
		Accum. Deprecia	tion 181,006 Net		
<u> </u>	6. Movable Equipment	*Historical Cost	1,672,265	\$	410,490
`		Accum. Deprecia	tion 1,261,775 Net		
ļ ,	7. Motor Vehicles	*Historical Cost		\$	
	7. 1710tor 7 0	Accum. Deprecia	tion Net		
	8. Minor Equipment-Not Depr			\$	
	9. Other Fixed Assets (itemize			\$	445,888
'	Capitalized Mgmt Fee	,	51,500		
	CR vs FS		394,388		
1	Total Fixed Assets (Lines)	51.1.0		\$	2,520,256

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended	Page	
CSC	Ent	erprises, Inc. d/b/a Branford H		9/30/2015	32	37
			Account			Amount
				Total Brought Forward:	\$	7,255,258
C.		asehold or like property record	ed for Equity Purpose	es.		
		Land			\$	
	2.	Land Improvements	*Historical Cost		<u></u>	
			Accum. Depreciation		\$	
	3.	Buildings	*Historical Cost	6,746,906	_	6546006
			Accum. Depreciation	n Net	\$	6,746,906
	4.	Non-Movable Equipment	*Historical Cost			
			Accum. Depreciation	n Net	\$	
	5.	Movable Equipment	*Historical Cost			
			Accum. Depreciatio	n Net	\$	
	6.	Motor Vehicles	*Historical Cost		l .	
			Accum. Depreciatio	n Net	\$	
		Minor Equipment-Not Depre			\$	
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$	6,746,906
D.	Inv	vestment and Other Assets				•
		Deferred Deposits			\$	
		Escrow Deposits			\$	
	3.	Organization Expense	*Historical Cost			
			Accum. Depreciatio	n Net	\$	
	4.	Goodwill (Purchased Only)			\$	
	5.	Investments Related to Resid	ent Care (itemize)		\$	
	6.	Loans to Owners or Related I	Parties (itemize)		\$	121,434
		Name and Address	Amount	Loan Date		
			121,434			
	7.	Other Assets (itemize)			\$	85,388
		Equipment Deposits		12,438		ADMINISTRAÇÃO MARCOLO A SE
		Cash Surrender Value OL		72,950		NEW COMPANIES OF THE STATE OF T
		tal Investments and Other As.)	\$	206,822
D-9.	To	tal All Assets (Lines A9 + B1	0 + C8 + D8)		\$	14,208,986

^{*} 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 Faci	lity		License No.	Report for Year I	Ended	Ì	Page	of
CSC Enterpri	ses,	Inc. d/b/a Branford Hills He	997C	9/30/2015	4.		33	37
		1	Account				Amo	unt
Liabilities								
A.	Cu	rrent Liabilities				_		
	1.	Trade Accounts Payable				\$		573,616
	2.	Notes Payable (itemize)				\$		
					·			
	2	Loans Payable for Equipm	ant (Carmont noution	a) (itamina)		\$		
	3.	Name of Lender	Purpose	Amount	Date Due	Ψ		
		Ivallie of Lender	raipose	Amount	Date Duc			
	4.	Accrued Payroll (Exclusive				\$		751,598
	5.	Accrued Payroll (Owners of	and/or Stockholders	only)		\$		5,760
	6.	Accrued Payroll Taxes Pay	yable			\$		
	7.	Medicare Final Settlement				\$		
	8.	Medicare Current Financia				\$		
	9.	Mortgage Payable (Currer				\$		
	10	. Interest Payable (Exclusive	e of Owner and/or R	Pelated Parties)		\$		
		. Accrued Income Taxes*				\$		
	12	. Other Current Liabilities (itemize)			\$		479,746
		Deferred Income	32,	662 Accrued Sales Tax	423			
		Accrued Property Taxes		909 401(k) - Employee	2,933			
	-	Accrued Nursing Home User Fee	284,	170 Loans - 401(k)	(3,351)			
	60	Accrued Shareholder Dividend	100,	000				1.010 560
A-13.	To	<i>tal Current Liabilities</i> (Lin	es A1 thru 12)			\$		1,810,720

^{*} 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 34	of 37
CSC Enterprises, Inc. d/b/a Branford Hills		9/30/2015		1 34 Amo	
	Account	T / 1 D	he Fourtonds	Ame	1,810,720
		Total Broug	nt Forward:		1,610,720
Liabilities (cont'd)					
B. Long-Term Liabilities			¢.		
Loans Payable-Equipment		A	TDoto Duo		
Name of Lender	Purpose	Amount	Date Due		
		1		200	
·					
Mortgages Payable			\$		
3. Loans from Owners or Re	ated Parties (itemiz		\$		
Name and Address of Lender	Amount	Loan I	Date		
· ·					
				3173.00	
		ļ			
					611.050
4. Other Long-Term Liabilit	ies (<i>itemize</i>)		\$		611,372
Bank of America Loans		600,764	<u> </u>		
BOA 6 \$3,857, BOA 7 \$1	67,836	<u> </u>			
BOA 9 \$204,302, BOA 1	0 \$224,769				
CL&P Energy Efficiency		10,608			
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)				611,372
C. Total All Liabilities (Lines A	-13 + B-5)		9,1	3	2,422,092

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

1	,	License No.	Report for Year Ende	d	Page	of
CSC	Enterprises, Inc. d/b/a Branford l	997C	9/30/2015		35	37
_	-	Account			A	mount
A.	Reserves					
	1. Reserve for value of leased la	und		\$		
	2. Reserve for depreciation valu	e of leased build	ings and appurtenances			
	to be amortized			\$		
	3. Reserve for depreciation valu	e of leased perso	onal property (<i>Equity)</i>	\$		
	4. Reserve for leasehold real pro	operties on which	n fair rental value is based	\$		6,746,906
,	5. Reserve for funds set aside as	s donor restricted		\$		
	6. Total Reserves			\$		6,746,906
В.	Net Worth					
	1. Owner's Capital			\$		
	2. Capital Stock			\$		1,000
	3. Paid-in Surplus			\$		
	4. Treasury Stock			\$		
	5. Cumulated Earnings			\$		4,041,938
	6. Gain or Loss for Period	10/1/20	014 thru 9/30/2	.015 \$		997,050
	7. Total Net Worth			\$		5,039,988
C.	Total Reserves and Net Worth			\$		11,786,894
D.	Total Liabilities, Reserves, and I	Net Worth		\$		14,208,986

H. Changes in Total Net Worth

Name	of Facility	License No.	Report for Year	Ended	Page	of
CSC	Enterprises, Inc. d/b/a Branford Hi	1 997C	9/30/2015		36	37
				nount		
	Balance at End of Prior Period as s		\$	4,819,974		
	Total Revenue (From Statement of				\$	20,477,621
	Total Expenditures (From Stateme	ent of Expenditures 1	Page 27)		\$	19,480,573
	Net Income or Deficit				\$	997,050
	Balance				\$	5,817,022
	Additions	• 4-				
	1. Additional Capital Contributed	l (itemize)				100
			(0.5.10.5)			
	CR vs FS Depreciation/An	nortization	(25,497)			
				en e		
	2. Other (itemize)					
	2. Other (nemize)		10.1			
	Stockholder Dividends		(750,000)			
	Stockholder Dividends		(,00,000)			
						(A)
F-3.	Total Additions				\$	(775,497)
	Deductions					
	1. Drawings of Owners/Operators	s/Partners (<i>Specify</i>)			\$	
	Name and Address (No., City,	, State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)				\$	
Purpose Amount						
	3. Total Deductions	- 101111			\$	
	Balance at End of Period	09/30/	15		\$	5,041,525

I. Preparer's/Reviewer's Certification

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills	License No. 997C	Report for Year Ended 9/30/2015	Page 37	of 37
ODO Esterpitoso, mer a o. a	Check appropriate category			<u></u>
☐ Chronic and Convalescent Nursing Home only (CCNH)	Supervision only (RHNS)	□ (Specify)		
	Preparer/Reviewer Certifica	ition		
I have read the most recent Federal appropriate personnel as to the post applicable regulations. All non-reautomatically removed in the State	is report and am familiar with the applicate and State issued field audit reports for the sible inclusion in this report of expenses with the application of the sible inclusion in this report of expenses with the same and the sible inclusion in this report on Pages 28 and intained in this report is in agreement with	e Facility and have inquired of which are not reimbursable under (except those expenses known to ading reports, inquiry or other set 129 (adjustments to statement of	the be evices	
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				. "
Renee P. Grailich, Director of Financial A	nalysis			
Address Address		Phone Number		
	s Health Care Center, 189 Alps Road, Bra	nford, C 203-483-4402		

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CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License No.	lo.			Report fo	r Year Ende	ps		Page	Jo
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	are Center		6	997C			9/30/201	9/30/2015) တ	37
·		14.4				Period 10/1 Thru 6/30	1 Thru 6/	30.		Period 7/	Period 7/1 Thru 9/30	000
	Total AII	CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	REINS	(Specify)	Total	CCNH	RHINS	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	061	.061			6	6			Vel	504		
B. On last day of THIS report period	190	190			190	061) (100	190		and the same of th
2. Number of Residents												
A. As of midnight of PREVIOUS report period	182	182			182	182			182	182		
B. As of midnight of THIS report period	183	183			178	178			183	183		
3. Total Number of Days Care Provided During Period												
A. Modicare	9.945	9,945			7,316	7,316			2,629	2.629		
B. Medicaid (Conn.)	47,350	47,350			35,365	35,365			11,985	11 985		
C. Medicaid (other states)												
D. Private Pay	9,178	9,178			7297	7,297			1.881	1.881		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	66,473	66,473			49.978	49.978			16.495	207.91		
For Whish Power of Days Not Included in Figures in 3G												
4. John Miller Neverlage was Negelyed Jul Neserved Beds	1											
A. Medicaid Bed Reserve Days	126	126	-		126	126						
B: Other Bed Reserve Days	01.1	110			51	15			69	59		
5. Total Resident Days (3G+4A+4B)	602.99	66,709			50,155	50,155			16.554	16.554		

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

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care	License	No. 997C	Report for Y 9/30/2015	ear Ended	Page of 19 37
CSC Emerprises, inc. work Diamora tinis remail care	1		3.00.00		
Item		Total	CCNH	RHNS	(Specify)
Laundry a. In-House Processing* Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.				
washed, ironed, and/or processed.***					
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.				
	Amt. \$	26,357	26,357		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	7 (m.) 134-	1, =1, ; 1, =1, ;		
c. Management Services**	\$.:		***
d. Other (<i>Specify</i>) Laundry Supplies	\$	35,244	35,244		
3E. Total Laundry Expenditures (3a+b+c+d)	\$	61,601	61,601		
3F. Laundry Questionnaire	i de la composición dela composición de la composición dela composición de la compos		<u> </u>		
G. Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.	una des de servicios
H. Did you receive revenue from employees? O	Yes	•	No	If yes, specify amt.	
I. Where is the revenue received reported in the Cos	t Report?)	(Page/Line	ltem)	
1. O Claus des avantidad to parsons other	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 Cos			(Page/Line	e 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.