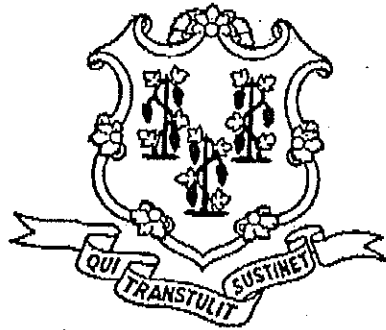
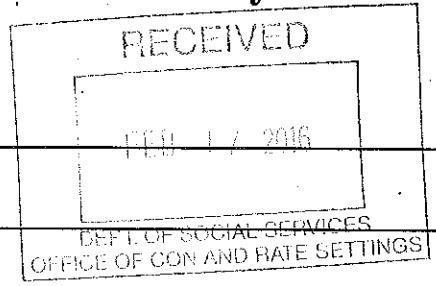


# State of Connecticut



15-69

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



Name of Facility (as licensed) Litchfield Woods Health Care Center	
Address (No. & Street, City, State, Zip Code) 225 Roberts Street Torrington, CT 06790	
Type of Facility	
<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)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2034C	RHNS 2034C	(Specify)	Medicare Provider No. 07-5319
------------------	---------------	---------------	-----------	----------------------------------

Medicaid Provider Numbers:	CCNH 2034C	RHNS 2034C	ICF-MR
----------------------------	---------------	---------------	--------

**For Department Use Only**

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



**MYERS AND  
STAUFFER** .LLC  
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier  
Chief Financial Officer  
Athena Health Care Systems  
135 South Road  
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report:

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA  
CC: Chris Lavigne

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

7 Waterside Crossing, Ste 202 | Windsor, CT 06095  
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810  
www.mslc.com

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**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	1	37

**Administrator's/Owner's Certification**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 Litchfield Woods Health Care Center [facility name] for the cost report period beginning October 01, 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 penalties 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	
<i>Denise Quarles</i>	2/10/16	<i>Lawrence Santilli</i>	2/10/16	
Printed Name (Administrator)		Printed Name (Owner)		
Denise Quarles		Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
	Conn	2/10/16	<i>Sharon J. Chrystal</i>	03/31/20
Address of Notary Public				
76 Christine Drive Southington CT 06489				

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility <b>Litchfield Woods Health Care Center</b>	Period Covered:	From <b>10/1/2014</b>	To <b>9/30/2015</b>	
Address of Facility <b>225 Roberts Street Torrington, CT 06790</b>				
Report Prepared By <b>Athena Health Care Associates, Inc</b>	Phone Number <b>(860) 751-3900</b>	Date <b>2/10/2016</b>		
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 <b>860-489-5801</b>		Report for Year Ended <b>09/30/15</b>	Page <b>2</b>	of <b>37</b>
Name of Facility (as shown on license) <b>Litchfield Woods Health Care Center</b>		Address (No. & Street, City, State, Zip) <b>225 Roberts Street Torrington, CT 06790</b>		
License Numbers:	CCNH <b>2034C</b>	RHNS <b>2034C</b>	(Specify)	Medicare Provider No. <b>07-5319</b>
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="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No            If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator <b>Denise Quarles</b>		Nursing Home Administrator's License No.:	<b>001610</b>	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
<b>Not Applicable</b>				



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	3A	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		
Highland View Manor, Inc.	225 Roberts St, Torrington, CT 06790	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	225 Roberts St, Torrington, CT 06790	President	291.5	
Michael E. Mosier	225 Roberts St, Torrington, CT 06790	Treasurer		
Debra M. Soucey	225 Roberts St, Torrington, CT 06790	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Lawrence G. Santilli	225 Roberts St, Torrington, CT 06790		291.5	
John Nocera, Jr	225 Roberts St, Torrington, CT 06790		125	
Alan Loveridge	255 Roberts St, Torrington, CT 06790		125	





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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	4	37

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				
CT Health Center of Torrington LP	34 Prospect St, Waterbury, CT 06702	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lease of Facility & Equipment	Pg 22, Ln 9, 10b; Pg 27 Ln 14	\$1,333,453	\$1,333,453
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank Charges	Pg 16, Ln m13	\$6,856	\$6,856
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Workers Comp Captive	Pg 15, ln 1a	\$679,083	\$679,083
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lobbying, Payroll Processing Fees, Data Processing Fees,	Pg 16 m13	\$17,911	\$17,911
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Fees, Legal, Office Supplies, Furniture & Equipment	Pg 17, Pg 15 ln 1c, 1g, Pg 32 ln C5	\$873,577	\$324,177
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee Relations, Education, Business Promotion, Memberships	Pg 16 ln L3 L5; Pg 16 m3, m8	\$11,210	\$11,210
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Repairs & Maintenance, MDS Consultant, Physical Therapy	Pg 22 ln 6a, 6f; Pg 13 ln 11a2; Pg 13 ln 5a	\$29,280	\$29,280
Athena Health Care Assoc Inc. 401(K) Plan	135 South Road, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility participates in group 401(k) plan	Pg 15 ln 1a7		
Shady Knoll Health Care	41 Skokorat Street, Seymour, CT 06483	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWAP Mortgage Interest Payments	Pg 22 Ln 9	\$6,366	\$6,366

\* Use additional sheets if necessary.

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

Litchfield Woods Health Care Center  
 RELATED PARTIES QUESTIONNAIRE  
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Abbott Terrace	44 Abbott Terrace Waterbury, CT 06702	<input checked="" type="checkbox"/>	>98%	Interfacility loans of \$449,000	Pg 33, Ln A2		
Athena Health Care	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	>50%	Self Insured Employees Health & Dental Insurance	Pg 15, in 1a5	\$1,574,088	\$1,574,088

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

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	5	37

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.

**Patient Care Consults, Laundry, Housekeeping, Maintenance/Prop Costs, Admin - Alloc on Patient Days**  
**Physical/Speech/Occupational Therapy - Allocated on % of Treatments**  
**Administrative Nursing - Allocated on Direct Nursing Hours**  
**Management Fees - Allocated based on methods above for each expense category**

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

**Related company expenses were allocated on Methods above except as noted in 1 above.**

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.

**Not Applicable: No Non-Nursing Home Cost Centers**

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

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

Name of Facility		License No.	Report for Year Ended		Page	of	
Litchfield Woods Health Care Center		2034C/2034C	9/30/2015		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postal Equipment	11/01/13	42 months	\$1,212	\$1,212
Leaf, PO Box 644066, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	06/19/13	35 months	\$7,075	\$7,075
Leaf, PO Box 644066, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	05/16/12	48 months	\$11,333	\$11,333
HP Financial Services, 200 Connell Drive, Suite 5000, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	08/21/13	60 months	\$7,844	\$5,881
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						<b>Total ***</b>	\$25,501

Is a Mileage Log Book Maintained for All Leased Vehicles?  Yes  No  **Not Applicable - No Vehicles**

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	7	37

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	Address (No. & Street, City, State, Zip Code)
1 Dworken, Hillman, LaMorte & Sterczala	Four Corporate Dr, Ste 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Dr, 12th Floor, New Haven, CT 06511
3 Marcum LLP	555 Long Wharf Dr, 12th Floor, New Haven, CT 06511
4	

Services Provided by This Firm (*describe fully*)

1 Audit, Year End Financials & Tax Return	\$ 14,000
2 Medicare Cost Report Preparation: Disallow	\$ 2,650
3 DSS Consulting: Disallow	\$ 425
4	\$ -
	<b>Charge for Services Provided</b>
	<b>\$17,075</b>

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

Yes     No    **Pg 15, Line1d**

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Shipman & Goodwin, LLP	860-251-5000
2 Goldman, Gruder & Woods, LLC	203-899-8900
3 Murtha Cullina, LLP	860-240-6000
4 Schiff Hardin LLP	312-258-5500
5	

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

- 1 One Constitution Plaza, Hartford, CT 06103
- 2 200 Connecticut Ave, Norwalk, CT 06854
- 3 185 Asylum Street, Hartford, CT 06103
- 4 6600 Sears Tower, Chicago, IL 60606
- 5

Services Provided by This Firm (*describe fully*)

1 CHRO claim & Insurance Reimbursement (\$11,251):Disallowed	\$ (11,251)
2 A/R Collections:Disallowed	\$ 256
3 Audit Legal Letter \$791: Allow, Loan Modification & General: \$9,555 Disallowed	\$ 10,346
4 Loan post closing matters \$5,077 :Disallowed	\$ 5,077
5	\$ -
	<b>Charge for Services Provided</b>
	<b>\$4,428</b>

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

Yes     No    **Pg 15, Line1e**

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended				Page of
	2034C/2034C		09/30/15				
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30	
1. Certified Bed Capacity							
A. On last day of PREVIOUS report period.....	160	130	30		160	130	30
B. On last day of THIS report period.....	160	130	30		160	130	30
2. Number of Residents							
A. As of midnight of PREVIOUS report period.....	154	126	28		148	124	24
B. As of midnight of THIS report period.....	156	128	28		158	129	29
3. Total Number of Days Care Provided During Period							
A. Medicare.....	12,176	4,180	7,996		9,360	3,346	6,014
B. Medicaid (Conn.).....	38,814	37,875	939		28,731	28,100	631
C. Medicaid (other states).....							
D. Private Pay.....	5,084	3,878	1,206		3,868	2,866	1,002
E. State SSI for RCH.....							
F. Other (Specify) Managed Care	442	442			293	293	
G. Total Care Days During Period (3A thru F).....	56,516	46,375	10,141		42,252	34,605	7,647
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds							
A. Medicaid Bed Reserve Days.....	63	53	10		48	42	6
B. Other Bed Reserve Days.....	10	8	2		6	6	
5. Total Resident Days (3G + 4A + 4B).....	56,589	46,436	10,153		42,306	34,653	7,653
					14,283	11,783	2,500

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

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	9	37

4. Were there any changes in the certified bed capacity during the report year?  YES  NO

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change.....			
2nd change.....			
3rd change.....			
4th change.....			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	31	110	1	8		6		
Per Diem Rate								
a. One bed rm.	586.76	228.07	174.73	522.00	497.00	376.76		
b. Two bed rms.	586.76	228.07	174.73	487.00	477.00	376.76		
c. Three or more bed rms.								
<b>7. Total Number of Physical Therapy Treatments</b>					<b>TOTAL</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
A. Medicare - Part B					11,526	11,526		
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments					769	495	274	
2. Restorative Treatments								
C. Other					35,212	14,492	20,720	
D. Total Physical Therapy Treatments					47,507	26,513	20,994	
<b>8. Total Number of Speech Therapy Treatments</b>								
A. Medicare - Part B					1,796	1,796		
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments					74	21	53	
2. Restorative Treatments								
C. Other					3,388	1,740	1,648	
D. Total Speech Therapy Treatments					5,258	3,557	1,701	
<b>9. Total Number of Occupational Therapy Treatments</b>								
A. Medicare - Part B					13,501	13,501		
B. Medicaid (Exclusive of Part B)								
1. Maintenance Treatments					746	353	393	
2. Restorative Treatments								
C. Other					33,079	13,353	19,726	
D. Total Occupational Therapy Treatments					47,326	27,207	20,119	



Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	114,168	1,694	24,962	370		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	263,642	12,137	57,644	2,654		
5. Dietary Service						
a. Head Dietitian	48,911	1,241	10,694	271		
b. Food Service Supervisor	42,137	1,726	9,213	377		
c. Dietary Workers	313,962	25,272	68,646	5,525		
6. Housekeeping Service						
a. Head Housekeeper	41,436	1,605	9,060	351		
b. Other Housekeeping Workers	184,482	16,110	40,336	3,522		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	48,420	1,929	10,587	422		
b. Other Maintenance Workers	29,539	1,740	6,458	380		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	83,108	7,683	18,171	1,680		
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	150,976	3,347	39,134	867		
b. RN						
1. Direct Care	616,540	17,714	80,306	2,600		
2. Administrative**	479,587	15,462	124,311	4,008		
c. LPN						
1. Direct Care	923,784	35,628	371,440	13,965		
2. Administrative**						
d. Aides and Attendants	1,591,086	112,720	380,020	26,479		
e. Physical Therapists	535,227	15,167	423,813	12,009		
f. Speech Therapists	125,745	2,665	60,133	1,274		
g. Occupational Therapists	353,573	9,219	261,460	6,817		
h. Recreation Workers	109,720	6,745	23,989	1,475		
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	205,006	7,386	44,823	1,615		
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	6,261,049	297,190	2,065,200	86,661		

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

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

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





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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
Litchfield Woods Health Care Center		2034C/2034C		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>									
Denise Quarles (10/1/2014 - 9/30/2015)	114,168	24,962	Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,064	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		
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian.....						
2. Dentist.....	14,258	33	3,118	7		
3. Pharmacist.....	9,849	60	2,153	13		
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	38,879	682	30,785	540		
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	75,822	169	16,578	37		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	548					
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.....	488	1	232	1		
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....	67,471	1,014	49,894	750		
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	2,372	38	615	10		
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>209,687</b>	<b>1,997</b>	<b>103,375</b>	<b>1,358</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		License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center		2034C/2034C	9/30/2015	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
AMN Healthcare Allied Inc., PO Box 281939, Atlanta, GA 30384	Occupational Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Cardiology PC, PO Box 848758, Boston, MA 02284	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Prohealth Physicians/Dr Yoelson, PO Box 150483, Hartford, CT 06115	Medical Director & Assistant Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare, PO Box 78000, Detroit, MI 48278	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Yale New Haven Hospital, PO Box 1403, New Haven, CT 06505	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
Torrington Eyecare, LLC, 375 Main St, Torrington, CT 06790	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Healthdrive Dental Group, 888 Worcester St, Wellestey, MA 02482	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Onward Healthcare, PO Box 27421, New York, NY 10087	Physical Therapist, Occupational Therapist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Torrington Radiologists, 57 Commercial Blvd, Torrington, CT 06790	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
PDT of Ocala FL Inc., 101 Teak Rd, Ocala, FL 34472	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Consulting Ophthalmologists, 499 Farmington Ave, Suite 100, Farmington, CT 06032	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SDX Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

\* 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
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015		15	37
Item		Total	CCNH	RHNS	(Specify)
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation.....	\$	679,083	510,647	168,436	
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$	167,174	125,709	41,465	
4. Social Security (F.I.C.A.).....	\$	617,548	464,375	153,173	
5. Health Insurance.....	\$	1,388,365	1,044,002	344,363	
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$	34,363	25,840	8,523	
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*.....	\$	38,529	14,685	23,844	
d. Accounting and Auditing.....	\$	17,075	14,011	3,064	
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	4,428	3,634	794	
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*.....	\$				
g. Office Supplies.....	\$	78,825	64,683	14,142	
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$	44,206	36,275	7,931	
2. Cellular Phones.....	\$	2,280	1,871	409	
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	\$	932,785	765,428	167,357	
<b>Subtotal</b>	<b>\$</b>	<b>4,004,661</b>	<b>3,071,160</b>	<b>933,501</b>	

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

(Carry Subtotals forward to next page)





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

Name of Facility	License No.	Report for Year Ended		Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	4,004,661	3,071,160	933,501		
1. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 8,012	6,575	1,437		
3. Gifts to Staff and Residents.....	\$ 30,963	25,408	5,555		
4. Employee Travel.....	\$ 5,257	4,314	943		
5. Education Expenses Related to Seminars and Conventions	\$ 7,569	6,211	1,358		
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> ).....	\$ 7,496	6,151	1,345		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***.....	\$ 43,582	35,763	7,819		
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$ 70	57	13		
7. Postage.....	\$ 17,307	14,202	3,105		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$ 11,076	9,089	1,987		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$				
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**.....	\$ 591,602	485,459	106,143		
13. Other ( <i>Specify</i> )	\$ 161,849	132,811	29,038		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,889,444	3,797,200	1,092,244		

\* 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)
Promotional	\$ 35,763	\$ 7,819	
<b>Total Other Advertising</b>	\$ 35,763	\$ 7,819	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 197	\$ 43	
CAHCF	\$ 8,892	\$ 1,944	
<b>Total Dues</b>	\$ 9,089	\$ 1,987	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 4,397	\$ 961	
Bank Charges	\$ 8,066	\$ 1,764	
Payroll Processing Fees	\$ 19,124	\$ 4,181	
Employee Physicals	\$ 19,950	\$ 4,362	
Compliance Consulting	\$ 69,563	\$ 15,209	
Data Processing	\$ 11,711	\$ 2,561	
<b>Total Other Administrative and General</b>	\$ 132,811	\$ 29,038	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Litchfield Woods Health Care Center	2034C/2034C	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$819,300	Contract Attached to a Prior Year	See Below
Allocation of the above	\$540,738 \$131,088 \$147,474	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc. 135 South Road Farmington, CT 06032	\$50,864	Admin/Gen - Other Exp	Pg 16, Line 12

\* 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	License No.	Report for Year Ended		Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 339,047	278,216	60,831		
2. Non-Food Supplies.....	\$ 49,138	40,322	8,816		
3. Other (Specify) _____	\$ 49	40	9		
Dishes = \$49					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$ 131,088	107,569	23,519		
d. Other (Specify) _____	\$				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 519,322</b>	<b>426,147</b>	<b>93,175</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	465	381	83		
H. Is cost of employee meals included in 2E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$6787		
L. Is any revenue collected from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$159		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)	Pg. 18, ln 2a1				
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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	License No.	Report for Year Ended		Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015		19	37
Item	Total	CCNH	RHNS	(Specify)	
<b>3. Laundry</b>					
<b>a. In-House Processing*</b>	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
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. \$	24,354	19,984	4,370	
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>	\$				
<b>c. Management Services**</b> .....	\$				
<b>d. Other (Specify)</b> Supplies = \$7,933	\$	7,933	6,510	1,423	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	\$	32,287	26,494	5,793	
<b>3F. Laundry Questionnaire</b>					
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015		20	37
Item	Sq. Ft. Serviced by Personnel	Total	CCNH	RHNS	(Specify)
4. Housekeeping					
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	41,540	34,087	7,453	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)....</b>	<b>\$</b>	<b>41,540</b>	<b>34,087</b>	<b>7,453</b>	
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....	\$				
2. Purchased from Omni Care	\$	571,081	571,081		
b. Medicine Cabinet Drugs.....	\$	9,004	7,389	1,615	
c. Medical and Therapeutic Supplies.....	\$	336,720	276,307	60,413	
d. Ambulance/Limousine***.....	\$	3,263	3,263		
e. Oxygen					
1. For Emergency Use.....	\$				
2. Other***.....	\$	60,188	49,389	10,799	
f. X-rays and Related Radiological Procedures***.....	\$	76,773	76,773		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> ) .....	\$				
h. Laboratory***.....	\$	106,004	106,004		
i. Recreation.....	\$	26,409	21,671	4,738	
j. Other (Specify)**** See Attached Schedule	\$	275,814	207,469	68,345	
<b>5K. Total Resident Care Expenditures (5a - 5j).....</b>	<b>\$</b>	<b>1,465,256</b>	<b>1,319,346</b>	<b>145,910</b>	

\* 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.



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

Name of Facility		License No.	Report for Year Ended	Page of				
Litchfield Woods Health Care Center		2034C/2034C	9/30/2015	21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No					
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payroll Processing	19,124	4,181	16	m13
USA Hauling	PO Box 808, East Windsor, CT 06088	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	30,809	6,736	22	6f
Thyssenkrupp Elevator	PO Box 933007, Atlanta, GA 31193	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevator Maintenance	25,982	5,681	22	6a
Value Health Care/Omni Care	Knott Drive, Cheshire, CT 06410	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacy	558,654		20	5a2
Wescott Landscaping	334 Wimbledon Gate, Torrington, CT 06790	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Snow Removal	24,417	5,339	22	6f
Winterberry Landscape Management	2070 West Street, Southington, CT 06489	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Groundskeeping	10,211	2,233	22	6f
Harmony Healthcare	430 Boston St, Suite 104, Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance Consulting	69,563	15,209	16	m13
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					

\* 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
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015			22   37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance..... \$	132,890	109,047	23,843		
b. Heat..... \$	196,697	161,406	35,291		
c. Light & Power..... \$	160,649	131,826	28,823		
d. Water..... \$	54,776	44,948	9,828		
e. Equipment Lease (Provide detail on page 6)..... \$	25,501	20,926	4,575		
f. Other (itemize)..... \$	142,381	116,835	25,546		
See Attached Schedule					
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)..... \$</b>	<b>712,894</b>	<b>584,988</b>	<b>127,906</b>		
7. Depreciation (complete schedule page 23*)					
a. Land Improvements..... \$					
b. Building & Building Improvements..... \$					
c. Non-Movable Equipment..... \$	16,206	13,167	3,039		
d. Movable Equipment..... \$	84,680	68,802	15,878		
<b>*7e. Total Depreciation Costs (7a + b + c + d)..... \$</b>	<b>100,886</b>	<b>81,969</b>	<b>18,917</b>		
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense..... \$					
b. Mortgage Expense..... \$					
c. Leasehold Improvements..... \$	201,136	163,423	37,713		
d. Other (Specify)..... \$					
<b>*8e. Total Amortization Costs (8a + b + c + d)..... \$</b>	<b>201,136</b>	<b>163,423</b>	<b>37,713</b>		
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	1,030,214	837,049	193,165		
10. Property Taxes					
a. Real estate taxes paid by owner..... \$					
b. Real estate taxes paid by lessor..... \$	197,586	160,539	37,047		
c. Personal property taxes..... \$	31,621	25,692	5,929		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)..... \$</b>	<b>1,561,443</b>	<b>1,268,672</b>	<b>292,771</b>		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 10,211	\$ 2,233	
Rubbish Removal	\$ 30,809	\$ 6,736	
Snow Removal	\$ 24,417	\$ 5,339	
Supplies	\$ 51,398	\$ 11,238	
<b>Total Other Repairs and Maintenance</b>	\$ 116,835	\$ 25,546	\$ -



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>				
Aug-15	Ramtech - Data Board on Nurse Call System	\$ 2,912	10	\$ 146
<b>Total additions for Non-Movable Equipment</b>		\$ 2,912		\$ 146 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$		\$ **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2





LITCHFIELD WOODS  
LEASEHOLD IMPROVEMENTS # 1942  
EYE 9/30/15

DATE	VENDOR	DESCRIPTION	YEARS	AMOUNT	SUBTOTAL BY CLASS LIFE
10/1/2014	BEGINNING BALANCE			3,588,488.42	
ACQUISITIONS:					
4/30/2015	CARPETWORKS	FLOORING IN ELEVATOR	5	850.80	
5/31/2015	EMERALD RESOURCES	WANDERGUARD MODIFICATIONS (ELEVATOR)	5	960.87	1,811.67
1/31/2015	RELIABLE FLOORING	RESILIENT FLOORING	10	19,740.00	
1/31/2015	MODERN MECHANICAL	MOTOR ASSEMBLY ON BOILER	10	2,233.71	
3/31/2015	TNT REFRIGERATION	DUCTLESS SPLIT A/C SYSTEM	10	4,573.05	
4/30/2015	HD SUPPLY	TACO CIRCULATOR PUMP	10	735.46	
8/31/2015	TNT REFRIGERATION	REPLACE COMPRESSOR ON WALK IN FREEZER	10	1,595.25	28,877.47
12/31/2014	EAGLE FENCE & GUARDRAIL	CHAINLINK FENCE	15	1,595.25	
12/31/2014	EAGLE FENCE & GUARDRAIL	VINYL FENCE	15	1,462.31	
6/30/2015	SHALOM SAHAR	SIDEWALK	15	15,208.05	
7/31/2015	ALL TRADE INDUSTRIES	CONSTRUCT COLUMN IN KITCHEN	15	3,137.33	
8/31/2015	TEC CONTROL SYSTEMS	INSTALL MAG DOOR HOLDERS	15	1,331.50	22,734.44
6/30/2015	ASE ELECTRIC	FIXTURE/MONITORING MODULE	20	526.43	
6/30/2015	ASE ELECTRIC	ELEVATOR CONTROL PANELS	20	9,443.88	
6/30/2015	ASE ELECTRIC	PHASE CIRCUIT INSTALLED	20	834.85	
6/30/2015	THYSSENKRUPP	KEYSWITCH ON ELEVATOR	20	1,219.50	
6/30/2015	OTIS ELEVATOR	NEW ELEVATOR	20	108,232.40	120,257.06
5/31/2015	TORRINGTON WATER CO.	FIRE HYDRANT	25	6,255.17	
8/31/2015	PRECISION PLUMBING	REPLACE GATE VALVES & REINSTALL METEOR	25	1,993.00	
9/30/2015	SIMPLEX GRINNELL	FIRE SPRINKLER HEADS	25	2,519.43	10,767.60
ACQUISITIONS @ 9/30/15				184,448.24	184,448.24
BALANCE @ 9/30/15				3,772,936.66	

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

**Amortization Schedule\***

Name of Facility	License No.	Report for Year Ended		Page	of			
		9/30/2015	24			37		
Litchfield Woods Health Care Center	2034C/2034C							
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
<b>A. Organization Expense</b>								
1.								
2.								
3.								
A-4. Subtotal.....								
<b>B. Mortgage Expense</b>								
1.								
2. Finance Fees-Refinance 2007	6 2007	5 yrs	12,500	12,500	SL	0		
3. Finance Fees-	9 2012		16,429	3,929				
B-4. Subtotal.....								
<b>C. Leasehold Improvements and Other (Specify)</b>								
1. Acquired prior to this report period	9 2014	Various	4,978,994	2,776,321	SL	Var	195,532	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	9 2015	Various	184,448		SL	Var	5,604	
C-4. Subtotal.....								201,136
<b>D. Total Amortization .....</b>								201,136

\* 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.



**Amortization Schedule - Detail of Leasehold Improvements & Other**

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	24A	37
<b>C. Leasehold Improvements (Specify)</b>				
1. Acquired prior to this report period	Various	1,978,728 SL	195,532	
2. Disposals (attach schedule)				
3. Acquired during this report period	Various	SL	5,604	
C-4. Subtotal.....				201,136
<b>C. Other (Specify)</b>				
1. Bed License Purchase	15 yrs	741,000 SL		0
2. Bed License Purchase	None	56,593 None		
C-4. Subtotal.....				
Total Acquired prior to this report period	Various	2,776,321 SL	195,532	
Total Disposals				
Total Acquired during this report period	Various	SL	5,604	

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

Name of Facility Litchfield Woods Health Care Center	License No. 2034C/2034C	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="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If "Yes," complete Part B. If "No," complete Part C.</span>					
<small>*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.</small>					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed		1988			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		05/11/88			
5. Total Licensed Bed Capacity		160			
6. Square Footage					
7. Acquisition Cost					
a. Land		29,039			
b. Building		7,151,576			
<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)		HUD			
b. Date Mortgage Obtained		03/29/12			
c. Interest Rate for the Cost Year		3.22%			
d. Term of Mortgage (number of years)		35			
e. Amount of Principal Borrowed		8,985,315			
f. Principal balance outstanding as of 9/30/2015		7,969,713			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Litchfield Woods Health Care Center		2034C/2034C	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. Total Building Interest Expense (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
Litchfield Woods Health Care Center	2034C/2034C	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).....		\$	54,414	44,211	10,203	
Vendor Interest = \$1,949; Key Bank Note Interest & Fees = \$42,921; Line of Credit Interest = \$9,544						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....		\$	54,414	44,211	10,203	
14. Insurance						
a. Insurance on Property (buildings only).....		\$	115,297	93,679	21,618	
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. Total Insurance Expenditures (14a + b + c)...		\$	115,297	93,679	21,618	
15. Total All Expenditures (A-13 thru C-14).....		\$	18,031,208	14,065,560	3,965,648	

**D. Adjustments to Statement of Expenditures**

Name of Facility				License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center				2034C/2034C	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.	10	A12g	Occupational Therapy.....	\$ 615,033	353,573	261,460	
4.	Var	Var	Other - See attached Schedule.....	\$ 60,730	49,834	10,896	
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **.....	\$ 548	548		
6.	13	B10a	Occupational Therapy.....	\$ 117,365	67,471	49,894	
7.			Other - See attached Schedule.....	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 38,529	14,685	23,844	
10.	15	1d&e	Accounting & Legal.....	\$ 6,712	5,508	1,204	
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 840	689	151	
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 30,963	25,408	5,555	
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$			
16.	16	L5	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 *.....	\$ 43,582	35,763	7,819	
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 362,604	297,547	65,057	
	18	2c		\$ 87,904	72,133	15,771	
	20	5j		\$ 98,892	81,149	17,743	
22.	16	m6	Barber and Beauty.....	\$ 70	57	13	
23.	Var	Var	Other - See attached Schedule.....	\$ 99,960	82,026	17,934	
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 6,787	5,569	1,218	
<b>Page 19 - Laundry Expenditures</b>							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,570,519	1,091,960	478,559	

\* 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.



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

Name of Facility			License No.	Report for Year Ended	Page	of	
Litchfield Woods Health Care Center			2034C/2034C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,570,519	1,091,960	478,559	
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 571,081	571,081		
28.	20	5d	Ambulance/Limousine.....	\$ 3,263	3,263		
29.	20	5f	X-rays, etc.....	\$ 76,773	76,773		
30.	20	5h	Laboratory.....	\$ 106,004	106,004		
31.	20	5c	Medical Supplies.....	\$ 48,467	39,771	8,696	
32.	20	5e2	Oxygen (non emergency).....	\$ 60,188	49,389	10,799	
33.	20	5j	Occupational Therapy.....	\$ 15,803	9,085	6,718	
34.	Var	Var	Other - See Attached Schedule.....	\$ 17,690	14,516	3,174	
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 4,396	3,572	824	
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.	20	5j	Radio and Television Revenue.....	\$ 8,973	7,363	1,610	
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	1v5	Interest Income on Accounts Rec.....	\$ 64	53	11	
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
<b>Not For Profit Providers Only</b>							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 2,483,221	1,972,830	510,391	

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	14,516	3,174	
Total Other Ancillary Costs			\$ 14,516	\$ 3,174	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7f	Movable Equip Depr Carryforward AJE	3,572	824	
Total Excess Movable Equipment Depreciation			3,572	824	

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments					

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$	\$	\$





**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015			30   37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents (CT only).....	\$ 18,898,319	18,448,886	449,433		
b. Medicaid Room and Board Contractual Allowance **.....	\$ (10,092,138)	(9,808,237)	(283,901)		
2. a. Medicaid (All other states).....	\$				
b. Other States Room and Board Contractual Allowance **.....	\$				
3. a. Medicare Residents (all inclusive) .....	\$ 4,909,319	1,657,655	3,251,664		
b. Medicare Room and Board Contractual Allowance **.....	\$ 1,466,554	312,407	1,154,147		
4. a. Private-Pay Residents and Other.....	\$ 3,317,660	2,311,784	1,005,876		
b. Private-Pay Room and Board Contractual Allowance **.....	\$ 19,724	38,645	(18,921)		
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare.....	\$ 543,124	158,057	385,067		
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (543,124)	(158,057)	(385,067)		
c. Prescription Drugs - Non-Medicare.....	\$ 145,632	90,951	54,681		
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (145,632)	(90,951)	(54,681)		
2. a. Medical Supplies - Medicare.....	\$ 32,467	14,745	17,722		
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (26,617)	(8,895)	(17,722)		
c. Medical Supplies - Non-Medicare.....	\$ 31,238	27,796	3,442		
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (29,961)	(27,693)	(2,268)		
3. a. Physical Therapy - Medicare.....	\$ 1,720,742	626,161	1,094,581		
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (1,433,841)	(466,046)	(967,795)		
c. Physical Therapy - Non-Medicare.....	\$ 291,573	160,102	131,471		
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (291,296)	(159,825)	(131,471)		
4. a. Speech Therapy - Medicare.....	\$ 411,514	210,820	200,694		
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (319,912)	(148,852)	(171,060)		
c. Speech Therapy - Non-Medicare.....	\$ 78,353	51,624	26,729		
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (78,353)	(51,624)	(26,729)		
5. a. Occupational Therapy - Medicare.....	\$ 1,904,286	727,655	1,176,631		
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (1,548,791)	(523,286)	(1,025,505)		
c. Occupational Therapy - Non-Medicare.....	\$ 270,869	138,303	132,566		
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (270,869)	(138,303)	(132,566)		
6. a. Other (Specify) - Medicare.....	\$				
b. Other (Specify) - Non-Medicare.....	\$ (1,312)	(1,312)			
<b>III Total Resident Revenue (Section I thru Section II).....</b>	<b>\$ 19,259,528</b>	<b>13,392,510</b>	<b>5,867,018</b>		
<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 (Specify) .....	\$ 142,958	117,309	25,649		
6. Private Duty Nurses' Fees.....	\$				
7. Barber, Coffee, Beauty and Gift shops.....	\$				
8. Other (Specify).....	\$ 3,449	2,830	619		
<b>V. Total Other Revenue (1 thru 8).....</b>	<b>\$ 146,407</b>	<b>120,139</b>	<b>26,268</b>		
<b>VI. Total All Revenue (III + V).....</b>	<b>\$ 19,405,935</b>	<b>13,512,649</b>	<b>5,893,286</b>		

\* 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)
N/A	Retroactives	\$ (1,312)		
<b>Total Other Resident Revenue</b>		\$ (1,312)	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on A/R		\$ 53	\$ 11	
pg 34, Ln B3	Interest Income on Related Party Note		\$ 117,256	\$ 25,638	
<b>Total Interest Income</b>			\$ 117,309	\$ 25,649	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 2,830	\$ 619	
<b>Total Other Revenue</b>		\$ 2,830	\$ 619	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash (on hand and in banks).....			\$	605,434
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,213,459
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4 Inventories.....			\$	27,804
5. Prepaid Expenses.....			\$	244,555
a. Prepaid Insurance	210,820			
b. _____				
c. Other Prepaid Expenses	33,735			
d. _____				
6. Interest Receivable.....			\$	87,567
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (itemize).....			\$	227,412
A/R Non-Related Facilities	66			
A/R Related Party Facilities	227,346			
<b>A-9: Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>2,406,231</b>
<b>B. Fixed Assets</b>				
1. Land.....			\$	
2. Land Improvements	*Historical Cost..... _____		\$	
	Accum. Depreciation _____	Net.....		
3. Buildings	*Historical Cost..... _____		\$	
	Accum. Depreciation _____	Net.....		
4. Leasehold Improvements	*Historical Cost..... 3,823,676		\$	1,643,811
	Accum. Depreciation (2,179,865)	Net.....		
5. Non-Movable Equipment	*Historical Cost..... 484,412		\$	51,316
	Accum. Depreciation (433,096)	Net.....		
6. Movable Equipment	*Historical Cost..... 1,776,373		\$	376,533
	Accum. Depreciation (1,399,840)	Net.....		
7. Motor Vehicles	*Historical Cost..... _____		\$	
	Accum. Depreciation _____	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (itemize).....			\$	17,183
Excluded Movable Equipment	17,183			
<b>B-10: Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>2,088,843</b>

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

**Litchfield Woods**  
**Other Prepaid Expenses #1580**  
**9/30/15**

Schiff Hardin LLP	\$25,384.62
Iron Mountain	<u>\$8,349.95</u>

Balance at 9/30/15	<u><u>\$33,734.57</u></u>
--------------------	---------------------------

	2009 Cost Report- Heritage Firm	2009 Cost Report- Heritage Firm	2009 Cost Report-TV's Heritage Firm	2010 Cost Report- Heritage Firm	2013 Cost Report-TV's Heritage Firm	Total
Cost	\$ 361	\$ 219	\$ 5,315	\$ 160	\$ 8,406	\$ 219,136
Term	5.00	10.00	5.00	5.00	5.00	
1997 Deprec	\$ 35	\$ 11	\$ 552			\$ 128
1997 Book Value	\$ 325	\$ 208	\$ 4,763			\$ 1,567
1998 Deprec	\$ 72	\$ 22	\$ 1,063	\$ 16		\$ 223
1998 Book Value	\$ 253	\$ 186	\$ 3,720	\$ 144		\$ 2,461
1999 Deprec	\$ 72	\$ 22	\$ 1,063	\$ 32		\$ 14,806
1999 Book Value	\$ 181	\$ 164	\$ 2,657	\$ 112		\$ 130,351
2000 Deprec	\$ 109	\$ 142	\$ 1,584	\$ 80		\$ 15,315
2000 Book Value	\$ 72	\$ 22	\$ 1,063	\$ 32		\$ 117,671
2001 Deprec	\$ 37	\$ 120	\$ 531	\$ 48	\$ 841	\$ 102,359
2001 Book Value	\$ 37	\$ 22	\$ 531	\$ 32	\$ 1,651	\$ 15,315
2002 Deprec	\$ -	\$ 98	\$ -	\$ 16	\$ 5,854	\$ 15,295
2002 Book Value	\$ -	\$ 76	\$ -	\$ 16	\$ 1,651	\$ 87,063
2003 Deprec	\$ -	\$ 22	\$ -	\$ -	\$ 4,203	\$ 17,121
2003 Book Value	\$ -	\$ 54	\$ -	\$ -	\$ 1,651	\$ 80,777
2004 Deprec	\$ -	\$ 22	\$ -	\$ -	\$ 2,522	\$ 17,759
2004 Book Value	\$ -	\$ 32	\$ -	\$ -	\$ 1,651	\$ 69,349
2005 Deprec	\$ -	\$ 22	\$ -	\$ -	\$ 841	\$ 17,536
2005 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ 842	\$ 54,601
2006 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ (1)	\$ 17,538
2006 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 37,252
2007 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 18,995
2007 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 53,335
2008 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 18,966
2008 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 35,662
2009 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,421
2009 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 37,136
2010 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,900
2010 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 32,395
2011 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,916
2011 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 27,478
2012 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,553
2012 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 22,925
2013 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,756
2013 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 26,575
2014 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,996
2014 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 21,579
2015 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,396
2015 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 17,183
2016 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,380
2016 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 12,803
2017 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,005
2017 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 8,799
2018 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 2,739
2018 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 6,060
2019 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 1,844
2019 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 4,217
2020 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 1,681
2020 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 2,536
2021 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 1,681
2021 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 855
2022 Deprec	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 852
2022 Book Value	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 3

Cost Year

Cost Term	2007 Cost Report- Heritage Fum	2007 Cost Report- Heritage Fum	2007 Cost Report- Heritage Fum	2003 Field Audit- Heritage Fum Mark up	2003 Field Audit- Heritage Fum Mark up	2003 Field Audit- Heritage Fum Mark up	2003 Field Audit- Unsupported Items	2003 Field Audit- Unsupported Items	2003 Field Audit- Unsupported Items	2008 Cost Report- Heritage Fum	2008 Cost Report- Heritage Fum	2008 Cost Report- Heritage Fum
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1997 Deprec Book Value	\$ 2,515	\$ 7,573	\$ 24,978	\$ 45	\$ 32	\$ 39	\$ 1,183	\$ 3,175	\$ 6,300	\$ 242	\$ 837	\$ 235
1997 Deprec Book Value	5.00	10.00	15.00	10.00	10.00	10.00	5.00	10.00	5.00	5.00	10.00	15.00
1998 Deprec Book Value												
1998 Deprec Book Value												
1999 Deprec Book Value												
1999 Deprec Book Value												
2000 Deprec Book Value												
2000 Deprec Book Value												
2001 Deprec Book Value												
2001 Deprec Book Value												
2002 Deprec Book Value												
2002 Deprec Book Value												
2003 Deprec Book Value												
2003 Deprec Book Value												
2004 Deprec Book Value												
2004 Deprec Book Value												
2005 Deprec Book Value												
2005 Deprec Book Value												
2006 Deprec Book Value												
2006 Deprec Book Value												
2007 Deprec Book Value	\$ 252	\$ 379	\$ 833	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 24	\$ 42	\$ 8
2007 Deprec Book Value	2,264	7,195	24,146	20	20	27	946	318	1,260	218	795	227
2008 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2008 Deprec Book Value	1,761	6,438	22,481	15	17	23	867	318	1,260	170	711	211
2009 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2009 Deprec Book Value	1,258	6,681	20,816	10	14	19	788	318	1,260	122	627	195
2010 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2010 Deprec Book Value	755	4,924	19,151	5	11	15	709	318	1,260	74	543	179
2011 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2011 Deprec Book Value	252	4,167	17,486	5	8	11	630	318	1,260	26	459	163
2012 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2012 Deprec Book Value	3,410	15,821	55,821	5	5	7	551	318	1,260	26	459	163
2013 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2013 Deprec Book Value	2,653	14,155	51,155	5	5	4	472	318	1,260	26	459	163
2014 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2014 Deprec Book Value	1,956	12,481	48,481	5	3	3	393	318	1,260	26	459	163
2015 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2015 Deprec Book Value	1,139	10,825	40,825	5	3	3	314	318	1,260	26	459	163
2016 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2016 Deprec Book Value	382	9,161	35,161	5	235	79	235	318	1,260	26	459	163
2017 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2017 Deprec Book Value	7495	24,995	84,995	5	156	79	156	318	1,260	26	459	163
2018 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2018 Deprec Book Value	5,861	18,665	65,665	5	77	77	77	318	1,260	26	459	163
2019 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2019 Deprec Book Value	4,166	13,665	48,665	5	77	77	77	318	1,260	26	459	163
2020 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2020 Deprec Book Value	2,501	7,501	25,501	5	2,501	2,501	2,501	318	1,260	26	459	163
2021 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2021 Deprec Book Value	836	2,836	9,836	5	836	836	836	318	1,260	26	459	163
2022 Deprec Book Value	\$ 503	\$ 757	\$ 1,665	\$ 5	\$ 3	\$ 4	\$ 79	\$ 318	\$ 1,260	\$ 48	\$ 84	\$ 16
2022 Deprec Book Value	836	2,836	9,836	5	836	836	836	318	1,260	26	459	163





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

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	4,495,074
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land.....			\$	
2. Land Improvements			*Historical Cost.....	
			Accum. Depreciation	Net.....
			\$	
3. Buildings			*Historical Cost.....	
			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.....			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense			*Historical Cost.....	
			Accum. Depreciation	Net.....
			\$	
4. Goodwill (Purchased Only).....			\$	551,000
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> ).....			\$	42,654
Deposits IRS			12,552	
Project Development			30,102	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7).....</b>			\$	593,654
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....</b>			\$	5,088,728

\* 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		License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center		2034C/2034C	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,317,810
2. Notes Payable ( <i>itemize</i> ).....				\$	(379,000)
Due from Related Party				(449,000)	
Line of Credit				70,000	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> ).....				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> ).....				\$	282,153
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> ).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	7,908
7. Medicare Final Settlement Payable.....				\$	
8. Medicare Current Financing Payable.....				\$	
9. Mortgage Payable ( <i>Current Portion</i> ).....				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> ).....				\$	2,581
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities ( <i>itemize</i> ).....				\$	413,589
Acc'd Operating Expenses				172,553	
Due to Medicaid-Provider Tax				241,036	
<b>A-13. Total Current Liabilities (Lines A1 thru 12).....</b>				<b>\$</b>	<b>1,645,041</b>

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

(Carry Total forward to next page)

\*\* Interest Bearing - Do Not Include in Return on Equity Calculation.

LITCHFIELD WOODS  
ACCRUED EXPENSES  
9/30/2015

VENDOR	AMOUNT	ACCOUNT
ATHENA	\$ 23,850.00	5121
MEDICAL DIRECTOR	\$ 3,000.00	7021
PHARMACY	\$ -53,305.01	
MEDICAL DIRECTOR	\$ 4,800.00	7020
WORKERS COMP	\$ (21,965.00)	5363
HEALTH INS. IBNR AJE 9/30/14	\$ 51,207.67	5364
MANAGEMENT FEES TRUE UP	\$ 996.67	5120
DHLS 9/30/15 AUDIT FEE	\$ 14,000.00	5126
FOOD REBATE	\$ (3,271.60)	5124
DENISE QUARLES-CEU TEXTBOOKS	\$ 272.13	5371
ACCRUED PENSION W/E 9/26	\$ 5,192.50	5368
USA HAULING	\$ 3,387.43	5547
TORRINGTON WATER	\$ 6,052.70	5571
TORRINGTON WATER	\$ 164.70	5571
CONSTELLATION ENERGY	\$ 8,490.21	5574
MEDICAL DIRECTOR-10/31/13 FEE	\$ 4,500.00	7020
MEDICAL DIRECTOR PROGRAM-10/31/13 FEE	\$ 3,200.00	7021
PROCAIRE	\$ 4,098.60	7538
PROCAIRE	\$ 1,442.30	7531/7538
CHARLOTTE HUNGERFORD	\$ 7,624.47	7750
CHARLOTTE HUNGERFORD	\$ 2,205.11	8050
TOTAL	<u>\$ 172,552.90</u>	2170

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

Name of Facility		License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center		2034C/2034C	9/30/2015	34	37
Account				Amount	
Total Brought Forward:				1,645,041	
<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> ).....				\$ 44,082	
Name and Address of Lender	Amount	Loan Date			
Due to Related Party	44,082	None			
4. Other Long-Term Liabilities ( <i>itemize</i> ).....				\$ 823,683	
Note Payable		812,077			
SWAP Valuation		11,606			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$ 867,765	
C. Total All Liabilities (Lines A-13 + B-5).....				\$ 2,512,806	

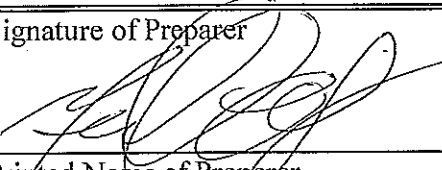
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	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.....			\$	
2. Capital Stock.....			\$	1,000
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	(11,606)
5. Cumulated Earnings.....			\$	1,211,801
6. Gain or Loss for Period 10/1/2014 thru 9/30/2015			\$	1,374,727
7. Total Net Worth.....			\$	2,575,922
<b>C. Total Reserves and Net Worth .....</b>			\$	2,575,922
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>			\$	5,088,728

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	2,019,749
B. Total Revenue (From Statement of Revenue Page 30 ) .....			\$	19,405,935
C. Total Expenditures (From Statement of Expenditures Page 27 ) .....			\$	18,031,208
D. Net Income or Deficit.....			\$	1,374,727
E. Balance.....			\$	3,394,476
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
		(807,112)		
	SWAP Adjustment	(11,606)		
	Rounding	2		
	Invoice voided from wrong fiscal year	162		
2. Other ( <i>itemize</i> )				
F-3. Total Additions.....			\$	(818,554)
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> ).....			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> ).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. <b>Balance at End of Period</b>			\$	2,575,922
				09/30/15

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

Name of Facility	License No.	Report for Year Ended	Page	of
Litchfield Woods Health Care Center	2034C/2034C	9/30/2015	37	37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (Specify)		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<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		
	CEO	2/12/16		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		