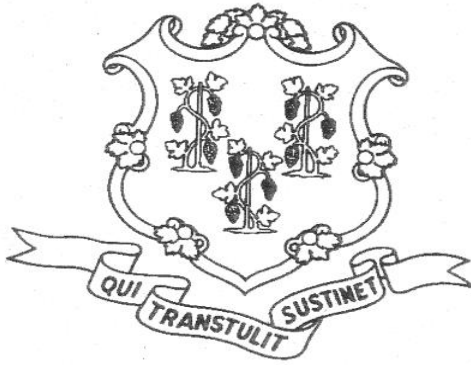


# State of Connecticut



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

Name of Facility (as licensed) Bristol Crossings LLC	
Address (No. & Street, City, State, Zip Code) 61 Bellevue Ave, Bristol, CT 06010	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2329	RHNS	(Specify)	Medicare Provider 075221
------------------	--------------	------	-----------	-----------------------------

Medicaid Provider Numbers:	CCNH 9043	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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**General Information**

Name of Facility (as licensed) Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 1	of 37
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**Administrator's/Owner's Certification**

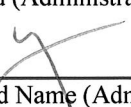
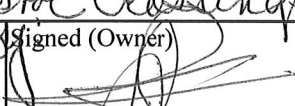
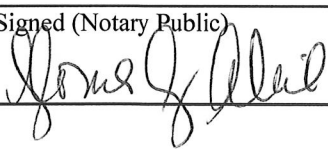
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bloomfield Health Care Center of CT, LLC [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.

*Bristol Crossings, LLC*

Signed (Administrator) 		Date 1-21-16	Signed (Owner) 		Date 2/8/16
Printed Name (Administrator) William Thompson			Printed Name (Owner) Marvin Ostreicher		
Subscribed and Sworn to before me:	State of NY	Date 2/8/16	Signed (Notary Public) 	Comm. Expires 7/01/18	
Address of Notary Public					

(Notary Seal)

GLORIA G. ALARIO  
 NOTARY PUBLIC STATE OF NEW YORK  
 NO. 01816077129 NASSAU COUNTY  
 TERM EXPIRES JULY 01, 2018

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bristol Crossings LLC		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 61 Bellevue Ave, Bristol, CT 06010				
Report Prepared By Blum Shapiro & Co.		Phone Number 860-561-4000	Date 2/8/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-589-1682		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Bristol Crossings LLC			Address (No. & Street, City, State, Zip) 61 Bellevue Ave, Bristol, CT 06010		
License Numbers:		CCNH 2329	RHNS (Specify)	Medicare Provider No. 075221	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator William Thompson			Nursing Home Administrator's License No.:	001347	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



<b>State Facility</b>	<b>CT Bristol</b>
<b>Owner</b>	<b>% Ownership</b>
1 Agnes Zitter	2.08%
2 Albert David	1.67%
3 Barry Bokow	1.00%
4 BNB Healthcare Funds LLC	6.67%
5 Chaim Goldenberg	5.00%
6 David Cohen	6.67%
7 Gerald Neuman	3.33%
8 Ira Geffner	1.00%
9 Josef Skoczylas	2.00%
10 Tzivy Roberts	6.67%
11 Magda Manela	5.00%
12 Michael Lipman	5.00%
13 Mordechai Eisen	2.50%
14 Morris Fuchs	8.33%
15 Mosge Shaya-Mograby	1.67%
16 MSO Associates, LLC	30.75%
17 Nathan Pollack	4.17%
18 Shmuel Rubenstein	2.50%
19 Tali Skoczylas	4.00%
	<u>100%</u>

**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each





**General Information and Questionnaire  
 Related Parties\***

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?     Yes     No    If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attachment.		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire  
Related Parties\***

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?  Yes  No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	775,541	737,350
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79%	Radiology	20 5f	13,009	11,949
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	527,791	527,791
EP Bristol Realty	61 Bellevue Avenue, Bristol, CT 06010	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22/26 9, 12a1	1,198,982	1,198,982
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	3,871	3,871
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	470,707	470,707
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,735	1,735
Stauderman Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	5,392	5,392
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83%	Drugs/OTC's/Supplies/Consult/Fees	20/13 5a2,b,j/b3,12	422,575	396,606

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

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

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

N/A

---

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

Shared expenses, allocated by bed size. See page 17 attachment.

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3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

N/A

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

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Bristol Crossings LLC			2329	9/30/2015			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Reliable - 2610 Nostrand Avenue Brooklyn, NY. 11210	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	03/01/08	60 months	14,954	14,954		
Toshiba Financial 1310 Madrid Street, Suite 101. Marshall, MN. 56258	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/11	39 months	4,785	1,994		
Leaf, PO Box 644006, Cincinnati, OH. 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/14	39 months	4,509	4,509		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>	21,457

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St., West Hartford, CT 06127
--	--

Services Provided by This Firm (*describe fully*)

1 Review, preparation of Medicare and Medicaid cost reports, and year end tax services	\$ 28,234
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 28,234

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes     No    pg 15 1 d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 Rogin Nassau, LLC 3 Schutjer Bogar LLC 4 Altus Global Trade Solutions Inc. 5 Goldman, Gruder & Wood	Telephone Number (860) 240-6000 (860) 256-6300 (717) 909-1232 (800) 509-6060 (203) 899-8900
--	--

Address (*No. & Street, City, State, Zip Code*)

- 1 185 Asylum Street, 29th Floor Hartford CT, 06103
- 2 185 Asylum Street - 22nd Floor Hartford, CT. 06103-3460
- 3 1426 North 3rd Street Suite 200 PO Box 5400 Harrisburg, PA. 17102
- 4 2400 Veterans Boulevard Suite 300 Kenner, LA. 70062
- 5 200 Connecticut Avenue Norwalk, CT. 06854

Services Provided by This Firm (*describe fully*)

1 IDR Appeal	\$ 1,800
2 Revaluation	\$ 1,652
3 Collections	\$ 500
4 Collections	\$ 160
5 Collections	\$ 19,463
	Charge for Services Provided
	\$ 23,575

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes     No    page 15, line e

**Schedule of Resident Statistics**

Name of Facility Bristol Crossings LLC			License No. 2329		Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	132	132			132	132			132	132			
B. On last day of THIS report period	132	132			132	132			132	132			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	123	123			123	123			120	120			
B. As of midnight of THIS report period	122	122			120	120			122	122			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,171	7,171			5,544	5,544			1,627	1,627			
B. Medicaid (Conn.)	30,946	30,946			23,182	23,182			7,764	7,764			
C. Medicaid (other states)													
D. Private Pay	3,851	3,851			2,593	2,593			1,258	1,258			
E. State SSI for RCH													
F. Other (Specify)	3,616	3,616			2,893	2,893			723	723			
G. Total Care Days During Period (3A thru F)	45,584	45,584			34,212	34,212			11,372	11,372			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	69	69			42	42			27	27			
B. Other Bed Reserve Days	35	35			21	21			14	14			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	45,688	45,688			34,275	34,275			11,413	11,413			

**\*\*\*\*OTHER DAYS BREAKOUT:**

Bristol Crossing LLC  
2015 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care	<u>582</u>
Hospice	<u>3,034</u>
VA	<u>-</u>
	<u><u>3,616</u></u>



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

Name of Facility Bristol Crossings LLC			License No. 2329			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5	87			30								
Per Diem Rate													
a. One bed rm.	PPS		233.12		424/460								
b. Two bed rms.	PPS		233.12		398/435								
c. Three or more bed rms.	PPS		233.12										
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,211	2,211				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								127	127				
C. Other								16,514	16,514				
D. <b>Total Physical Therapy Treatments</b>								18,852	18,852				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								382	382				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								9	9				
C. Other								1,744	1,744				
D. <b>Total Speech Therapy Treatments</b>								2,135	2,135				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,313	2,313				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								131	131				
C. Other								18,431	18,431				
D. <b>Total Occupational Therapy Treatments</b>								20,875	20,875				

### Report of Expenditures - Salaries & Wages

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	148,690	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	216,269	10,955				
5. Dietary Service						
a. Head Dietitian	53,340	1,069				
b. Food Service Supervisor	55,531	2,080				
c. Dietary Workers	336,122	23,397				
6. Housekeeping Service						
a. Head Housekeeper	47,037	2,209				
b. Other Housekeeping Workers	276,343	20,927				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,736	2,080				
b. Other Maintenance Workers	53,874	2,945				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	26,918	1,981				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	206,532	4,160				
b. RN						
1. Direct Care	774,850	20,240				
2. Administrative**	210,045	5,975				
c. LPN						
1. Direct Care	1,156,762	40,702				
2. Administrative**						
d. Aides and Attendants	1,803,198	119,299				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	131,295	6,064				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	318,402	10,440				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,882,944	276,603				

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Bristol Crossings LLC				2329	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				Same as employees	Supervises operations, deals with DNS & other patient care,	60	p. 16 / m12	See attached		
<b>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).</b>										

\* 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.

**MARVIN J. OSTREICHER**  
**TIME STUDY**  
**Y/E SEPTEMBER 2015**

	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>TOTAL</b>
<b>Augusta</b>	3.00	8.50	7.00	4.00	7.50	7.50	1.50	4.50	7.50	5.50	4.50	6.50	<b>67.50</b>
<b>Belair</b>	5.00	5.50	7.00	3.00	5.50	4.50	2.50	2.00	3.00	5.00	6.50	5.00	<b>54.50</b>
<b>Bloomfield</b>	3.50	2.50	5.00	4.50	4.00	11.50	3.50	7.00	6.00	2.50	3.50	7.00	<b>60.50</b>
<b>Brattleboro</b>	5.50	4.00	3.00	4.00	4.50	4.50	1.00	3.50	8.00	3.00	4.50	7.00	<b>52.50</b>
<b>Brentwood</b>	2.50	9.50	2.50	7.00	3.00	7.00	7.50	3.50	3.00	4.00	2.50	4.00	<b>56.00</b>
<b>Brewer</b>	9.50	16.00	4.50	4.50	8.50	5.50	3.50	4.00	2.50	4.50	7.50	10.00	<b>80.50</b>
<b>Bristol</b>	3.50	2.00	4.50	12.50	6.50	3.00	3.50	6.50	8.50	4.00	1.00	4.50	<b>60.00</b>
<b>Cambridge</b>	5.50	4.00	5.00	16.00	5.00	6.00	1.50	7.00	4.50	3.00	3.50	8.50	<b>69.50</b>
<b>Catskill</b>	2.50	5.00	8.50	6.50	3.00	6.00	0.50	6.00	13.50	4.00	3.50	6.50	<b>65.50</b>
<b>Cold Spring Hills</b>	0.50	1.50	7.50	5.00	8.50	5.00	3.00	4.00	6.50	2.50	2.00	3.00	<b>49.00</b>
<b>Colony</b>	6.00	4.00	9.00	2.00	6.50	7.00	6.00	1.00	4.00	5.00	6.50	5.50	<b>62.50</b>
<b>Country</b>	7.00	8.50	3.00	7.00	3.50	6.00	4.00	6.50	9.00	5.00	5.50	10.50	<b>75.50</b>
<b>Dover</b>	2.00	0.50	9.50	5.00	2.50	4.00	2.00	1.00	4.50	6.00	1.50	3.50	<b>42.00</b>
<b>Eastside</b>	4.00	6.00	5.00	7.50	8.00	5.00	2.50	2.50	7.50	3.50	4.00	3.00	<b>58.50</b>
<b>Eliot</b>	0.50	5.00	9.00	4.50	2.00	2.00	2.50	2.50	6.50	1.50	4.50	2.50	<b>43.00</b>
<b>Glen Falls</b>	7.50	2.50	4.50	4.50	6.50	7.50	8.50	2.50	7.50	3.50	1.00	6.00	<b>62.00</b>
<b>Hudson</b>	1.00	7.00	12.50	2.50	6.00	1.50	4.00	0.50	12.00	4.50	2.50	5.50	<b>59.50</b>
<b>Huntington</b>	3.00	1.00	4.50	3.50	3.50	3.50	4.50	0.50	4.50	2.50	2.50	1.00	<b>34.50</b>
<b>Kennebunk</b>	1.00	6.50	6.50	2.00	2.00	7.50	3.00	0.50	5.50	2.50	12.00	0.00	<b>49.00</b>
<b>Ludlowe</b>	6.00	6.00	6.00	3.50	3.50	0.50	3.00	3.00	6.50	5.50	7.00	5.00	<b>55.50</b>
<b>Maple View</b>	4.50	5.50	9.50	3.00	6.00	7.50	6.50	5.50	2.00	9.00	3.50	5.00	<b>67.50</b>
<b>Marlborough</b>	0.50	1.00	3.00	5.50	2.00	2.50	3.50	0.50	3.00	4.00	1.00	2.00	<b>28.50</b>
<b>Maywood</b>	6.00	3.00	5.50	4.50	3.50	3.00	2.50	3.50	5.50	3.50	0.00	5.00	<b>45.50</b>
<b>Milford</b>	2.50	2.50	3.00	0.50	4.00	7.00	4.00	1.00	2.00	2.50	1.00	7.00	<b>37.00</b>
<b>Newton Wellsley</b>	4.50	4.50	3.00	4.00	3.00	7.50	2.50	0.00	2.00	3.00	0.00	1.50	<b>35.50</b>
<b>Norway</b>	5.50	2.00	2.50	2.00	3.50	5.50	5.00	3.50	1.50	5.00	5.50	4.50	<b>46.00</b>
<b>Poughkeepsie</b>	8.50	11.00	3.50	4.00	3.50	7.00	5.50	4.00	14.00	9.00	2.50	9.00	<b>81.50</b>
<b>Regency</b>	1.00	3.50	5.50	1.50	3.50	5.50	4.50	1.50	1.50	2.50	1.00	2.50	<b>34.00</b>
<b>Reservoir</b>	3.00	3.00	6.00	0.50	1.00	3.50	9.00	3.00	3.50	3.50	1.00	5.50	<b>42.50</b>
<b>Riverside</b>	3.00	6.50	4.50	1.50	5.50	2.00	5.50	4.00	4.00	4.50	7.00	2.00	<b>50.00</b>
<b>Ross</b>	7.00	5.50	3.50	5.50	6.00	5.00	6.50	6.50	4.00	2.50	4.50	2.00	<b>58.50</b>
<b>Rutland</b>	1.00	4.00	5.50	0.50	3.00	2.50	2.00	0.50	2.50	1.50	1.00	1.50	<b>25.50</b>
<b>Sachem</b>	4.50	2.50	5.00	4.00	2.50	7.00	2.50	2.50	2.00	3.00	5.50	2.50	<b>43.50</b>
<b>Sands Point</b>	0.50	3.00	4.00	0.50	6.50	7.00	6.50	0.50	2.50	2.50	2.50	2.50	<b>38.50</b>
<b>Utica</b>	2.00	4.50	3.50	4.50	4.50	6.00	3.00	0.50	6.00	6.50	2.50	4.00	<b>47.50</b>
<b>Village Crest</b>	0.50	3.00	4.50	3.50	4.50	7.00	9.50	3.00	2.50	5.00	4.00	0.50	<b>47.50</b>
<b>Water's Edge</b>	1.50	2.50	2.50	4.00	2.00	3.50	2.50	1.50	2.00	3.50	8.50	4.50	<b>38.50</b>
<b>Westgate</b>	1.00	2.00	3.50	7.50	4.50	3.00	3.50	0.00	1.00	0.00	2.00	4.50	<b>32.50</b>
<b>Winship</b>	5.50	4.50	9.50	4.00	4.00	3.00	4.00	1.00	3.50	4.00	1.50	11.00	<b>55.50</b>
<b>Vacation</b>	48.00	0.00	0.00	24.00	0.00	0.00	24.00	48.00	0.00	24.00	40.00	0.00	<b>208.00</b>
<b>Sick</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Personal</b>	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>16.00</b>
<b>Holiday</b>	16.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	<b>32.00</b>
<b>Total</b>	<b>205.50</b>	<b>179.50</b>	<b>211.50</b>	<b>202.00</b>	<b>181.00</b>	<b>200.00</b>	<b>188.50</b>	<b>167.00</b>	<b>195.50</b>	<b>176.50</b>	<b>180.50</b>	<b>181.50</b>	<b>2269.00</b>

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bristol Crossings LLC				2329	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Peter Evangelisti (10/1/2014-3/28/15)	37,557			Same as employees	Management & supervision of healthcare facility	543	a2			
Eric D Stein (1/23/2015-2/27/2015)	14,538			Same as employees	Management & supervision of healthcare facility	224	a2			
William Thompson (3/13/2015-9/30/2015)	96,595			Same as employees	Management & supervision of healthcare facility	1,313	a2			
<b>Section IV - Assistant Administrators</b>										

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

\*\* Include **all** other employment worked during the cost year.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol Crossings LLC	2329	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	1,029	22				
2. Dentist	7,843	Disallowed				
3. Pharmacist	12,732	24				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	335,173	7,175				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	71,200	359				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	5,227	10				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	65,594	1,416				
b. Other						
10. Occupational Therapist						
a. Resident Care	368,356	8,255				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	21,564	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>888,718</b>	<b>17,261</b>				

\* 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 Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Katherine Fuller, 36 Panorama Drive, Southington, CT 06489	Dietary Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Gerident Solutions, PO Box 290539 Weathersfield, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist, Consulting Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy, 850 Silar Deane Hwy, Wetherfield, CT 06109	PT/OT/ST, Consulting Rehab Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Dr. Phill Watsky, 7 N Washington, Plainville, CT 06062	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
In Patient Consulting. The Hospitalist Company P.O.Box 92284, Los Angeles CA 90009	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Bristol Hospital PO Box 977, Bristol CT, 06010	Physician Fees - Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Bristol Hospital EMS, PO Box 415815, Boston, MA 02241	Physician Fees - Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Audiology Group, 888 Worchester St, Wellesley, MA 02482	Physician Fees - Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Eye Care Group, 888 Worchester St, Wellesley, MA 02482	Physician Fees - Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
John Dempsey Hospital, 263 Farmington Ave, Farmington, CT 06034	Physician Fees - Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Swalling Diagnostic, PO Box 484 Avon, CT	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.



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

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol Crossings LLC	2329	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 427,408	427,408			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 128,220	128,220			
4. Social Security (F.I.C.A.)	\$ 440,009	440,009			
5. Health Insurance	\$ 527,759	527,759			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 19,909	19,909			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 28,234	28,234			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 23,575	23,575			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 74,527	74,527			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 34,093	34,093			
2. Cellular Phones	\$ 3,071	3,071			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 820,047	820,047			
<b>Subtotal</b>	\$ 2,526,852	2,526,852			

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

(Carry Subtotals forward to next page)



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

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		2,526,852	2,526,852	
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	3,067	3,067	
3. Gifts to Staff and Residents	\$	9,839	9,839	
4. Employee Travel	\$	5,811	5,811	
5. Education Expenses Related to Seminars and Conventions	\$	6,267	6,267	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	(36)	(36)	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	(200)	(200)	
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	24,373	24,373	
4. Fund-Raising***	\$			
5. Medical Records	\$	(744)	(744)	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	4,971	4,971	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	9,101	9,101	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	420	420	
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$	325	325	
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$	477,834	477,834	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	83,309	83,309	
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>3,151,189</b>	<b>3,151,189</b>	

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Administration	\$ 200		
Advertising Promotional - Marketing	\$ 24,173		
<b>Total Other Advertising</b>	\$ 24,373	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,983		
ALTCFM	\$ 80		
ICNC	\$ 38		
<b>Total Dues</b>	\$ 9,101	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Political Contributions - Administration	\$ 325		
<b>Total Contributions</b>	\$ 325	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
IT Services - Administration	\$ 4,572		
Consulting Fees - Fiscal Operations	\$ 2,619		
Penalties - Administration	\$ 2,210		
Purchased Services - Fiscal Operations	\$ 45,594		
Licenses and Permits - Administration	\$ 1,590		
Bank Charges - Administration - Disallowed	\$ 14,498		
Background Check - Administration	\$ 6,500		
Background Check - Security	\$ 218		
Crime Insurance - Administration - Disallowed	\$ 1,067		
Miscellaneous Expense - Administration - Disallowed	\$ 4,441		
<b>Total Other Administrative and General</b>	\$ 83,309	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Bristol Crossings LLC	2329	9/30/2015	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare	477,834	See Attached	page 16, line M12

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

NHCA Manage

Report Date :10/1/2014 - 09/30/2015

	120 Bloomfield	132 Bristol	160 Cambridge	144 Ludlowe	120 Maple View Manor	120 Marlborough	120 Milford	95 New Milford	130 Regency	345 Riverside	150 Water's Edge
Intercompany adjustments (Troy)	(2,575.61)	(2,832.59)	(3,433.76)	(3,090.04)	(2,575.61)	(2,575.61)	(2,575.61)	(2,039.27)	(2,790.15)	(7,405.04)	(3,219.22)
310000-0000-00-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
400000-0000-00-0000-0	282,655.95	310,874.90	376,948.26	339,185.53	282,655.95	282,655.95	282,655.95	225,193.75	306,200.82	812,641.54	353,304.40
400010-0000-00-0000-0	1,567.09	1,722.79	2,088.64	1,880.49	1,567.09	1,567.09	1,567.09	1,241.08	1,697.60	4,505.76	1,958.10
401000-0000-04-0000-0	18,621.21	20,480.28	24,626.55	22,345.41	18,621.21	18,621.21	18,621.21	14,742.89	20,172.35	53,536.57	23,275.64
401100-0000-04-0000-0	454.22	499.51	605.53	545.03	454.22	454.22	454.22	359.66	462.04	1,305.89	567.74
401101-0000-00-0000-0	(3.74)	(4.11)	(4.99)	(4.49)	(3.74)	(3.74)	(3.74)	(2.96)	(4.05)	(10.75)	(4.68)
401200-0000-04-0000-0	1,653.60	1,818.56	2,204.44	1,984.27	1,653.60	1,653.60	1,653.60	1,309.24	1,791.30	4,754.08	2,066.78
401202-0000-00-0000-0	(102.62)	(112.86)	(136.81)	(123.15)	(102.62)	(102.62)	(102.62)	(81.25)	(111.17)	(295.05)	(128.27)
401250-0000-00-0000-0	518.54	570.35	691.33	622.33	518.54	518.54	518.54	410.56	561.75	1,490.90	648.13
401300-0000-04-0000-0	22,866.50	25,147.97	30,485.17	27,439.83	22,866.50	22,866.50	22,866.50	18,104.85	24,771.16	65,742.55	28,580.53
401400-0000-04-0000-0	20.84	22.53	27.79	25.01	20.84	20.84	20.84	16.50	22.59	59.94	26.05
401600-0000-04-0000-0	502.39	552.47	669.75	602.81	502.39	502.39	502.39	397.73	544.21	1,444.30	627.88
401700-0000-04-0000-0	4,667.41	5,133.07	6,222.49	5,600.86	4,667.41	4,667.41	4,667.41	3,695.46	5,056.17	13,419.02	5,833.72
401800-0000-04-0000-0	682.30	750.45	909.66	818.76	682.30	682.30	682.30	540.18	739.16	1,961.70	852.91
402000-0000-04-0000-0	1,473.35	1,620.36	1,964.25	1,768.02	1,473.35	1,473.35	1,473.35	1,166.53	1,596.08	4,235.95	1,841.54
410000-0000-04-0000-0	3,165.44	3,415.57	4,140.54	3,726.84	3,165.44	3,165.44	3,165.44	2,499.03	3,364.44	8,929.00	3,881.87
410000-0000-09-0000-0	15.27	16.78	20.36	18.33	15.27	15.27	15.27	12.09	16.54	42.90	19.09
410000-0000-09-0000-0	33.37	36.69	44.48	40.04	33.37	33.37	33.37	26.44	36.15	95.94	41.70
410000-0000-12-0000-0	2.53	2.79	3.38	3.04	2.53	2.53	2.53	2.01	2.74	7.28	3.17
411000-0000-04-0000-0	19.64	21.61	26.19	23.57	19.64	19.64	19.64	15.55	21.28	56.46	24.55
431000-0000-03-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
431000-0000-04-0000-0	7,030.70	7,732.13	9,373.07	8,436.78	7,030.70	7,030.70	7,030.70	5,566.63	7,616.30	20,213.47	8,787.48
432000-0000-03-0000-0	2,283.74	2,511.85	3,044.88	2,740.45	2,283.74	2,283.74	2,283.74	1,807.96	2,473.99	6,565.68	2,854.65
433000-0000-03-0000-0	1,771.23	1,947.98	2,361.37	2,125.50	1,771.23	1,771.23	1,771.23	1,402.38	1,918.79	5,092.41	2,213.88
433100-0000-03-0000-0	(611.80)	(672.84)	(815.64)	(734.16)	(611.80)	(611.80)	(611.80)	(484.40)	(662.76)	(1,758.96)	(764.68)
440000-0000-03-0000-0	9,082.05	9,082.05	11,009.45	9,909.64	8,257.92	8,257.92	8,257.92	6,538.34	8,946.10	23,742.37	10,321.68
440000-0000-08-0000-0	688.71	757.44	918.16	826.58	688.71	688.71	688.71	545.29	746.15	1,980.08	860.81
440000-0000-09-0000-0	900.89	990.69	1,200.92	1,080.87	900.89	900.89	900.89	713.22	975.72	2,589.66	1,125.86
440000-0000-12-0000-0	53.36	58.71	71.17	64.05	53.36	53.36	53.36	42.29	57.83	153.47	66.73
440001-0000-08-0000-0	366.53	403.10	488.63	439.78	366.53	366.53	366.53	290.28	397.06	1,053.73	458.14
441000-0000-03-0000-0	5,676.21	6,242.55	7,567.30	6,811.14	5,676.21	5,676.21	5,676.21	4,494.20	6,148.82	16,319.02	7,094.38
442000-0000-08-0000-0	20.00	21.95	26.65	23.98	20.00	20.00	20.00	15.81	21.62	57.43	24.95
452000-0000-25-0000-0	2,706.81	2,976.72	3,688.72	3,248.36	2,706.81	2,706.81	2,706.81	2,143.04	2,932.26	7,782.25	3,383.22
452100-0000-25-0000-0	(1,194.52)	(1,313.70)	(1,592.51)	(1,433.42)	(1,194.52)	(1,194.52)	(1,194.52)	(945.77)	(1,294.02)	(3,434.31)	(1,493.01)
461000-0000-03-0000-0	2,712.85	2,983.31	3,616.64	3,255.35	2,712.85	2,712.85	2,712.85	2,147.76	2,938.63	7,799.37	3,390.65
461100-0000-03-0000-0	2,006.26	2,206.37	2,674.65	2,407.48	2,006.26	2,006.26	2,006.26	1,588.40	2,173.30	5,767.96	2,507.54
462000-0000-25-0000-0	1,529.87	1,682.44	2,039.55	1,835.81	1,529.87	1,529.87	1,529.87	1,211.25	1,657.25	4,398.44	1,912.13
463000-0000-25-0000-0	443.34	487.58	591.08	523.03	443.34	443.34	443.34	351.02	480.27	1,274.68	554.15
466000-0000-25-0000-0	72.43	79.68	96.60	86.95	72.43	72.43	72.43	57.36	78.50	208.30	90.55
471000-0000-25-0000-0	6,469.09	7,114.48	8,624.40	7,762.81	6,469.09	6,469.09	6,469.09	5,121.91	7,007.84	18,598.85	8,085.55
472000-0000-25-0000-0	516.53	567.96	688.68	619.75	516.53	516.53	516.53	408.91	559.46	1,484.89	645.51
472000-0000-04-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
473000-0000-25-0000-0	3,426.41	3,788.25	4,568.02	4,111.67	3,426.41	3,426.41	3,426.41	2,712.89	3,711.81	9,851.10	4,282.62
484000-0000-04-0000-0	1,327.68	1,460.13	1,770.03	1,593.23	1,327.68	1,327.68	1,327.68	1,051.22	1,438.25	3,817.12	1,659.43
484100-0000-04-0000-0	13.35	14.69	17.82	16.16	13.35	13.35	13.35	10.59	14.51	38.39	16.71
486000-0000-04-0000-0	7,709.31	8,478.48	10,277.90	9,251.17	7,709.31	7,709.31	7,709.31	6,103.96	8,351.46	22,164.73	9,635.76
491000-0000-03-0000-0	257.10	282.74	342.75	308.54	257.10	257.10	257.10	203.56	278.48	739.13	321.30
500000-0000-03-0000-0	21.32	23.43	28.41	25.57	21.32	21.32	21.32	16.88	23.08	61.27	26.63
501000-0000-03-0000-0	8,395.23	9,232.87	11,192.42	10,074.37	8,395.23	8,395.23	8,395.23	6,647.11	9,094.54	24,136.88	10,493.18
501100-0000-03-0000-0	2,515.58	2,757.65	3,364.56	3,028.53	2,515.58	2,515.58	2,515.58	2,000.00	2,787.89	7,200.00	3,100.00
503000-0000-03-0000-0	403.92	470.31	570.07	513.28	403.92	403.92	403.92	338.59	463.27	1,229.67	534.49
503500-0000-03-0000-0	3.16	3.33	4.07	3.63	3.16	3.16	3.16	2.54	3.16	8.16	3.50
503600-0000-03-0000-0	931.40	1,024.35	1,241.72	1,117.67	931.40	931.40	931.40	737.43	1,008.96	2,677.79	1,164.16
504000-0000-03-0000-0	984.22	1,082.49	1,312.19	1,181.11	984.22	984.22	984.22	779.28	1,066.23	2,825.69	1,230.12
509000-0000-03-0000-0	2,053.89	2,258.79	2,738.16	2,464.68	2,053.89	2,053.89	2,053.89	1,626.30	2,224.99	5,905.05	2,567.16
510000-0000-03-0000-0	2,748.78	3,022.96	3,664.56	3,298.53	2,748.78	2,748.78	2,748.78	2,176.33	2,977.70	7,902.80	3,435.67
511000-0000-03-0000-0	963.25	1,059.28	1,284.11	1,155.92	963.25	963.25	963.25	762.68	1,043.51	2,769.34	1,203.91
512000-0000-03-0000-0	790.75	869.69	1,054.24	948.94	790.75	790.75	790.75	626.14	856.65	2,273.52	988.38
513000-0000-03-0000-0	23.14	25.48	30.93	27.80	23.14	23.14	23.14	18.37	25.12	66.63	28.94
517000-0000-03-0000-0	391.28	430.37	521.69	469.60	391.28	391.28	391.28	309.82	423.89	1,125.10	489.10
520000-0000-03-0000-0	38.53	42.39	51.40	46.24	38.53	38.53	38.53	30.50	41.81	110.77	48.10
520100-0000-03-0000-0	2,966.65	2,965.51	3,595.01	3,235.78	2,966.65	2,966.65	2,966.65	2,134.84	2,921.04	7,752.31	3,369.97
521000-0000-03-0000-0	4,708.93	5,179.26	6,278.29	5,650.74	4,708.93	4,708.93	4,708.93	3,728.03	5,101.27	13,538.39	5,885.96
522000-0000-03-0000-0	4,686.54	5,154.73	6,248.54	5,623.81	4,686.54	4,686.54	4,686.54	3,710.28	5,076.90	13,473.77	5,858.17
540000-0000-31-0000-0	54.63	60.08	72.83	65.55	54.63	54.63	54.63	43.25	59.18	157.05	68.28
541000-0000-03-0000-0	136.48	150.07	181.96	163.77	136.48	136.48	136.48	108.05	147.83	392.41	170.59
541200-0000-31-0000-0	594.10	653.24	792.13	712.97	594.10	594.10	594.10	453.12	643.67	1,708.20	745.00
541001-0000-03-0000-0	5.46	6.01	7.28	6.56	5.46	5.46	5.46	4.33	5.92	15.71	6.83
542000-0000-31-0000-0	199.40	219.30	265.85	239.31	199.40	199.40	199.40	157.90			

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

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 327,345	327,345		
2. Non-Food Supplies	\$ 33,302	33,302		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 20,038	20,038		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 380,685</b>	<b>380,685</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$ 298	298		
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$ -325	-325		
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 128,690	128,690		
c.	Management Services**	\$			
d.	Other (Specify) Diapers	\$ 53,489	53,489		
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		<b>\$ 182,152</b>	<b>182,152</b>		
<b>3F. Laundry Questionnaire</b>					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Bristol Crossings LLC	2329	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	44,434	44,434		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	44,434	44,434		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	369,858	369,858		
b. Medicine Cabinet Drugs	\$	23,754	23,754		
c. Medical and Therapeutic Supplies	\$	106,851	106,851		
d. Ambulance/Limousine***	\$	329	329		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	20,625	20,625		
f. X-rays and Related Radiological Procedures***	\$	27,748	27,748		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	42,538	42,538		
i. Recreation	\$	11,301	11,301		
j. Other (Specify)**** See Attached Schedule	\$	55,064	55,064		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	658,068	658,068		

\* 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)
Flu Vaccine - Medical Services	\$ 8,497		
IV Expense - Rehabilitation Therapy and Ancillary	\$ 5,416		
Purchased Services - Nursing	\$ 7,995		
Equipment Rental - Nursing - Disallow	\$ 17,088		
Equipment Rental - Rehabilitation Therapy and Ancillary - Disallow	\$ 15,326		
Supplies - Rehabilitation Therapy and Ancillary	\$ 742		
<b>Total Other Resident Care</b>	\$ 55,064	\$ -	\$ -

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

Name of Facility Bristol Crossings LLC			License No. 2329	Report for Year Ended 9/30/2015	Page of 21   37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADM Environmental Group		<input type="radio"/>	<input checked="" type="radio"/>		Waste Services/Monthly Recycling Services	28,111			22	6f
ADP		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	15,439			16	m13
Med- Apparel Services		<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen	27,048			19	3b
Unitex Textile		<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen	101,642			19	3b
Proline		<input type="radio"/>	<input checked="" type="radio"/>		Dietary Maintenance	11,769			18	2b
Custom Grounds		<input type="radio"/>	<input checked="" type="radio"/>		Snow Landscaping	14,842			22	6f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* 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 Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 55,520	55,520				
b. Heat	\$ 24,949	24,949				
c. Light & Power	\$ 137,975	137,975				
d. Water	\$ 17,288	17,288				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 21,457	21,457				
f. Other ( <i>itemize</i> )	\$ 46,670	46,670				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 303,859</b>	<b>303,859</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 97,100	97,100				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 97,100</b>	<b>97,100</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,410	6,410				
c. Leasehold Improvements	\$ 9,545	9,545				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 15,955</b>	<b>15,955</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,118,286	1,118,286				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 204,718	204,718				
c. Personal property taxes	\$ 22,003	22,003				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,458,062</b>	<b>1,458,062</b>				

\* 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)
Purchased Services - Security	\$ 140		
Ground Services - Maintenance	\$ 14,843		
Pest Control - Maintenance	\$ 1,343		
Carting - Maintenance	\$ 29,618		
Short Term Lease Pitney Bowes Mailing Machine	\$ 726		
<b>Total Other Repairs and Maintenance</b>	\$ 46,670	\$ -	\$ -

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Bristol Crossings LLC  
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/31/2014	Signa APM with LAL mattress	\$ 1,165	15	\$ 65
1/31/2015	Dell 22 Monitor qty5	\$ 1,020	3	\$ 255
1/31/2015	Dell qty5 Optiplex Small Form	\$ 4,461	3	\$ 1,115
1/31/2015	qty4 High Def 24" TV	\$ 1,886	5	\$ 283
3/31/2015	Electric Bed	\$ 1,784	12	\$ 86
3/31/2015	4 High def TVs 24"	\$ 1,846	5	\$ 215
3/31/2015	Digital Lift Scale	\$ 1,477	10	\$ 86
3/31/2015	Dell optiplex small form	\$ 898	5	\$ 105
3/31/2015	Dell optiplex small form	\$ 898	3	\$ 175
3/31/2015	mattress-signa APM with LAL	\$ 1,165	5	\$ 136
3/31/2015	mattress-signa APM with LAL	\$ 1,165	5	\$ 136
4/30/2015	Hoyer lifts	\$ 4,455	10	\$ 223
4/30/2015	Signa APM with LAL mattress	\$ 1,165	5	\$ 116
5/31/2015	Dot Matrix Printer	\$ 510	5	\$ 43
5/31/2015	Floor mixer20qt with meat grinder	\$ 2,933	10	\$ 122
6/30/2015	Buffet Shelf for steam table	\$ 972	15	\$ 22
6/30/2015	Webber Gas Grill	\$ 637	10	\$ 21
6/30/2015	Room alert wander guards	\$ 896	5	\$ 60
6/30/2015	Dell Sonic Wall	\$ 1,290	3	\$ 91
7/31/2015	Ice machine	\$ 3,633	10	\$ 143
7/31/2015	Fujitsu computer scanner	\$ 914	5	\$ 46
7/31/2015	mattress-signa APM with LAL	\$ 1,165	5	\$ 58
8/31/2015	mattress-signa APM with LAL	\$ 1,165	5	\$ 39
8/31/2015	Dell Optiplex 3020 desktop	\$ 809	3	\$ 45
8/31/2015	Food Blender	\$ 933	10	\$ 16
7/31/2015	6 High Def 24" Healthgrade TVs	\$ 2,694	5	\$ 135
<b>Total additions for Movable Equipment</b>		\$ 41,934		\$ 3,835
<b>Deletions:</b>				
9/30/2015	Fax Machine	\$ 999	5	\$ 999
9/30/2015	Computer Related	\$ 3,915	5	\$ 3,915
9/30/2015	Badge Maker Software Related	\$ 3,877	5	\$ 3,877
9/30/2015	Equipment - Close J/E	\$ 264,000	5	\$ 264,000
9/30/2015	YMCKT Ribbon 250 Cards	\$ 419	5	\$ 419
9/30/2015	H&R Bed	\$ 1,219	5	\$ 1,219
9/30/2015	H&R Bed	\$ 1,219	5	\$ 1,219
9/30/2015	H&R Bed	\$ 1,219	5	\$ 1,219
9/30/2015	H&R Bed	\$ 1,219	5	\$ 1,219
9/30/2015	H&R Bed	\$ 1,219	5	\$ 1,219
9/30/2015	H&R Bed	\$ 1,219	5	\$ 1,219
9/30/2015	Electric DC Bed & Rel Parts	\$ 826	5	\$ 826
9/30/2015	SmartLinx	\$ 21,850	5	\$ 21,850
9/30/2015	HP CP 350N & Cable	\$ 609	5	\$ 609
9/30/2015	Heat Pump	\$ 3,997	5	\$ 3,997
9/30/2015	Computer Related	\$ 1,822	5	\$ 1,822
9/30/2015	Low Prof Lift	\$ 750	5	\$ 750
9/30/2015	Computer Related	\$ 2,037	5	\$ 2,037
9/30/2015	LCD TV & Video Mount	\$ 4,414	5	\$ 4,414
9/30/2015	Zonline Premium Heat Pumps	\$ 2,006	5	\$ 2,006
9/30/2015	Stainless Steel Prodigy Cuber	\$ 2,230	5	\$ 2,230
9/30/2015	370lb Ice Bin	\$ 735	5	\$ 735
9/30/2015	Stainless Steel 3 Speed Blende	\$ 1,082	5	\$ 1,082
9/30/2015	MD Bariatric Bed	\$ 1,375	5	\$ 1,375
9/30/2015	Roll A Weight Scale	\$ 1,326	5	\$ 1,326
9/30/2015	Commercial Icemaker	\$ 861	5	\$ 861
9/30/2015	1 Opti 360 Minitower Base	\$ 903	5	\$ 903
9/30/2015	GeriMenu Module 1	\$ 2,608	5	\$ 2,608
9/30/2015	Time & Attendance System- 4 cl	\$ 15,000	5	\$ 15,000
9/30/2015	1 GeriMenu Module 1	\$ 784	5	\$ 784
9/30/2015	1 Opti 360 Minitower PC	\$ 903	5	\$ 903
9/30/2015	Sign Stop Signs	\$ 1,400	5	\$ 1,400
9/30/2015	Computer Related	\$ 796	5	\$ 796
9/30/2015	Specialty Cushion	\$ 492	5	\$ 492
<b>Total deletions for Movable Equipment</b>		\$ 349,329		\$ 349,329



\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2014	Carpentry-holding room	\$ 5,397	15	\$ 360
1/31/2015	Qty 4 Heat Pumps with cord	\$ 3,139	10	\$ 235
2/28/2015	Wall Mount Forced Air Heater	\$ 1,547	10	\$ 103
4/30/2015	Linen rinse sprayers and faucets	\$ 2,120	20	\$ 53
4/30/2015	Linen room sprayers and faucets	\$ 2,443	20	\$ 61
7/31/2015	4 GE Zoneline AC units	\$ 3,033	5	\$ 152
<b>Total additions for Leasehold Improvement</b>		\$ 17,679		\$ 964 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Bristol Crossings LLC			License No. 2329		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Deferred Financing Costs	9	2014	60 months	32,049	5,342	SL		6,410	
2.									
3.									
B-4. Subtotal									6,410
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				87,031	22,876	SL	Variot	8,581	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				17,679		SL		964	
C-4. Subtotal									9,545
<b>D. Total Amortization</b>									15,955

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		06/16/66		
2. Date Structure Completed		09/01/72		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		09/01/72		
5. Total Licensed Bed Capacity		132		
6. Square Footage		51,083		
7. Acquisition Cost				
a. Land		67,917		
b. Building		1,467,953		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	12/30/10			
c. Interest Rate for the Cost Year	2.76% / 4.00%			
d. Term of Mortgage (number of years)	6			
e. Amount of Principal Borrowed	\$3,957,210 / \$7,660,			
f. Principal balance outstanding as of 9/30/15	10,759,076			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bristol Crossings LLC		2329	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 80,696	80,696		
Name of Lender		Rate				
Webster Bank		2.76% / 4.00%				
Address of Lender						
P.O. Box 191 Waterbury, CT 06720						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$ 80,696	80,696		

*(Carry Subtotals forward to next page)*

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

Name of Facility Bristol Crossings LLC		License No. 2329		Report for Year Ended 9/30/2015		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				80,696	80,696		
12. C. Movable Equipment							
1. Automotive Equipment \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify) \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$							
12. D. Other Interest Expense (Specify) \$				3,903	3,903		
Administration \$2,913; Property \$990							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D) \$				84,599	84,599		
14. Insurance							
a. Insurance on Property (buildings only) \$				72,182	72,182		
b. Insurance on Automobiles \$				1,448	1,448		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$				10,247	10,247		
2. Fire and Extended Coverage \$							
3. Other (Specify) \$							
14d. <b>Total Insurance Expenditures</b> (14a + b + c) \$				83,877	83,877		
15. <b>Total All Expenditures</b> (A-13 thru C-14) \$				13,118,587	13,118,587		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bristol Crossings LLC			2329	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12m	Salaries not related to Resident Care	\$ 14,124	14,124		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	8e / 8	Resident Care Physicians **	\$ 5,227	5,227		
6.	13	10a	Occupational Therapy	\$ 368,356	368,356		
7.			Other - See attached Schedule	\$ 43,562	43,562		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 23,575	23,575		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,631	1,631		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 24,373	24,373		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 325	325		
21.	15	1d	Unallowable Management Fees	\$ 163,454	163,454		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 36,180	36,180		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 680,807	680,807		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A2	Administrator Severance pay			
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 7,843		
13	B12	Consulting Fees- Nursing	\$ 13,706		
13	B12	Consulting Fees- Rehabilitation Therapy and Ancilliary	\$ 7,858		
13	B8a	Medical Director	\$ 14,155		
<b>Total Other Fees Adjustments</b>			\$ 43,562	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a1	Benefits on Salaries not Related to Resident Care	\$ 3,705		
15	M13	Penalties	\$ 2,210		
16	L3	Gifts to Residents and Staff	\$ 9,839		
16	M13	Miscellaneous Expenses	\$ 4,441		
16	M13	Bank Charges	\$ 14,498		
16	M13	Crime Insurance	\$ 1,067		
16	M8	Dues - Chamber of Commerce	\$ 420		
<b>Total Other A&amp;G Adjustments</b>			\$ 36,180	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Bristol Crossings LLC				2329	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 680,807	680,807		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 369,858	369,858		
28.	20	5d	Ambulance/Limousine	\$ 329	329		
29.	20	5f	X-rays, etc	\$ 27,748	27,748		
30.	20	5h	Laboratory	\$ 42,538	42,538		
31.	20	5c	Medical Supplies	\$ 3,081	3,081		
32.	20	5e2	Oxygen (non emergency)	\$ 20,625	20,625		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 56,375	56,375		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,410	2,410		
36.	23	Da	Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 7,459	7,459		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 14,052	14,052		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,225,282	1,225,282		

\*\*\* 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.



Bristol Crossings LLC  
9/30/2015

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Expense - Rehabilitation Therapy and Ancillary	\$ 5,416		
20	5j	Equipment Rental - Nursing - Disallow	\$ 17,088		
20	5j	Equipment Rental - Rehaabilitation Therapy and Ancillary - Disallow	\$ 15,326		
20	5a2/b	Procure LTC Pharmacy of CT (disallowance of markups)	\$ 1,542		
20	5j	Flu Vaccine - Medical Services	\$ 8,497		
20	5j	Supplies - Rehabilitation Therapy and Ancillary	\$ 742		
20	5j	Purchased Services - Nursing	\$ 1,570		
20	5i	Cable TV Expense - Resident Rooms	\$ 6,194		
<b>Total Other Ancillary Costs</b>			<b>\$ 56,375</b>	<b>\$ -</b>	<b>\$ -</b>

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8c	Beauty Salon Disallowed Depreciation	\$ 162		
22	7d	Mattress & TV Disallowed Depreciation	\$ 2,248		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 2,410</b>	<b>\$ -</b>	<b>\$ -</b>

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8b	Deferred financings fees	\$ 6,410		
27	14b	Auto Insurance	\$ 1,448		
22	6e	Lease Overpayment	\$ (399)		
<b>Total Other Property Adjustments</b>			<b>\$ 7,459</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Interest - Admin	\$ 2,913		
30	IV8	Other income	\$ 8,261		
30	IV8	SCA Personal Care Rebate	\$ 2,772		
30	IV5	Interest Income	\$ 106		
<b>Total Other Adjustments</b>			\$ 14,052	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol Crossings LLC	2329	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,451,643	12,451,643			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,168,500)	(5,168,500)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,050,127	3,050,127			
b. Medicare Room and Board Contractual Allowance **	\$ 571,376	571,376			
4. a. Private-Pay Residents and Other	\$ 3,047,982	3,047,982			
b. Private-Pay Room and Board Contractual Allowance **	\$ (659,371)	(659,371)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 227,428	227,428			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (227,428)	(227,428)			
c. Prescription Drugs - Non-Medicare	\$ 127,538	127,538			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (127,538)	(127,538)			
2. a. Medical Supplies - Medicare	\$ 3,032	3,032			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3,032)	(3,032)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 486,305	486,305			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (413,642)	(413,642)			
c. Physical Therapy - Non-Medicare	\$ 158,815	158,815			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (157,283)	(157,283)			
4. a. Speech Therapy - Medicare	\$ 116,342	116,342			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (91,638)	(91,638)			
c. Speech Therapy - Non-Medicare	\$ 30,404	30,404			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (30,348)	(30,348)			
5. a. Occupational Therapy - Medicare	\$ 576,972	576,972			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (479,660)	(479,660)			
c. Occupational Therapy - Non-Medicare	\$ 186,318	186,318			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (183,404)	(183,404)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 3,032	3,032			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,495,470	13,495,470			
<b>IV. Other Revenue*</b>					
1. 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 ( <i>Specify</i> )	\$ 106	106			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 49,834	49,834			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 49,940	49,940			
<b>VI. Total All Revenue</b> (III +V)	\$ 13,545,410	13,545,410			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6	Medicare Part A Contra Other	\$ (52,422)		
30, line II6	Medicare Part A Lab	\$ 31,062		
30, line II6	Medicare Part A X-Ray	\$ 21,360		
30, line II6	Mgd Medicare Pt A Lab	\$ 3,032		
<b>Total Other Resident Revenue - Medicare</b>		\$ 3,032	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV5	Interest Income		\$ 106		
<b>Total Interest Income</b>			\$ 106	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Miscellaneous Other Income (UHC \$15,465; SCA Personal Care \$2,772; other income \$8,261)	\$ 26,498		
30, line IV8	Prior Period Other	\$ 1,133		
30, line IV8	Change in Interest Rate Swap	\$ 22,972		
30, line IV8	Sales Tax - Property	\$ (769)		
<b>Total Other Revenue</b>		\$ 49,834	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,550,479
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,096,328
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	29,973
5. Prepaid Expenses			\$	287,411
a. Worker's Compensation	36,938			
b. Taxes (personal property, real estate)	104,029			
c. General Insurance	22,601			
d. Other	123,843			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	30,595
Cash Patient Funds	30,595			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,994,786
B. Fixed Assets				
1. Land			\$	225,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>104,710</u>		\$	72,289
	Accum. Depreciation <u>32,421</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>979,599</u>		\$	535,338
	Accum. Depreciation <u>444,261</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	832,627

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2015	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	3,827,413
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	7,055,034		
	Accum. Depreciation	892,836	Net	\$ 6,162,198
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	6,162,198
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				\$ 1,989,389
5. Investments Related to Resident Care ( <i>itemize</i> )				\$
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )				\$ 26,858
	Due from Related Parties	26,858		
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	2,016,247
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	12,005,858

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



### G. Balance Sheet (cont'd)

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				3,863,259	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 3,863,259	



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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	6,162,198
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	6,162,198
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,553,578
6. Gain or Loss for Period			\$	426,823
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	1,980,401
<b>C. Total Reserves and Net Worth</b>			\$	8,142,599
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	12,005,858

### H. Changes in Total Net Worth

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,768,436
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,545,410
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	13,118,587
D. Net Income or Deficit			\$	426,823
E. Balance			\$	2,195,259
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
CT Dept of Revenue Refund	7,142			
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	7,142
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	200,000
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount		
EP Investors		200,000		
2. Other Withdrawings ( <i>Specify</i> )			\$	22,000
Purpose	Amount			
Commissioner of Revenue	22,000			
3. Total Deductions			\$	222,000
H. <b>Balance at End of Period</b>			\$	1,980,401
				09/30/15

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

Name of Facility Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro &amp; Company, P.C.</i>		Title		Date Signed <i>2/5/16</i>	
Printed Name of Preparer  Blum Shapiro & Co					
Address Address  29 South Main Street, West Hartford, CT 06127				Phone Number  860-561-4000	