

# State of Connecticut



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

Name of Facility (as licensed) Gardner Heights Health Care Center	
Address (No. & Street, City, State, Zip Code) 172 Rocky Rest Rd. Shelton, CT 06484	
Type of Facility <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">                     Chronic and Convalescent  <input checked="" type="checkbox"/> Nursing Home only (CCNH)                 </div> <div style="width: 30%;">                     Rest Home with Nursing  <input checked="" type="checkbox"/> Supervision only (RHNS)                 </div> <div style="width: 30%;"> <input type="checkbox"/> (Specify)                 </div> </div>	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2296-C	RHNS	(Specify)	Medicare Provider 07-5368
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Medicaid Provider Numbers:	CCNH 9969	RHNS 91520	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) Gardner Heights Health Care Center	License No. 2296-C	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 Gardner Heights 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) Paula Foohey			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Gardner Heights Health Care Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 172 Rocky Rest Rd. Shelton, CT 06484				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
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 203-929-1481		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Gardner Heights Health Care Center		Address (No. & Street, City, State, Zip) 172 Rocky Rest Rd. Shelton, CT 06484		
License Numbers:	CCNH 2296-C	RHNS	(Specify)	Medicare Provider No. 07-5368
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 Paula Meunier		Nursing Home Administrator's License No.:	1986	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Gardner Heights Health Care Center	License No. 2296-C	Report for Year Ended 9/30/2015	Page 3A	of 37
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		
Gardner Heights Health Care Center	172 Rocky Rest Rd. Shelton, CT 06484	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	





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

Name of Facility Gardner Heights Health Care Center	License No. 2296-C	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	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	552,000	552,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	514,526	514,526
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	39,279	39,279
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	7%	Therapy Services	Pg. 13 B5/B9/B10	510,428	464,489
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	12,016	12,016
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	84,279	84,279
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	19,375	19,375
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	566,486	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	42,742	

\* 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 Gardner Heights Health Care Center		License No. 2296-C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						Yes   x   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?						x 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	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	10,441	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	113,058	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	130,136	124,930
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	293,556	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	2,880	2,189
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		
Paula Meunier	172 Rocky Rest Rd, Shelton, CT		X		Administrator	Pg. 10 A2	80,328	80,328

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

## Related expense has been disallowed on Pg. 28 Line 23

**Gardner Heights  
Shared Employees  
Provider 2296-C  
10.1.14-9.30.15**

**41001- Salaries Administrator**

Source	Facility	Employee	Amount	Hours
Optimum Report		Foohy/Meunier	37,531.59	960.00
Admin Wages 3.19.15-9.30.15 Report			46,812.47	1,120.00
			<b>84,344.06</b>	<b>2,080.00</b>

**41003 - Salaries - Accounting**

Source	Facility	Employee	Amount	Hours
	Payroll Dept Allocation		3,672.00	117.00
	Billing Unit Allocation.		8,344.00	414.00
			<b>12,016.00</b>	<b>531.00</b>

**41006 - Salaries - Maintenance**

Source	Facility	Employee	Amount	Hours
102014SHR	Fowler	Scheyd	1,003.75	91.25
112014SHR	Cromwell	Scheyd	1,259.50	114.50
122014SHR	Cromwell	Scheyd	704.00	64.00
012015SHR	Cromwell	Scheyd	720.50	65.50
022015SHR	Cromwell	Scheyd	371.25	33.75
032015SHR	Cromwell	Scheyd	200.75	18.25
			<b>4,259.75</b>	<b>387.25</b>

**41007 - Salaries Projects**

Source	Facility	Employee	Amount	Hours
102014SHR	Westfield	Sakowski	2,240.19	122.75
112014SHR	Westfield	Sakowski	2,614.30	143.25
122014SHR	Westfield	Sakowski	1,542.13	84.50
012015SHR	Westfield	Sakowski	1,802.19	98.75
022015SHR	Westfield	Sakowski	907.93	49.75
032015SHR	Westfield	Sakowski	438.02	24.00
			<b>9544.76</b>	<b>523.00</b>

**45001 - Salaries - R.N. (CCNH)**

Source	Facility	Employee	Amount	Hours
102014SHR	Shelton	Sims	1,195.14	41.50

112014SHR	Shelton	Sims	1,263.68	41.00
			<b>2,458.82</b>	<b>82.50</b>

**45002 - Salaries - LPN**

Source	Facility	Employee	Amount	Hours
102014SHR	Hewitt	Castro	(226.88)	(8.25)
102014SHR	Shelton	Junes	(1,669.64)	(65.50)
102014SHR	Shelton	Mensah	187.69	8.25
102014SHR	Shelton	Mensah	550.00	23.75
112014SHR	Shelton	Mensah	182.00	8.00
112014SHR	Shelton	Junes	(1,196.64)	(48.25)
112014SHR	Shelton	Mensah	595.69	25.25
122014SHR	Shelton	Mensah	177.38	8.25
122014SHR	Shelton	Simms	259.87	-
122014SHR	Shelton	Junes	(672.91)	(26.50)
122014SHR	Shelton	Mensah	565.69	24.00
012015SHR	Shelton	Junes	(222.96)	(18.00)
012015SHR	Shelton	Mensah	187.69	8.25
012015SHR	Waterbury	Liguz	(980.88)	(41.75)
012015SHR	Shelton	Mensah	559.69	23.75
022015SHR	Shelton	Mensah	372.00	15.50
022015SHR	Shelton	Junes	(704.15)	(36.25)
032015SHR	Shelton	Junes	(588.67)	(9.25)
	4/30/2015 Healthport	Reynoso	255.00	8.50
	6/30/2015 Healthport	Gayle-Smith	120.00	8.00
			<b>(2,250.03)</b>	<b>(92.25)</b>

**45003 - Salaries - Aides**

Source	Facility	Employee	Amount	Hours
102014SHR	Shelton	Petion	114.08	8.00
112014SHR	Shelton	Petion	125.56	8.75
122014SHR	Shelton	Blake	101.50	7.00
122014SHR	Shelton	Petion	234.16	16.00
012015SHR	Shelton	Petion	111.44	8.75
022015SHR	Shelton	Petion	129.21	9.25
032015SHR	Shelton	Petion	(127.38)	(9.00)
			<b>688.57</b>	<b>48.75</b>

**45010 - Salaries - Infection Control**

Source	Facility	Employee	Amount	Hours
102014SHR	Shelton	Mione-Lendacky	(808.00)	(25.25)

<b>(808.00)</b>	<b>(25.25)</b>
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**50001-Salaries Dieticians**

Source	Facility	Employee	Amount	Hours
102014SHR	Rose Haven	Leonetti	1,547.00	55.25
112014SHR	Rose Haven	Leonetti	770.00	27.50
012015SHR	Fowler	Hagberg	(904.00)	(32.00)
012015SHR	Wolcott	Hagberg	(452.00)	(16.00)
022015SHR	Wolcott	Hagberg	(678.00)	(24.00)
022015SHR	Fowler	Hagberg	(1,130.00)	(40.00)
032015SHR	Fowler	Hagberg	(452.00)	(16.00)
032015SHR	Wolcott	Hagberg	(226.00)	(8.00)
			<b>(1,525.00)</b>	<b>(53.25)</b>

**50003 - Salaries - Helpers, Dishwashers**

Source	Facility	Employee	Amount	Hours
102014SHR	Hewitt	Brantley	184.00	16.00
			<b>184.00</b>	<b>16.00</b>

**60001 - Salaries - Housekeeping**

Source	Facility	Employee	Amount	Hours
012015SHR	Hewitt	Mcbean	195.94	15.00
			<b>195.94</b>	<b>15.00</b>

**60002 - Salaries - Housekeeping Supervisor**

Source	Facility	Employee	Amount	Hours
012015SHR	Hewitt	Asaolu	75.00	2.50
012015SHR	High View	Addo	100.20	4.00
			<b>175.20</b>	<b>6.50</b>

<b>Total Shared</b>	<b>97,268.07</b>	<b>2,988.25</b>
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**Gardner Heights  
Healthport Services**

**45022-Purchase Service ESP RN**

Source	Facility	Employee	Amount	Hours
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102014SHR	Healthport	Buchanan	6,907.00	167.75
112014SHR	Healthport	Buchanan	363.50	8.75
012015SHR	Healthport	Buchanan	321.50	7.75
022015SHR	Healthport	Buchanan	1,646.50	39.75
032015SHR	Healthport	Ankrah	363.00	8.75

Indirect			3,744.39	
			<b>13,345.89</b>	<b>232.75</b>

**45023-Purchase Service ESP LPN**

<b>Source</b>	<b>Facility</b>	<b>Employee</b>	<b>Amount</b>	<b>Hours</b>
102014SHR	Healthport	Varrone	280.50	8.50
102014SHR	Healthport	Arshad	232.50	7.50
102014SHR	Healthport	Mitchell	255.75	8.25
112014SHR	Healthport	Gause	290.00	10.00
112014SHR	Healthport	Arshad	232.50	7.50
112014SHR	Healthport	Mitchell	496.00	16.00
122014SHR	Healthport	Mitchell	248.00	8.00
022015SHR	Healthport	Pinnock-Bennett	297.00	9.00

Indirect			862.98	
			<b>3,195.23</b>	<b>74.75</b>

		<b>Total ESP</b>	<b>16,541.12</b>	<b>307.50</b>
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16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16006358 MENSAH	JOHN	16 Shelton Lk
16977672 REYNOSO	MARIEL	16 Shelton Lk
16977672 REYNOSO	MARIEL	16 Shelton Lk
16977672 REYNOSO	MARIEL	16 Shelton Lk
16977672 REYNOSO	MARIEL	16 Shelton Lk
16977672 REYNOSO	MARIEL	16 Shelton Lk
16977672 REYNOSO	MARIEL	16 Shelton Lk
29970271 Arshad	Mohamed	29 Healthport Srvc
29970792 Edwards	Marcia	29 Healthport Srvc
29970276 Gayle-Smith	Laverne	29 Healthport Srvc
29970276 Gayle-Smith	Laverne	29 Healthport Srvc
29970276 Gayle-Smith	Laverne	29 Healthport Srvc
29970331 Iworisha	Ezinne	29 Healthport Srvc
29970105 Kingston	MaryElizal	29 Healthport Srvc
29970797 Lucisano	Tracy	29 Healthport Srvc
29970268 Parker	Charmayne	29 Healthport Srvc
29970268 Parker	Charmayne	29 Healthport Srvc
29970268 Parker	Charmayne	29 Healthport Srvc
29970286 Pierre	Andy	29 Healthport Srvc
29970286 Pierre	Andy	29 Healthport Srvc
29970278 Pinnock-Bennett	Delrose	29 Healthport Srvc
29970278 Pinnock-Bennett	Delrose	29 Healthport Srvc
29970278 Pinnock-Bennett	Delrose	29 Healthport Srvc
29970278 Pinnock-Bennett	Delrose	29 Healthport Srvc
29970353 REYNOSO	MARIEL	29 Healthport Srvc
29970174 Varrone	Christine	29 Healthport Srvc
29970174 Varrone	Christine	29 Healthport Srvc
29970174 Varrone	Christine	29 Healthport Srvc
12976320 BRANTLEY	JACQUEL	12 Hewitt
16977265 KACZMARCZYK	HANNA	16 Shelton Lk
16977265 KACZMARCZYK	HANNA	16 Shelton Lk
16977265 KACZMARCZYK	HANNA	16 Shelton Lk
16977403 MATTISON	ANECCA	16 Shelton Lk
16977403 MATTISON	ANECCA	16 Shelton Lk



16977403 MATTISON	ANECCA	16 Shelton Lk
16977403 MATTISON	ANECCA	16 Shelton Lk
16977283 PETION	ENETTE	16 Shelton Lk
16977283 PETION	ENETTE	16 Shelton Lk
16977283 PETION	ENETTE	16 Shelton Lk
16977283 PETION	ENETTE	16 Shelton Lk
16977283 PETION	ENETTE	16 Shelton Lk
16977283 PETION	ENETTE	16 Shelton Lk
29970722 Wallach	Melissa	29 Healthport Srvc
29970722 Wallach	Melissa	29 Healthport Srvc
29970722 Wallach	Melissa	29 Healthport Srvc
29970722 Wallach	Melissa	29 Healthport Srvc
15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights
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15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights
15004328 CAMPBELL	DOROTH	15 Gardner Heights
15004328 CAMPBELL	DOROTH	15 Gardner Heights
15004328 CAMPBELL	DOROTH	15 Gardner Heights
15004328 CAMPBELL	DOROTH	15 Gardner Heights
15004328 CAMPBELL	DOROTH	15 Gardner Heights
15974992 SMITH	CARLA	15 Gardner Heights
15974992 SMITH	CARLA	15 Gardner Heights
15974992 SMITH	CARLA	15 Gardner Heights
15974992 SMITH	CARLA	15 Gardner Heights
15974560 STEWARD	JANETTE	15 Gardner Heights
15974566 WALKER	MICHELL	15 Gardner Heights
15974566 WALKER	MICHELL	15 Gardner Heights
15974566 WALKER	MICHELL	15 Gardner Heights
15974566 WALKER	MICHELL	15 Gardner Heights
15974566 WALKER	MICHELL	15 Gardner Heights
15974566 WALKER	MICHELL	15 Gardner Heights
15974650 WOLFE	ENEIDA	15 Gardner Heights

15974448 JUNES	CHARLE1	15 Gardner Heights
15974448 JUNES	CHARLE1	15 Gardner Heights
15974448 JUNES	CHARLE1	15 Gardner Heights
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15974448 JUNES	CHARLE1	15 Gardner Heights
15974448 JUNES	CHARLE1	15 Gardner Heights

15974960 CORCORAN	DEREK	15 Gardner Heights
15974960 CORCORAN	DEREK	15 Gardner Heights

15974818 GUEVARA	PETER	15 Gardner Heights
15974818 GUEVARA	PETER	15 Gardner Heights
15974818 GUEVARA	PETER	15 Gardner Heights
15974818 GUEVARA	PETER	15 Gardner Heights
15974818 GUEVARA	PETER	15 Gardner Heights

15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights
15974970 BARNES	NIGEL	15 Gardner Heights







16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
16 Shelton Lk	916-45002
	<b>916-45002 Total</b>
16 Shelton Lk	916-60002
16 Shelton Lk	916-60002
	<b>916-60002 Total</b>
20 Farmington	920-45003
20 Farmington	920-45003
20 Farmington	920-45003
20 Farmington	920-45003
20 Farmington	920-45003
	<b>920-45003 Total</b>
23 Kent	923-45001
23 Kent	923-45001
23 Kent	923-45001
	<b>923-45001 Total</b>
	<b>Grand Total</b>

Desc		
Salaries - Accounting - JobTitle = HR / A/P Coordinator	9/17/2015	4.00
		4.00
Salaries - Clerical - JobTitle = Receptionist	9/24/2015	22.50
		22.50
Salaries - Accounting - JobTitle = HR / A/P Coordinator	6/25/2015	8.00
Salaries - Accounting - JobTitle = A/P Coordinator	4/16/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	4/23/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	4/30/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	5/21/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	5/28/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	6/11/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	6/18/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	6/25/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	7/2/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	7/16/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	7/23/2015	16.00
Salaries - Accounting - JobTitle = A/P Coordinator	7/30/2015	8.00
Salaries - Accounting - JobTitle = A/P Coordinator	8/27/2015	16.00
		208.00
Salaries - Maintenance - JobTitle = MAINTENANCE SUPERVISOR	4/2/2015	16.50
		16.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	24.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/2/2015	81.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/9/2015	64.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015	56.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	90.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015	83.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	72.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	34.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	20.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	50.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	17.00
		593.75
Salaries LPN - JobTitle = LPN SNF	4/23/2015	24.00
Salaries LPN - JobTitle = LPN SNF	5/7/2015	24.50
Salaries LPN - JobTitle = LPN SNF	5/14/2015	8.00
Salaries LPN - JobTitle = LPN SNF	5/21/2015	24.00
Salaries LPN - JobTitle = LPN SNF	5/28/2015	8.00
Salaries LPN - JobTitle = LPN SNF	6/4/2015	23.25
Salaries LPN - JobTitle = LPN SNF	6/11/2015	8.50
Salaries LPN - JobTitle = LPN SNF	6/18/2015	24.00
Salaries LPN - JobTitle = LPN SNF	6/25/2015	8.50
Salaries LPN - JobTitle = LPN SNF	7/2/2015	24.00
Salaries LPN - JobTitle = LPN SNF	7/9/2015	8.50

Salaries LPN - JobTitle = LPN SNF	7/16/2015	24.75
Salaries LPN - JobTitle = LPN SNF	7/23/2015	24.75
Salaries LPN - JobTitle = LPN SNF	7/30/2015	24.00
Salaries LPN - JobTitle = LPN SNF	8/6/2015	24.00
Salaries LPN - JobTitle = LPN SNF	8/13/2015	24.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	24.00
Salaries LPN - JobTitle = LPN SNF	8/27/2015	24.00
Salaries LPN - JobTitle = LPN SNF	9/3/2015	24.75
Salaries LPN - JobTitle = LPN SNF	9/10/2015	24.00
Salaries LPN - JobTitle = LPN SNF	9/17/2015	24.75
Salaries LPN - JobTitle = LPN SNF	9/24/2015	24.00
Salaries LPN - JobTitle = LPN SNF	5/14/2015	16.50
Salaries LPN - JobTitle = LPN SNF	6/18/2015	16.50
Salaries LPN - JobTitle = LPN SNF	6/25/2015	50.00
Salaries LPN - JobTitle = LPN SNF	7/2/2015	43.50
Salaries LPN - JobTitle = LPN SNF	8/6/2015	16.50
Salaries LPN - JobTitle = LPN SNF	9/24/2015	17.50
Salaries LPN - JobTitle = LPN SNF	7/23/2015	32.50
Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.00
Salaries LPN - JobTitle = LPN SNF	3/19/2015	33.50
Salaries LPN - JobTitle = LPN SNF	7/23/2015	17.00
Salaries LPN - JobTitle = LPN SNF	9/17/2015	33.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	17.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	8.00
Salaries LPN - JobTitle = LPN SNF	9/10/2015	8.25
Salaries LPN - JobTitle = LPN SNF	6/25/2015	17.00
Salaries LPN - JobTitle = LPN SNF	9/17/2015	17.50
Salaries LPN - JobTitle = LPN SNF	9/24/2015	34.00
Salaries LPN - JobTitle = LPN SNF	5/7/2015	15.50
Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.00
Salaries LPN - JobTitle = LPN SNF	7/23/2015	19.00
Salaries LPN - JobTitle = LPN SNF	7/30/2015	16.50
Salaries LPN - JobTitle = LPN SNF	9/10/2015	17.00
Salaries LPN - JobTitle = LPN SNF	9/24/2015	52.50
Salaries LPN - JobTitle = LPN SNF	3/26/2015	18.00
Salaries LPN - JobTitle = LPN SNF	5/7/2015	16.50
Salaries LPN - JobTitle = LPN SNF	6/25/2015	17.00
Salaries LPN - JobTitle = LPN SNF	9/17/2015	17.00
		1,051.50
Salaries - Aides - JobTitle = CNA SNF	8/13/2015	16.25
Salaries - Aides - JobTitle = CNA SNF	8/27/2015	16.50
Salaries - Aides - JobTitle = CNA SNF	9/3/2015	4.50
Salaries - Aides - JobTitle = CNA SNF	9/17/2015	16.00
Salaries - Aides - JobTitle = CNA SNF	9/3/2015	23.25
Salaries - Aides - JobTitle = CNA SNF	9/10/2015	24.00



Salaries - Aides - JobTitle = CNA SNF	9/17/2015	23.25
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	7.50
Salaries - Aides - JobTitle = CNA SNF	4/30/2015	8.00
Salaries - Aides - JobTitle = CNA SNF	5/28/2015	16.00
Salaries - Aides - JobTitle = CNA SNF	8/13/2015	17.00
Salaries - Aides - JobTitle = CNA SNF	9/3/2015	16.00
Salaries - Aides - JobTitle = CNA SNF	9/10/2015	18.25
Salaries - Aides - JobTitle = CNA SNF	9/24/2015	17.00
		223.50
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	5/14/2015	32.00
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	5/21/2015	31.75
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	5/28/2015	32.00
Salaries - Assistant D.O.N. - JobTitle = ASSISTANT DNS	6/4/2015	21.25
		117.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	38.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	70.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015	31.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	16.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	29.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	74.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	44.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	18.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	31.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	24.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	149.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	60.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/24/2015	24.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	42.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	41.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015	31.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/2/2015	45.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	65.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/4/2015	60.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	68.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/18/2015	6.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015	6.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/24/2015	24.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	8.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	16.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	7.75
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	14.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	82.25
Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/17/2015	15.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	58.00
		1,205.25

Salaries LPN - JobTitle = LPN SNF	3/26/2015	18.00
Salaries LPN - JobTitle = LPN SNF	4/2/2015	9.00
Salaries LPN - JobTitle = LPN SNF	4/9/2015	9.50
Salaries LPN - JobTitle = LPN SNF	4/16/2015	10.00
Salaries LPN - JobTitle = LPN SNF	4/23/2015	8.50
Salaries LPN - JobTitle = LPN SNF	5/7/2015	9.00
Salaries LPN - JobTitle = LPN SNF	5/21/2015	8.75
Salaries LPN - JobTitle = LPN SNF	5/28/2015	18.50
Salaries LPN - JobTitle = LPN SNF	6/11/2015	8.75
Salaries LPN - JobTitle = LPN SNF	6/18/2015	9.25
Salaries LPN - JobTitle = LPN SNF	6/25/2015	8.00
Salaries LPN - JobTitle = LPN SNF	7/16/2015	9.50
Salaries LPN - JobTitle = LPN SNF	7/23/2015	18.00
Salaries LPN - JobTitle = LPN SNF	7/30/2015	8.50
Salaries LPN - JobTitle = LPN SNF	8/6/2015	8.75
Salaries LPN - JobTitle = LPN SNF	8/13/2015	9.00
Salaries LPN - JobTitle = LPN SNF	8/20/2015	29.00
Salaries LPN - JobTitle = LPN SNF	8/27/2015	9.00
Salaries LPN - JobTitle = LPN SNF	9/3/2015	25.25
Salaries LPN - JobTitle = LPN SNF	9/10/2015	26.50
Salaries LPN - JobTitle = LPN SNF	9/17/2015	23.75
Salaries LPN - JobTitle = LPN SNF	9/24/2015	20.50
		305.00
Salaries - Housekeeping Supervisor - JobTitle = HOUSEKEEPING SU	5/21/2015	22.00
Salaries - Housekeeping Supervisor - JobTitle = HOUSEKEEPING SU	6/4/2015	28.00
		50.00
Salaries - Aides - JobTitle = CNA TRAINEE	6/11/2015	22.00
Salaries - Aides - JobTitle = CNA TRAINEE	6/18/2015	39.00
Salaries - Aides - JobTitle = CNA TRAINEE	6/25/2015	24.25
Salaries - Aides - JobTitle = CNA TRAINEE	7/2/2015	24.00
Salaries - Aides - JobTitle = CNA TRAINEE	7/9/2015	22.75
		132.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	69.00
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	75.50
Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015	43.25
		187.75
		4,116.75

88.00  
88.00  
196.13  
196.13  
180.00  
272.00  
272.00  
272.00  
272.00  
272.00  
272.00  
272.00  
272.00  
272.00  
272.00  
272.00  
136.00  
272.00  
3,580.00  
334.29  
334.29  
259.13  
1,506.70  
1,201.00  
1,059.25  
1,727.20  
1,558.64  
1,341.25  
545.93  
292.50  
909.00  
331.50  
#####  
212.00  
218.07  
172.00  
212.00  
172.00  
205.38  
178.01  
224.00  
190.38  
224.00  
190.38

231.00  
210.38  
224.00  
204.00  
224.00  
204.00  
224.00  
210.38  
224.00  
305.26  
224.00  
204.19  
214.51  
694.32  
568.29  
214.51  
227.85  
503.75  
256.00  
502.50  
255.00  
495.00  
255.00  
248.00  
222.75  
280.50  
288.75  
561.00  
240.25  
248.00  
313.50  
272.25  
280.50  
866.25  
288.00  
272.25  
280.50  
280.50  
#####  
103.54  
113.44  
29.25  
104.00  
120.13  
124.00

120.13  
90.00  
106.08  
114.08  
127.39  
114.08  
136.63  
121.31  
1,524.06  
1,280.00  
1,270.00  
1,280.00  
850.00  
4,680.00  
450.50  
939.38  
352.75  
229.00  
251.94  
995.78  
609.92  
283.50  
290.63  
291.00  
1,636.18  
852.28  
283.13  
381.82  
371.38  
411.75  
367.50  
787.25  
829.26  
778.75  
18.75  
180.00  
270.00  
260.00  
284.00  
251.88  
297.50  
952.51  
329.38  
737.94

#####

236.07  
213.57  
225.44  
225.84  
201.71  
213.57  
207.64  
242.29  
207.64  
219.50  
189.84  
208.58  
235.73  
201.71  
207.64  
213.57  
490.21  
213.57  
434.66  
459.01  
514.76  
486.47  
6,049.02  
440.00  
560.00  
1,000.00  
167.70  
251.86  
221.89  
219.60  
208.16  
1,069.21  
767.63  
960.49  
404.64  
2,132.76  
#####

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Gardner Heights Health Care Center	License No. 2296-C	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.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.  
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

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 Gardner Heights Health Care Center			License No. 2296-C			Report for Year Ended 9/30/2015		Page 6	of 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							
	<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"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No **Total \*\*\***

\* 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 Gardner Heights Health Care Center	License No. 2296-C	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 Saslow, Lufkin, & Buggy, LLP 2 Huban & Brazee 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane Avon, CT 06001 35 Wendell Avenue Pittsfield, MA 10202
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Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 6,295
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 8,320

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

Yes     No    Pg. 15 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Law Office of Jason DeGenero 2 State of Connecticut Treasurer 3 Michael Copertino 4 Clerk of the Superior Court 5	Telephone Number
---	------------------

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

1 29 Water St. Guilford, CT 06437
2
3 PO Box 2154, Shelton, CT 06484
4
5

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 4,818
2 Court Fees	\$ 150
3 Conservatorship	\$ 307
4 Conservatorship	\$ 180
5	\$
	Charge for Services Provided
	\$ 5,455

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

Yes     No    Pg. 15 1e

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

**Schedule of Resident Statistics**

Name of Facility Gardner Heights Health Care Center			License No. 2296-C			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	130	129	1		130	129	1		130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	90	89	1		90	89	1		95	95		
B. As of midnight of THIS report period	95	95			95	95			95	95		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,159	1,159			971	971			188	188		
B. Medicaid (Conn.)	28,937	28,764	173		21,468	21,295	173		7,469	7,469		
C. Medicaid (other states)												
D. Private Pay	4,119	4,119			3,194	3,194			925	925		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	34,215	34,042	173		25,633	25,460	173		8,582	8,582		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	34,215	34,042	173		25,633	25,460	173		8,582	8,582		

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

Name of Facility Gardner Heights Health Care Center			License No. 2296-C			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 checked="" type="radio"/> Yes <input 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)					
8/24/2015	X	X				-1			1			130		RHNS to CCNH
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								8,421						
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		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	4		82		9									
Per Diem Rate														
a. One bed rm.					399.00									
b. Two bed rms.	various rugs		217.03	149.29	370.00									
c. Three or more bed rms.														
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B								4,210	4,210					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other								4,477	4,477					
D. <b>Total Physical Therapy Treatments</b>								8,687	8,687					
8. Total Number of Speech Therapy Treatments														
A. Medicare - Part B								1,209	1,209					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other								1,669	1,669					
D. <b>Total Speech Therapy Treatments</b>								2,878	2,878					
9. Total Number of Occupational Therapy Treatments														
A. Medicare - Part B								3,854	3,854					
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other								4,114	4,114					
D. <b>Total Occupational Therapy Treatments</b>								7,968	7,968					

### Report of Expenditures - Salaries & Wages

Name of Facility Gardner Heights Health Care Center	License No. 2296-C	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)	80,288	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	52,231	2,827				
5. Dietary Service						
a. Head Dietitian	22,235	787				
b. Food Service Supervisor	45,102	2,084				
c. Dietary Workers	241,850	24,027				
6. Housekeeping Service						
a. Head Housekeeper	35,944	1,791				
b. Other Housekeeping Workers	155,691	14,634				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	109,790	5,717				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	29,484	3,055				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	121,962	4,773				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	166,604	3,651				
b. RN						
1. Direct Care	438,879	22,773				
2. Administrative**	150,933	4,973				
c. LPN						
1. Direct Care	675,424	35,903				
2. Administrative**						
d. Aides and Attendants	1,323,878	115,615				
e. Physical Therapists	5,825	512				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	94,102	5,602				
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	115,006	4,259				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,865,225	255,065				

\* 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)**

<b>Position</b>	<b>CCNH</b>		<b>RHNS</b>		<b>(Specify)</b>	
	<b>\$</b>	<b>Hours</b>	<b>\$</b>	<b>Hours</b>	<b>\$</b>	<b>Hours</b>
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

<b>Service</b>	<b>CCNH</b>		<b>RHNS</b>		<b>(Specify)</b>	
	<b>\$</b>	<b>Hours</b>	<b>\$</b>	<b>Hours</b>	<b>\$</b>	<b>Hours</b>
Data Integrity Audit	\$ 1,925	19				
<b>Total</b>	\$ 1,925	19	\$ -	-	\$ -	-

**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	
Gardner Heights Health Care Center				2296-C	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>										
<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.

**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	
Gardner Heights Health Care Center				2296-C	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>										
Paula Meunier	80,288				Administrator 10/1/14 - 9/30/15	2,080	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		
Gardner Heights Health Care Center	2296-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	12,450	134				
3. Pharmacist	8,675	77				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	176,414	2,172				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,000	218				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	110,898	720				
b. Other						
10. Occupational Therapist						
a. Resident Care	155,572	1,992				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	13,346	233				
2. Administrative***						
b. LPN						
1. Direct Care	3,195	75				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,925	19				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>512,475</b>	<b>5,639</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 Gardner Heights Health Care Center		License No. 2296-C		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			
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4		
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4		
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4		
West River Pharmacy of Connecticut Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Joseph A. Brenes 464 Wolcott Rd. Wolcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Brijesh Chandwani 3200 Park Ave. 10D2 Bridgeport, CT 06604	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Pointright Inc 150 Cambridge Park Dr, Cambridge, MA 02140	Data Integrity Audit	<input type="radio"/>	<input checked="" type="radio"/>			
		<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"/>			
		<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
Gardner Heights Health Care Center	2296-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 293,556	293,556		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 103,822	103,822		
4. Social Security (F.I.C.A.)	\$ 273,910	273,910		
5. Health Insurance	\$ 431,040	431,040		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 10,441	10,441		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 19,375	19,375		
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*	\$ 511,745	511,745		
d. Accounting and Auditing	\$ 8,320	8,320		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 5,455	5,455		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 12,478	12,478		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,209	28,209		
2. Cellular Phones	\$			
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	\$ 694,859	694,859		
<b>Subtotal</b>	\$ 2,393,211	2,393,211		

\* 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**

Gardner Heights Health Care Center  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	\$ -	\$ -	\$ -

.....

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	\$ -	\$ -	\$ -

.....

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Gardner Heights Health Care Center	2296-C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		2,393,211	2,393,211		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	7,417	7,417		
2. Holiday Parties for Staff	\$	1,918	1,918		
3. Gifts to Staff and Residents	\$	7,112	7,112		
4. Employee Travel	\$	7,980	7,980		
5. Education Expenses Related to Seminars and Conventions	\$	1,639	1,639		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	2,016	2,016		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$	12,576	12,576		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	41	41		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,516	4,516		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	9,220	9,220		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	40	40		
9. Subscriptions	\$	3,106	3,106		
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$	514,526	514,526		
13. Other ( <i>Specify</i> )	\$	69,245	69,245		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>		\$ 3,034,562	3,034,562		

\* 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 - Public Relations	\$ 12,576		
<b>Total Other Advertising</b>	\$ 12,576	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHFA	\$ 8,850		
CATRD	\$ 135		
ACHCA Membership	\$ 235		
<b>Total Dues</b>	\$ 9,220	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Detail	\$ -		
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 40,117		
Licenses & Fees	\$ 5,153		
Pre Employment Screening	\$ 813		
Point Click Care Fees	\$ 13,242		
Bank Charges	\$ 380		
Resident Expenses	\$ 126		
Account Write Off	\$ 27		
Employee Physicals	\$ 7,964		
Resident Reimbursements	\$ 1,423		
<b>Total Other Administrative and General</b>	\$ 69,245	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Gardner Heights Health Care Center	2296-C	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 #
Apple Health Care, Inc.	514,526	Accounting & Managerial Services	Pg. 16 m12

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

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

Name of Facility Gardner Heights Health Care Center		License No. 2296-C	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	\$ 231,148	231,148		
2.	Non-Food Supplies	\$ 29,842	29,842		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 2,342	2,342		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 263,331</b>	<b>263,331</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		281	281		
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 Gardner Heights Health Care Center		License No. 2296-C	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. \$	7,079	7,079	
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. \$	6,668	6,668	
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	84,781	84,781	
c.	Management Services**	\$			
d.	Other (Specify)	\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>98,529</b>	<b>98,529</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	
Gardner Heights Health Care Center	2296-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	64,365	64,365		
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	46,563	46,563		
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Serviced				
( <i>Complete Schedule C-2 att. Page 21</i> )	by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	46,563	46,563		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat & West River	\$	99,212	99,212		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	183,314	183,314		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	17,333	17,333		
f. X-rays and Related Radiological Procedures***	\$	5,632	5,632		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	6,215	6,215		
i. Recreation	\$	31,341	31,341		
j. Other (Specify)**** See Attached Schedule	\$	29,245	29,245		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	372,293	372,293		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Nursing Station Supplies	\$ 5,797		
Rehab Service Supplies	\$ 6,003		
IV Therapy Supplies	\$ 17,445		
Social Service Supplies	\$ -		
<b>Total Other Resident Care</b>	\$ 29,245	\$ -	\$ -

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

Name of Facility Gardner Heights Health Care Center			License No. 2296-C		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
CWPM	25 Norton Place Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	26,509			22	6f
Unitex	161 South Macquesten Pkwyt Mt. Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	88,822			19	3b
Saucier Mechanical Services	148 Norton St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Heating & Air Conditioning Services	10,673			22	6a
Stephen Rodrigues	327 Pepper St, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/Snow Plowing	19,594			22	6a
Kforce Professional Staffing	PO Box 277997, Atlanta, GA 30384	<input type="radio"/>	<input checked="" type="radio"/>		Staffing Services	12,385			22	6a
		<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"/>							

\* 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 Year Ended			Page	of
Gardner Heights Health Care Center	2296-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 147,026	147,026				
b. Heat	\$ 92,924	92,924				
c. Light & Power	\$ 71,805	71,805				
d. Water	\$ 27,788	27,788				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 30,066	30,066				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 369,610	369,610				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,003	1,003				
d. Movable Equipment	\$ 31,289	31,289				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 32,292	32,292				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 80,247	80,247				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 80,247	80,247				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 552,000	552,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 52,987	52,987				
c. Personal property taxes	\$ 4,175	4,175				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 721,701	721,701				

\* 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)
Refuse Removal	\$ 30,066		
<b>Total Other Repairs and Maintenance</b>	\$ 30,066	\$ -	\$ -

-----



Gardner Heights Health Care Center  
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>				
7/14/2014	Project Maple Partitions (KAMCO)	531.75	10	54.17
11/21/2014	Project Maple Chairs (15) (KAMCO)	2,711.93	15	226.03
12/19/2014	18 Chairs 2 Rockers (AKIN)	3,045.86	15	152.28
1/14/2015	Project Maple Bath Other (Direct Supply)	316.01	5	23.42
1/31/2015	Project Maple Furniture Other (Multiple)	852.74	15	20.72
2/28/2015	Chairs/Seating STR Unit (Reimbursement)	408.45	15	9.57
3/5/2015	Cisco Bundle/Infrastructure (JKS)	1,182.65	5	82.32
3/12/2015	Infrastructure Firewall (JKS)	176.75	5	12.16
3/12/2015	Infrastructure (JKS)	44.19	5	3.06
3/12/2015	Infrastructure/Firewall (JKS)	176.75	5	12.16
3/19/2015	Payroll System Upgrade-Time Clocks	1,233.02	10	42.04
3/19/2015	Payroll System Upgrade-Time Clocks	1,395.84	10	47.57
3/23/2015	Bariatric Bed	1,308.05	12	36.92
3/31/2015	15 High Back Chairs for Resident Rooms	4,200.00	15	93.5
4/1/2015	10 Long Term Care Bed Pendants	801.63	5	53.46
4/17/2015	Food Processor	2,145.60	10	69.26
5/31/2015	Bariatric Bed (Invacare)	1,455.51	12	34.76
6/4/2015	Install Wireless Network Controllers	176.75	5	9.99
6/11/2015	Install Wireless Network Controllers	618.63	5	34.03
7/21/2015	Reach-in Cooler Compressor Replacement	717.50	5	31.55
7/21/2015	Reach-in Cooler Compressor Replacement	717.50	5	31.55
<b>Total additions for Movable Equipment</b>		24,217.11		1,080.52 *
<b>Deletions:</b>				
9/30/2015	Facsimilie Machine (Advanced Copy)	(1,473.40)	5	
9/30/2015	IBM 4247 Printer (Preferred Computer Ser)	(3,127.00)	5	
9/30/2015	Xerox Fax (Advanced Copy Technologies)	(1,166.00)	5	
9/30/2015	Mita Digital Copier (Advanced Copy Tech)	(4,028.00)	5	
9/30/2015	Wireless Pocket Adapter (Tech Depot)	(70.39)	5	
9/30/2015	Photocopier (Advanced Copy)	(9,752.00)	5	
<b>Total deletions for Movable Equipment</b>		(19,616.79)		\$ - **

\*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>				
5/30/2013	Vinyl Flooring (Antonio's ACI)	1,866.44	10	186.64
5/6/2014	Ceramic Tile (GAIA Floor-Cesar Chavez)	2,262.00	20	106.53
9/7/2014	Maple Bath Blding Components (HD Sup)	50.35	15	3.85
9/11/2014	Tile Floor Labor (GAIA - Cesar Chavez)	6,200.00	20	359.29
10/14/2014	Wall Prep, Compound & Paint (THKEIFER)	1,333.12	5	333.29
10/27/2014	Wall Prep & Paint (THKEIFER)	1,209.08	5	302.26
10/27/2014	Capentry Bath Demo Blk Sheetrk (THKEIFER)	1,209.08	15	100.78
11/4/2014	Flooring Vinyl (HD Supply)	841.24	10	105.15
11/10/2014	Capentry Reno/Sheetrk/Bth/Doors (THKEIFER)	2,897.36	15	241.48
11/10/2014	Flooring Vinyl (HD Supply)	841.24	10	105.15
11/19/2014	Plumbing Tub Room (Precision Plumb)	2,656.62	20	166.05
11/20/2014	Flooring Vinyl (HD Supply)	841.24	10	105.15
12/1/2014	Project Maple Carpentry Work (THKEIFER)	2,368.28	15	197.38
12/16/2014	Project Maple Install Labor (B&R Plumb)	500.00	20	31.22
12/29/2014	Maple Bath Blding Components (HD Sup)	47.42	15	3.92
12/29/2014	Project Maple Carpentry (THKEIFER)	2,136.77	15	178.06
12/30/2014	Maple Bath Blding Components (HD Sup)	145.23	15	12.13
1/7/2015	Project Maple Faucet (Home Depot)	68.46	20	1.32
1/8/2015	Nurse Call System Install (Raintech)	2,863.31	10	106.69
1/12/2015	Project Maple Sink (HD Supply)	383.18	20	7.09
1/20/2015	Project Maple Carpentry Work (THKEIFER)	1,413.67	15	34.72
1/22/2015	Project Maple Walls Paint (Sherwin Will)	405.84	5	29.80
1/22/2015	Project Maple (Electrical Whls)	150.83	10	5.57
2/16/2015	Cabinet Instal/Shetrek (THKEIFER)	994.13	15	23.66
2/18/2015	Nu Call Station Laurel Wing (S&S)	2,073.83	10	73.78
2/19/2015	Project Maple Cove Base (Direct Supply)	556.14	5	39.51
3/23/2015	Project Maple Carpentry (THKEIFER)	1,621.34	15	36.61



4/15/2015	Pavement Repair in Rear Lot	1,640.00	5	106.35
6/23/2015	Installation of Fiberglass Columns	260.56	15	4.54
6/25/2015	Installation of Fiberglass Columns	467.94	15	8.06
6/25/2015	Installation of Fiberglass Columns	470.07	15	8.10
7/21/2015	Wander Guard System for Front Door	1,533.01	10	33.70
7/30/2015	Electronic Governor Install on Generator	5,665.00	5	230.94
7/30/2015	Electronic Governor Install on Generator	2,364.43	5	96.39
<b>Total additions for Leasehold Improvement</b>		50,337.21		3,385.16
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -

\*

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\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility Gardner Heights Health Care Center			License No. 2296-C		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.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	var	var	various	1,071,532	443,613	A		76,862	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				50,337				3,385	
C-4. Subtotal									80,248
<b>D. Total Amortization</b>									80,248

\* 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 Gardner Heights Health Care Center	License No. 2296-C	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					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	130				
6. Square Footage	64,365				
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed		See Attached			
f. Principal balance outstanding as of _____					
<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.

**CT Medicaid Cost Report Attachment Page 25**

		Original Mortgage	6 Month extension
A.	Type of Financing (e.g.	Fixed	
B.	Date of Mortgage Obtained	4/11/2008	extension to 10/13/15
C.	Interest Rate For the Current	6.44%	2.08%
D.	Term of Mortgage (number of years)	7 Yrs.	6 month
E.	Amount of Principal Balance Outstanding	119,500,000	
F.	Principal Balance Outstanding	100,562,320	

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.  
 Rose Haven, Ltd.  
 Mary Elizabeth Nursing Center, Inc.  
 Fowler Nursing Center, Inc.  
 Waterbury Extended Care Facility, Inc.  
 Harbor View Nursing Center, Inc.  
 Liberty Hall Nursing Center  
 Orchard Grove Specialty Care  
 Wolcott Hall Nursing Center, Inc.  
 Hewitt Health and Rehabilitation Center, Inc.  
 Watrous Nursing Center  
 Elm Hill Nursing Center, Inc.  
 Gardner Heights Health Care Center, Inc.  
 Shelton lakes Health Care Center, Inc.  
 Highview Health Care Center, Inc.  
 Westfield Manor Health Care Center, Inc.  
 TA Cocomo Memorial  
 Plainville Health Care Center, Inc.  
 Ledgecrest Health Care Center, Inc.  
 Ridgeview Health Care Center, Inc.  
 The Kent, Ltd.  
 Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.  
 The Clipper Home, Inc.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Gardner Heights Health Care Center		2296-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
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)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility	License No.	Report for Year Ended	Page	of
Gardner Heights Health Care Center	2296-C	9/30/2015	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
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) Value Settlement \$556 Shelton Tax Interest \$1,722	\$	2,278	2,278	
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)	\$	2,278	2,278	
14. Insurance				
a. Insurance on Property (buildings only)	\$	113,058	113,058	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)	\$	113,058	113,058	
15. <b>Total All Expenditures</b> (A-13 thru C-14)	\$	9,399,625	9,399,625	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Gardner Heights Health Care Center				2296-C	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.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 696	696		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 155,572	155,572		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 511,745	511,745		
10.	15	1d/e	Accounting & Legal	\$ 11,750	11,750		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 12,576	12,576		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 47,801	47,801		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	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>				\$ 740,139	740,139		

\* 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	12m	Social Service/Marketing	\$ 696		
<b>Total Other Salaries Adjustment</b>			\$ 696	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 40,117		
16	1.3	Employee Recognition/Gifts/Parties	\$ 7,112		
16	8a	Chamber of Commerce	\$ 40		
16	m13	Bank Charges	\$ 380		
16	m13	Resident Expenses	\$ 126		
16	m13	Account Write Off	\$ 27		
<b>Total Other A&amp;G Adjustments</b>			\$ 47,801	\$ -	\$ -



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

Name of Facility			License No.	Report for Year Ended	Page	of	
Gardner Heights Health Care Center			2296-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 740,139	740,139		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 99,212	99,212		
28.	16	L1	Ambulance/Limousine	\$ 7,417	7,417		
29.	20	h	X-rays, etc	\$ 5,632	5,632		
30.	20	f	Laboratory	\$ 6,215	6,215		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 10,581	10,581		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 23,448	23,448		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<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.	30	IV5	Interest Income on Accounts Rec	\$ 6	6		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 2,278	2,278		
<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>			\$ 894,928	894,928		

\*\*\* 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.

Gardner Heights Health Care Center  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 17,445		
20	5j	Rehab Service Supplies	\$ 6,003		
<b>Total Other Ancillary Costs</b>			<b>\$ 23,448</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest on value note	\$ 556		
27	12d	Shelton Tax Interest	\$ 1,722		
<b>Total Other Adjustments</b>			\$ 2,278	\$ -	\$ -

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
Gardner Heights Health Care Center	2296-C	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> )	\$ 6,291,065	6,291,065			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 429,666	429,666			
b. Medicare Room and Board Contractual Allowance **	\$ 239,818	239,818			
4. a. Private-Pay Residents and Other	\$ 1,602,973	1,602,973			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 35,986	35,986			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (36,026)	(36,026)			
c. Prescription Drugs - Non-Medicare	\$ 41,773	41,773			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (41,773)	(41,773)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 232,569	232,569			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (99,152)	(99,152)			
c. Physical Therapy - Non-Medicare	\$ 71,470	71,470			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (71,470)	(71,470)			
4. a. Speech Therapy - Medicare	\$ 97,338	97,338			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (48,073)	(48,073)			
c. Speech Therapy - Non-Medicare	\$ 32,175	32,175			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (32,175)	(32,175)			
5. a. Occupational Therapy - Medicare	\$ 275,763	275,763			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (118,723)	(118,723)			
c. Occupational Therapy - Non-Medicare	\$ 82,800	82,800			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (82,800)	(82,800)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 8,903,205	8,903,205			
<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> )	\$ 6	6			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 7,272	7,272			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 7,278	7,278			
<b>VI. Total All Revenue</b> (III +V)	\$ 8,910,483	8,910,483			

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**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	1,294,747	\$ 6		
<b>Total Interest Income</b>			\$ 6	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV8	Rebates	\$ 7,272		
<b>Total Other Revenue</b>		\$ 7,272	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Gardner Heights Health Care Center	2296-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	500
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,294,747
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	23,895
5. Prepaid Expenses			\$	41,781
a. Prepaid Insurance	4,951			
b. Prepaid Property Tax	21,517			
c. Prepaid Other				
d. Payroll W/H	15,314			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
Due Affiliate (Debit Balance)				
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	1,360,924
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,121,870</u>		\$	598,009
	Accum. Depreciation <u>523,860</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>10,295</u>		\$	2,681
	Accum. Depreciation <u>7,614</u>	Net		
6. Movable Equipment	*Historical Cost <u>664,167</u>		\$	104,105
	Accum. Depreciation <u>560,062</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	64,462
Construction in Progress	35,379			
Fixed Asset Clearing Account	29,082			
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	769,258

\* 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 Gardner Heights Health Care Center	License No. 2296-C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,130,181	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
3. Buildings			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
5. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
6. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Goodwill (Purchased Only)			\$	
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> )			\$ 2,675	
Loan Officers		1,000		
Capitalized Refinance Expense		1,675		
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 2,675	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 2,132,856	

\* 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 Gardner Heights Health Care Center	License No. 2296-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,149,897	
<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> )				\$ 803,206
Name and Address of Lender	Amount	Loan Date		
Brian J. Foley	803,206	Demand		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 740,267
Security Deposit				
Due Affiliate		740,267		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,543,474
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,693,371

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

Name of Facility	License No.	Report for Year Ended	Page	of
Gardner Heights Health Care Center	2296-C	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			\$	
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			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	1,370,000
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,442,372)
6. Gain or Loss for Period			\$	(489,143)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(560,515)
<b>C. Total Reserves and Net Worth</b>			\$	(560,515)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,132,856

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Gardner Heights Health Care Center	2296-C	9/30/2015	36	37		
Account			Amount			
A.	Balance at End of Prior Period as shown on Report of 09/30/2014		\$	(116,152)		
B.	Total Revenue ( <i>From Statement of Revenue Page 30</i> )		\$	8,910,483		
C.	Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )		\$	9,399,625		
D.	Net Income or Deficit		\$	(489,143)		
E.	Balance		\$	(605,295)		
F.	Additions					
	1. Additional Capital Contributed ( <i>itemize</i> )					
	Brian Foley	50,000				
	2. Other ( <i>itemize</i> )					
F-3.	Total Additions				\$	50,000
G.	Deductions					
	1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )		\$	5,220		
	Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount			
	Brian J. Foley	President	5,220			
	2. Other Withdrawings ( <i>Specify</i> )		\$			
	Purpose	Amount				
	3. Total Deductions		\$	5,220		
H.	<b>Balance at End of Period</b>		\$	(560,515)		
	09/30/15					

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

Name of Facility Gardner Heights Health Care Center	License No. 2296-C	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 checked="" 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	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	