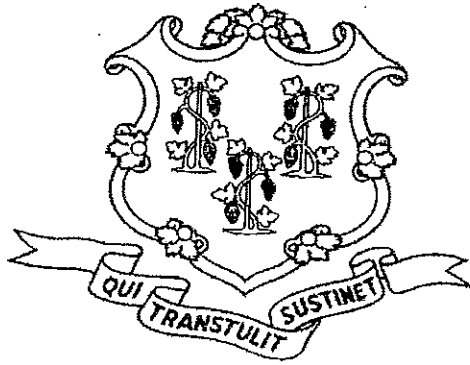


# State of Connecticut



15-97

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

RECEIVED

FEB 18 2016

DEPT. OF SOCIAL SERVICES  
OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) Paradigm Healthcare Center of Torrington, LLC	
Address (No. & Street, City, State, Zip Code) 80 Fern Drive, Torrington, CT 06790	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2354	RHNS	(Specify)	Medicare Provider 07-5105
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 9621	RHNS	ICF-IID
----------------------------	--------------	------	---------

**For Department Use Only**

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

RECEIVED

FEB 23 2016

MYERS & STAUFFER LC

## Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

**General Information**

Name of Facility (as licensed) Paradigm Healthcare Center of Torrington, LLC	License No. 2354	Report for Year Ended 9/30/2015	Page 1	of 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 Paradigm Healthcare Center of Torrington, LLC [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

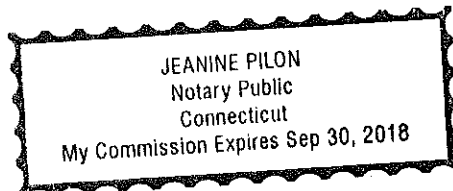
I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the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

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.

{a} SUBJECT TO DESK AUDIT REVIEW

Signed (Administrator)		Date	Signed (Owner) <i>officer</i> <i>Neil B. Wyman</i>	Date 2/10/16
Printed Name (Administrator) Amanda Schutz			Printed Name (Owner) <i>officer</i> See Page 3 <i>Neil B. Wyman Jr</i>	
Subscribed and Sworn to before me:	State of CT	Date 2/10/16	Signed (Notary Public) <i>Jeanine Pilon</i>	Comm. Expires 9/30/18
Address of Notary Public 75 Matthews St Bristol CT 06010				

(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 Paradigm Healthcare Center of Torrington, LLC		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 80 Fern Drive, Torrington, CT 06790				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/10/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-482-7668		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Paradigm Healthcare Center of Torrington, LLC		Address (No. & Street, City, State, Zip) 80 Fern Drive, Torrington, CT 06790		
License Numbers:	CCNH 2354	RHNS	(Specify)	Medicare Provider No. 07-5105
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Amanda Schutz		Nursing Home Administrator's License No.:	2001	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		





### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Torrington, LLC	2354	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A



## General Information and Questionnaire Related Parties\*

Name of Facility Paradigm Healthcare Center of Torrington, LLC	License No. 2354	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? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> 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 %**				
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	Management HR, Finance, Clinical, Ops	Pg. 16 / Line m12	275,001	223,763
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	Corporate Health/Dental policy - each entity	Pg. 15 / Line 1a5	553,056	553,056
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	Workers' Comp Ins - allocated based on beds	Pg. 15 / Line 1a1	241,780	241,780
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	Disability Insurance - corp policy billed separately	Pg. 15 / Line 1a2	6,438	6,438
Paradigm Management, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	Life Insurance - corp policy billed separately	Pg. 15 / Line 1a6	2,159	2,159
Paradigm Healthcare Development, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	Liability Insurance (PL/GL)	Pg. 27 / Line 14c3	45,441	45,441
Paradigm Healthcare Development, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	Property Insurance	Pg. 27 / Line 14a	6,439	6,439
Paradigm Healthcare Development, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	401k Plan - No employer contribution	N/A		3,530
Paradigm Healthcare Development, LLC	177 Whitewood Road, Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>	Shared Working Capital Interest based on AR	Pg. 27 / Line 12D	96,575	96,575

\* 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 Paradigm Healthcare Center of Torrington, LLC		License No. 2354	Report for Year Ended 9/30/2015	Page 4a	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No							
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? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
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				
Synergy Therapy Services, LLC	44 Bluff Point Road, South Glastonbury, CT 06703	<input checked="" type="radio"/>	<input type="radio"/>	10% Physical Therapy	Pg. 13 / Line B5a	8,605	8,605
Synergy Therapy Services, LLC	44 Bluff Point Road, South Glastonbury, CT 06703	<input checked="" type="radio"/>	<input type="radio"/>	10% Occupational Therapy	Pg. 13 / Line B10a	10,474	10,474
Synergy Therapy Services, LLC	44 Bluff Point Road, South Glastonbury, CT 06703	<input checked="" type="radio"/>	<input type="radio"/>	10% Speech Therapy	Pg. 13 / Line B9a	2,095	2,095
		<input type="radio"/>	<input type="radio"/>	0%			
		<input type="radio"/>	<input type="radio"/>	0%			
		<input type="radio"/>	<input type="radio"/>	0%			
		<input type="radio"/>	<input type="radio"/>	0%			
		<input type="radio"/>	<input type="radio"/>	0%			
		<input type="radio"/>	<input type="radio"/>	0%			

\* Use additional sheets if necessary.

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

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

Name of Facility Paradigm Healthcare Center of Torrington, LLC	License No. 2354	Report for Year Ended 9/30/2015	Page 5	of 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 (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

N/A

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.  
 Workers Comp, Corporate Policy allocated based upon beds, Corporate Health/Dental is billed separately to each facility. Interest on Line of Credit on A/R Balance. Advertising/promotional and general legal based on equal ratio.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)  
 Yes       No      If "No," explain fully why such allocation was not made.

N/A

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

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

Name of Facility		License No.	Report for Year Ended	Page	of	
Paradigm Healthcare Center of Torrington, LLC		2354	9/30/2015	6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
Pitney Bowes, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Open Ended	Open Ended	159	159
	<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"/>				
					<b>Total ***</b>	159

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

\* 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 Paradigm Healthcare Center of Tor	License No. 2354	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 Marcum LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Audit, tax preparation, cost report and reimbursement advisory services			\$ 20,100
2				\$
3				\$
4				\$
				Charge for Services Provided \$ 20,100
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, Line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 MidCap Financial 2 Murtha Cullina LLP 3 Reid & Reige 4 Treasurer, State of CT 5			Telephone Number 301-760-7600 860-240-6000 860-278-1150 800-833-7318	
Address ( <i>No. &amp; Street, City, State, Zip Code</i> ) 1 7255 Woodmont Ave. Ste 200, Bethesda, MD 20814 2 185 Asylum Street, Hartford, CT 06103 3 One Financial Plaza, Hartford, CT 06103 4 22 Elm Street #2, Hartford, CT 06106 5				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Due diligence and line of credit fees (Disallowed)			\$ 7,301
2	General representation and mediation			\$ 9,698
3	General representation, Settlement, Objection filing (Disallowed \$788 on Pg. 28)			\$ 3,926
4	Personal Property Due 7/1/14 plus constable fee (Disallowed on Pg. 28)			\$ 297
5				\$
				Charge for Services Provided \$ 21,222
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, Line 1e				

**Schedule of Resident Statistics**

Name of Facility	License No.	Report for Year Ended		Page	of																
		9/30/2015				8	37														
		Period 10/1 Thru 6/30	Period 7/1 Thru 9/30																		
Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	Total	CCNH	RHNS	Total (Specify)											
1. Certified Bed Capacity																					
A. On last day of PREVIOUS report period		75	75							75	75			75	75						
B. On last day of THIS report period		75	75							75	75			75	75						
2. Number of Residents																					
A. As of midnight of PREVIOUS report period		69	69							69	69			63	63						
B. As of midnight of THIS report period		67	67							63	63			67	67						
3. Total Number of Days Care Provided During Period																					
A. Medicare		3,146	3,146							2,295	2,295			851	851						
B. Medicaid (Conn.)		19,834	19,834							15,164	15,164			4,670	4,670						
C. Medicaid (other states)																					
D. Private Pay		6,249	6,249							5,701	5,701			548	548						
E. State SSI for RCH																					
F. Other (Specify) Managed Care		445	445							412	412			33	33						
G. Total Care Days During Period (3A thru F)		29,674	29,674							23,572	23,572			6,102	6,102						
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. Total Resident Days (3G + 4A + 4B)		29,674	29,674							23,572	23,572			6,102	6,102						

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

Name of Facility Paradigm Healthcare Center of Torrington, L			License No. 2354			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? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> 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	6		54		7								
Per Diem Rate													
a. One bed rm.	Various		239.55		450.00								
b. Two bed rms.	Various		239.55		439.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,124	2,124			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									538	538			
2. Restorative Treatments													
C. Other									7,272	7,272			
D. Total Physical Therapy Treatments									9,934	9,934			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									210	210			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									91	91			
2. Restorative Treatments													
C. Other									982	982			
D. Total Speech Therapy Treatments									1,283	1,283			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,145	2,145			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									382	382			
2. Restorative Treatments													
C. Other									7,442	7,442			
D. Total Occupational Therapy Treatments									9,969	9,969			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Paradigm Healthcare Center of Torrington, LLC	2354	9/30/2015	10	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	99,088	2,118				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	110,907	6,227				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	329,330	17,028				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	226,370	11,722				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	57,823	2,467				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	44,679	3,424				
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	89,519	2,080				
b. RN						
1. Direct Care	591,665	16,064				
2. Administrative**	64,005	3,689				
c. LPN						
1. Direct Care	643,638	20,063				
2. Administrative**						
d. Aides and Attendants	887,418	50,957				
e. Physical Therapists	233,641	6,167				
f. Speech Therapists	51,553	1,722				
g. Occupational Therapists	144,395	4,016				
h. Recreation Workers	79,851	2,781				
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	121,033	4,999				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<b>3,774,915</b>	<b>155,524</b>				

\* 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)

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Audiology	\$ 760	17				
Medical Records	\$ 323	15				
<b>Total</b>	\$ 1,083	32	\$ -	-	\$ -	-

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		
Paradigm Healthcare Center of Torrington, LLC		2354		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		
Paradigm Healthcare Center of Torrington, LLC		2354		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>									
James Thompson (10/1/2014 - 4/26/2015)	61,021		Non-discrim	Administrator	1,280	A2			
Amanda Schutz (4/27/2015 - Present)	38,067		Non-discrim	Administrator	800	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		
Paradigm Healthcare Center of Torrington, LLC	2354	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 (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	4,770	106				
3. Pharmacist	11,313	216				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	47,805	924				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,115	144				
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	2,095	42				
b. Other						
10. Occupational Therapist						
a. Resident Care	10,474	209				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	9,598	417				
d. Other						
12. Other (Specify) See Attached Schedule	1,083	32				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>129,253</b>	<b>2,090</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 Paradigm Healthcare Center of Torrington, LLC		License No. 2354	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		
United Dental Resources, LLC; 411 Highland Ave., Ste 1-N; Waterbury CT 06708	Dentist / Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
LTC Dental LLP; 174 Scott Road; Prospect, CT 06712	Dentist / Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Accuscript Consulting Servies LLC; 276 CEDARBRIDGE AVE.;LAKEWOOD NJ 08701	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
LifeMed Pharmacy LLC.; 447 Doughty Blvd; Inwood NY 11096	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Ommicare of CT, PO Box 715268, Columbus, OH 43271-5268	Pharmacist / Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Stern Therapy Consultants LLC; 50 Lyncrest Drive; Monsey, NY 10952	PT Resident Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Synergy Therapy Solutions 44 Bluff Point Road South Glastonbury CT 06073	PT, OT & ST Resident Care	<input checked="" type="radio"/>	<input type="radio"/>	Wife of Scott Ziskin	
Frank Crociata M D; 434 Prospect St.; Torrington, CT 06790	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network, LLC, 653 Main St, Plantsville, CT 06479	CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<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
Paradigm Healthcare Center of Torrington, LLC	2354	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 241,780	241,780			
2. Disability Insurance	\$ 6,438	6,438			
3. Unemployment Insurance	\$ 97,721	97,721			
4. Social Security (F.I.C.A.)	\$ 287,891	287,891			
5. Health Insurance	\$ 553,056	553,056			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,159	2,159			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 178,257	178,257			
8. Uniform Allowance	\$ 7,741	7,741			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 22,615	22,615			
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 56,272	56,272			
<b>d. Accounting and Auditing</b>	\$ 20,100	20,100			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 21,222	21,222			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 3,820	3,820			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 26,936	26,936			
2. Cellular Phones	\$				
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 461,031	461,031			
<b>Subtotal</b>	\$ 1,987,039	1,987,039			

\* 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**

Paradigm Healthcare Center of Torrington, LLC  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	-		
Employee Physicals/Pre Employment	\$ 1,626		
Union Training	\$ 20,989		
<b>Total</b>	<b>\$ 22,615</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Torrington, LLC	2354	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	1,987,039	1,987,039		
<b>i. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 2,313	2,313		
4. Employee Travel	\$ 2,856	2,856		
5. Education Expenses Related to Seminars and Conventions	\$ 525	525		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 2,459	2,459		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 3,380	3,380		
4. Fund-Raising***	\$			
5. Medical Records	\$ 26	26		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 749	749		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 5,354	5,354		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 814	814		
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> )	\$ 58,752	58,752		
12. Administrative Management Services**	\$ 275,001	275,001		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 23,251	23,251		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,362,519	2,362,519		

\* 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>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Advertising - Promotional	\$ 3,380		
<b>Total Other Advertising</b>	<b>\$ 3,380</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF	\$ 5,004		
Russell Phillips & Associates - Compliance Dues	\$ 350		
<b>Total Dues</b>	<b>\$ 5,354</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Bank Charges	\$ 18,543		
Printing	\$ 778		
Business License Fees	\$ 1,441		
Licenses & Permits - DEA Registration	\$ 731		
Licenses & Permits - Food License Renewal	\$ 330		
Licenses & Permits - Beth Luzenski License Renewal	\$ 60		
Licenses & Permits - Bi-Annual License Renewal	\$ 815		
Licenses & Permits - National Government Services	\$ 553		
<b>Total Other Administrative and General</b>	<b>\$ 23,251</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Paradigm Healthcare Center of Torrington	License No. 2354	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Paradigm Management, LLC	275,001	Management Services	Pg. 16 / Line m12

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

**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
Paradigm Healthcare Center of Torrington, LLC	2354	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 129,553	129,553		
2. Non-Food Supplies	\$ 4,160	4,160		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 20,124	20,124		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 153,837</b>	<b>153,837</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility Paradigm Healthcare Center of Torrington, LLC		License No. 2354	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. \$	16,476	16,476	
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. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		<b>\$</b>	<b>16,476</b>	<b>16,476</b>	
3F. Laundry Questionnaire					
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
Paradigm Healthcare Center of Torrington, LLC		2354	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$ 22,548	22,548			
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> )	\$				
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$ 22,548	22,548			
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmacy	\$ 142,179	142,179			
b.	Medicine Cabinet Drugs	\$ 15,010	15,010			
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$ 2,305	2,305			
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$ 12,794	12,794			
f.	X-rays and Related Radiological Procedures***	\$ 5,255	5,255			
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$ 14,480	14,480			
i.	Recreation	\$ 13,503	13,503			
j.	Other (Specify)**** See Attached Schedule	\$ 135,689	135,689			
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$ 341,215	341,215			

\* 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 Paradigm Healthcare Center of Torrington, LLC		License No. 2354	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
Unicorn	25B Hanover Road, Florham Park, NJ 07932	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	15,230		16 m11
Yucatech	805 4th St #2, San Rafael, CA 94901	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Software support Dietary Purchased Service	10,365		16 m11
Caretech Supplies, LLC	1123 McDonald Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A		18,000		18 2b
USA Hauling & Recycling, Inc.	East Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Hauling	16,328		22 6f
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<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
Paradigm Healthcare Center of Torrington, LL		2354	9/30/2015		22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a.	Repairs & Maintenance	\$ 19,536	19,536			
b.	Heat	\$ 563	563			
c.	Light & Power	\$ 126,861	126,861			
d.	Water	\$ 15,596	15,596			
e.	Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 159	159			
f.	Other ( <i>itemize</i> )	\$ 52,600	52,600			
	See Attached Schedule					
6g.	<b>Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 215,315	215,315			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a.	Land Improvements	\$				
b.	Building & Building Improvements	\$ 126,000	126,000			
c.	Non-Movable Equipment	\$				
d.	Movable Equipment	\$ 25,735	25,735			
*7e.	<b>Total Depreciation Costs (7a + b + c + d)</b>	\$ 151,735	151,735			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a.	Organization Expense	\$				
b.	Mortgage Expense	\$				
c.	Leasehold Improvements	\$ 36,187	36,187			
d.	Other ( <i>Specify</i> )	\$				
*8e.	<b>Total Amortization Costs (8a + b + c + d)</b>	\$ 36,187	36,187			
9. Rental payments on leased real property less real estate taxes included in item 10b		\$ 178,526	178,526			
10. Property Taxes						
a.	Real estate taxes paid by owner	\$ 58,947	58,947			
b.	Real estate taxes paid by lessor	\$				
c.	Personal property taxes	\$ 4,848	4,848			
11.	<b>Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 430,243	430,243			

\* 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)
	-		
Contract Svcs Maintenance	\$ 26,193		
Pest Control	\$ 1,064		
Groundskeeing/Snow Removal	\$ 7,950		
Trash Removal	\$ 17,393		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 52,600</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Paradigm Healthcare Center of Torrington, LLC		2354		9/30/2015				23	37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
									Yes
<b>A. Land Improvements</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>A-4. Subtotal</b>									
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period	3,150,000		3,150,000	661,759	S/L	25	126,000		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>B-4. Subtotal</b>								126,000	
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period	2,995		2,995	2,995	S/L	Various			
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>									
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
<b>D-3. Subtotal</b>									
<b>E. Total Depreciation</b>								25,735	
								151,735	

Paradigm Healthcare Center of Torrington, LLC  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/15/2014	TV for Resident's Room	\$ 211	5	\$ 21
7/31/2015	WIFI APS and Set Up	\$ 13,300	5	\$ 1,330
<b>Total additions for Movable Equipment</b>		<b>\$ 13,511</b>		<b>\$ 1,351 *</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ - **</b>

\*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>				
<b>Total additions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ - *</b>
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ - **</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Paradigm Healthcare Center of Torrington, LLC	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	Page 24	of 37
	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		Various	545,193	164,889	S/L	Var	36,187		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
<b>D. Total Amortization</b>										
										36,187
										36,187

\* 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.

Paradigm Healthcare Center of Torrington, LLC  
 Depreciation Schedule  
 September 30, 2015

<u>Description</u>	<u>Date of Acq</u>	<u>Cost</u>	<u>Useful Life</u>	<u>2014 Accum</u>	<u>2015 Depre</u>	<u>2015 Accum</u>	<u>Net Book Value</u>
<b><u>Building/Building Improvements</u></b>							
Building*	7/1/2009	3,150,000	25	661,759	126,000	787,759	2,362,241
<b>Total Building</b>		<b>3,150,000</b>		<b>661,759</b>	<b>126,000</b>	<b>787,759</b>	<b>2,362,241</b>
<b><u>Movable Equipment</u></b>							
Movable Equipment*	7/1/2009	26,000	5	22,111	3,889	26,000	-
<b>Total Movable</b>		<b>\$ 26,000</b>		<b>\$ 22,111</b>	<b>\$ 3,889</b>	<b>\$ 26,000</b>	<b>\$ -</b>
<b>Total</b>		<b>\$ 3,176,000</b>		<b>\$ 683,870</b>	<b>\$ 129,889</b>	<b>\$ 813,759</b>	<b>2,623,330</b>

\*Values establish Per DSS Interim Rate Agreement of May 27, 2009 (Attached)

<u>Remaining Assets</u>	<u>Date of Acq</u>	<u>Cost</u>	<u>Useful Life</u>	<u>2014 Accum</u>	<u>2015 Depre</u>	<u>2015 Accum</u>	<u>Net Book Value</u>
<b><u>Leasehold Improvements</u></b>							
Office Renovation	7/30/2009	1,984	10	1,025	198	1,224	760
Vents	9/9/2009	1,535	5	1,535	-	1,535	-
Leasehold Improvements	Various	176,527	15	59,961	11,768	71,730	104,797
Leasehold Improvements	Various	2,989	5	2,989	-	2,989	-
Leasehold Improvements	Various	997	7	711	142	853	143
2011 Acquisitions	Various	218,549	Var	65,744	14,570	80,314	138,234
2012 Acquisitions	Various	142,613	15	33,277	9,508	42,784	99,829
2013 Acquisition	8/1/2011	(5,300)	15	(707)	(353)	(1,060)	(4,240)
Replace 9 T-stats	8/1/2011	5,300	15	353	353	706	4,594
<b>Total Leasehold</b>		<b>\$ 545,192</b>		<b>\$ 164,889</b>	<b>\$ 36,187</b>	<b>\$ 201,075</b>	<b>\$ 344,117</b>

<u>Nonmovable Equipment</u>	<u>Date of Acq</u>	<u>Cost</u>	<u>Useful Life</u>	<u>2014 Accum</u>	<u>2015 Depre</u>	<u>2015 Accum</u>	<u>Net Book Value</u>
Signage	7/1/2009	1,113	5	1,113	-	1,113	-
Vital Sign System	8/13/2009	1,882	5	1,882	-	1,882	-
Brake Coil	7/27/2009	4,200	5	4,200	-	4,200	-
Brake Coil (Refund)	9/30/2010	(4,200)	5	(4,200)	-	(4,200)	-
Dishwasher	9/25/2009	9,379	3	9,379	-	9,379	-
Dishwasher (Refund)	9/30/2010	(9,379)	3	(9,379)	-	(9,379)	-
<b>Total Nonmovable Equipment</b>		<b>\$ 2,995</b>		<b>\$ 2,995</b>	<b>\$ -</b>	<b>\$ 2,995</b>	<b>-</b>

<u>Movable Equipment</u>	<u>Date of Acq</u>	<u>Cost</u>	<u>Useful Life</u>	<u>2014 Accum</u>	<u>2015 Depre</u>	<u>2015 Accum</u>	<u>Net Book Value</u>
Software (Powerpros)	7/1/2009	314	3	139	105	244	70
Software (MDI)	7/1/2009	218	3	98	73	171	48
Software (Foresite)	7/15/2009	644	3	298	215	512	132
<b><u>2010 Acquisitions</u></b>							
AR Software	9/24/2009	2,523	5	2,523	-	2,523	-
Firewall	8/10/2010	647	5	646	1	647	-
Exchange Encryption	9/20/2010	1,855	5	1,515	340	1,855	-
Implement Encryption	9/20/2010	168	5	138	31	168	-
Implement PC's	9/20/2010	505	5	412	93	505	-
Various Movable	Various	33,341	5	29,696	3,645	33,341	-
Various Movable	Various	20,473	10	8,838	2,047	10,886	9,587

Various Movable	Various	1,767	12	1,178	147	1,325	442
2011 Acquisitions	Various	67,013	Var	38,595	8,920	47,515	19,498
2012 Additions	Various	26,515	Var	6,771	2,359	9,130	17,386
2012 Software Additions	6/30/2012	292	5	136	58	195	97
2013 Additions	Various	33,600		4,297	2,149	6,446	27,153
<u>2014 Additions - Software</u>							
HP PC Desktop/Monitor	1/31/2014	774	5	155	155	310	464
Desktop for Rehab	1/31/2014	253	5	51	51	102	151
2 Lenovo Ideatab S6000 10.1 Inch 16 GB Tablet(BI	1/31/2014	435	5	87	87	174	261
High Power Wireless N Access Point	1/31/2014	101	5	20	20	40	61
KCI - Offset FYE 9/30/2011	9/30/2011	(111)	10	-	-	-	(111)
<u>2015 Additions</u>							
TV for Resident's Room	10/15/2014	211	5	-	21	21	190
WIFI APS and Set Up	7/31/2015	13,300	5	-	1,330	1,330	11,970
<b>Total</b>		<u>\$ 204,838</u>		<u>\$ 95,594</u>	<u>\$ 21,845</u>	<u>\$ 117,439</u>	<u>\$ 87,399</u>
<b>Total Paradigm</b>		<u>\$ 753,025</u>		<u>\$ 263,477</u>	<u>\$ 58,032</u>	<u>\$ 321,509</u>	<u>\$ 551,304</u>
<b>Grand Total</b>		<u>\$ 3,929,025</u>		<u>\$ 947,346</u>	<u>\$ 187,921</u>	<u>\$ 1,135,268</u>	<u>\$ 3,174,634</u>
Total Assets Per F/S		195,841					
Total Assets Per C/R Schedule		753,025					
HC REIT Transfers		(557,184)					
Variance		-					
<u>F/S vs C/R Calculation</u>							
Per Trial Balance		195,841				55,573	140,268
Non-movable Equipment - Page 31		2,995				2,995	-
Movable Equipment - Page 31		204,838				117,439	87,399
Leasehold Improvements - Page 31		<u>545,192</u>				<u>201,075</u>	<u>344,117</u>
Depreciation Per Trial Balance		18,844					
Depreciation Per C/R Schedule		187,921					
Rounding		1					
F/S vs C/R Depreciation - Page 36, Line F2		<u>(169,078)</u>					
				F/S vs C/R NBV			(291,248)
				Rounding			-
				F/S vs C/R NBV - Page 31, Line B9			<u>(291,248)</u>

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

Name of Facility Paradigm Healthcare Center of Torrington	License No. 2354	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 type="radio"/> Yes <input checked="" type="radio"/> No		
<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					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		75			
6. Square Footage					
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					
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	
Independence Senior Holdings LLC, 13 Freedom Drive, Lakewood, NJ 08707	Building and all Assets	07/01/09	15 Years	178,526	

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
Paradigm Healthcare Center of Torrington		2354	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							
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>			\$				

*(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		
Paradigm Healthcare Center of Torr	2354	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)						
Working Capital = \$96,575 / Other = \$33,374						
			129,949	129,949		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>						
\$						
			129,949	129,949		
14. Insurance						
a. Insurance on Property (buildings only)						
\$						
			6,439	6,439		
b. Insurance on Automobiles						
\$						
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)						
\$						
2. Fire and Extended Coverage						
\$						
3. Other (Specify)						
Liability Insurance						
			45,441	45,441		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>						
\$						
			51,880	51,880		
15. <b>Total All Expenditures (A-13 thru C-14)</b>						
\$						
			7,628,150	7,628,150		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Torrington, LLC				2354	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	\$ 144,395	144,395		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 10,474	10,474		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 56,272	56,272		
10.	15	1e	Accounting & Legal	\$ 8,386	8,386		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 688	688		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 3,380	3,380		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 49,628	49,628		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 7,355	7,355		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 280,578	280,578		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**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	Non-Allowable Bank Charges	\$ 7,355		
<b>Total Other A&amp;G Adjustments</b>			\$ 7,355	\$ -	\$ -

Paradigm Healthcare Center of Torrington  
 Management Fee Disallowance Calculation GL 500800  
 September 30, 2015

	Actual Days from Pg 8 of Cost Report	Max Allowable Cost - per DSS @ \$7.59/** Fees	GL Actual	Disallowed Excess actual over allowable
Torrington	275,001	29,674	\$ 225,373	275,001 \$ (49,628)
Interim rate letter max fee	\$ 6.50	9/30/2009		
CPI Inflation	1.60% \$ 6.60	9/30/2010		
CPI Inflation	3.50% \$ 6.84	9/30/2011		
CPI Inflation	3.50% \$ 7.07	9/30/2012		
CPI Inflation	2.40% \$ 7.24	9/30/2013		
CPI Inflation	1.70% \$ 7.37	9/30/2014		
CPI Inflation	3.09% \$ 7.59	9/30/2015		
Medicare	3,146			
Medicaid (Conn.)	19,834			
Medicaid (other)	-			
Private Pay	6,249			
State SSI for RCH	-			
Other (Insurance)	445			
Total Care Days	<u>29,674</u>			
Medicaid Res. Beds	-			
Other Bed Res. Days	-			
Total Resident Days	<u>29,674</u>			

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Paradigm Healthcare Center of Torrington, LLC			2354	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 280,578	280,578		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 142,179	142,179		
28.	20	5d	Ambulance/Limousine	\$ 2,305	2,305		
29.	20	5f	X-rays, etc	\$ 5,255	5,255		
30.	20	5h	Laboratory	\$ 14,480	14,480		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 12,794	12,794		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 60,203	60,203		
<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.	30	IV 8	Vending Machine Revenue	\$ 220	220		
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 34,854	34,854		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 552,868	552,868		

\*\*\* 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.

Paradigm Healthcare Center of Torrington, LLC  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	\$ 4,725		
20	5j	Tube Feeding (Non Part B)	\$ 630		
20	5j	I.V. Therapy/RT Exp	\$ 28,789		
20	5j	Med Equip Rental - Oxygen Rental	\$ 13,805		
20	5j	Patient Consolidated Billing	\$ 12,254		
<b>Total Other Ancillary Costs</b>			<b>\$ 60,203</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 - Other	\$ 33,374		
30	IV8	Accelerated Care Plus Account Closing	\$ 1,219		
30	IV8	Miscellaneous Revenue	\$ 261		
<b>Total Other Adjustments</b>			<b>\$ 34,854</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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



**Paradigm Healthcare of Torrington  
Cable TV Benefit Disallowance  
September 30, 2015**

**Pg. 29b**

<b>Cable TV amount</b>	\$	8,325
Monthly Cable TV Allowance	\$	300
Months in Cost Report Year		<u>12</u>
Total Allowable amount	\$	<u>3,600</u>
<b>Amount Disallowed on Page 29a</b>	<b>\$</b>	<b><u><u>4,725</u></u></b>

**F. Statement of Revenue**

Name of Facility Paradigm Healthcare Center of Torrington 2354		License No.		Report for Year Ended 9/30/2015		Page 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> )	\$ 8,713,797	8,713,797					
b. Medicaid Room and Board Contractual Allowance **	\$ (3,965,764)	(3,965,764)					
2. a. Medicaid ( <i>All other states</i> )	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,314,948	1,314,948					
b. Medicare Room and Board Contractual Allowance **	\$ 349,902	349,902					
4. a. Private-Pay Residents and Other	\$ 968,035	968,035					
b. Private-Pay Room and Board Contractual Allowance **	\$ (22,097)	(22,097)					
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$ 128,534	128,534					
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$ 18,791	18,791					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
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	\$ 315,628	315,628					
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$ 40,884	40,884					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$ 48,080	48,080					
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$ 19,504	19,504					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$ 343,267	343,267					
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 37,146	37,146					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (695,900)	(695,900)					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (113,258)	(113,258)					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 7,501,497	7,501,497					
<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. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other ( <i>Specify</i> )	\$ 1,700	1,700					
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,700	1,700					
<b>VI. Total All Revenue</b> (III + V)	\$ 7,503,197	7,503,197					

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Lab - MA	\$ 10,361		
30 II 6a	IV Therapy - MA	\$ 6,425		
30 II 6a	Oxygen - MA	\$ 3,102		
30 II 6a	X-Ray - MA	\$ 4,754		
30 II 6a	Contractual Allowance (Ancillaries) - MA	\$ (694,976)		
30 II 6a	IV Therapy - M MA	\$ 2,052		
30 II 6a	Contractual Allowance (Ancillaries) - M MA	\$ (2,149)		
30 II 6a	Contractual Allowance (Ancillaries) - Medicare B	\$ (23,508)		
30 II 6a	Sequester Med B	\$ (1,961)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (695,900)</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	IV Therapy - MD	\$ 3,130		
30 II 6a	Oxygen - MD	\$ 3,636		
30 II 6a	Contractual Allowance (Ancillaries) - MD	\$ (52,160)		
30 II 6a	Contractual Allowance (BC/BS Disc) - MA	\$ (295)		
30 II 6a	Lab - Managed Care	\$ 1,934		
30 II 6a	IV Therapy - Managed Care	\$ 2,880		
30 II 6a	X-Ray - Managed Care	\$ 482		
30 II 6a	Contractual Allowance (Anc.) - Managed Care	\$ (72,865)		
<b>Total Other Resident Revenue</b>		<b>\$ (113,258)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

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

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Vending Income	\$ 220		
30 IV 8	Accelerated Care Plus Account Closing	\$ 1,219		
30 IV 8	Miscellaneous Revenue	\$ 261		
<b>Total Other Revenue</b>		<b>\$ 1,700</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Torrington	2354	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	26,332
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	898,162
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	10,045
5. Prepaid Expenses			\$	73,563
a. Prepaid Expenses	73,563			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	1,509
8. Other Current Assets ( <i>itemize</i> )			\$	(108,765)
Due To/from Seller	406			
Due To/From Paradigm HC Develop / Mgmt	19,157			
Due To/From NH, Pros, SW, Wtby, WH	(127,978)			
Donations	(350)			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>900,846</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 <u>545,193</u>		\$	344,117
	Accum. Depreciation <u>201,076</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>2,995</u>		\$	
	Accum. Depreciation <u>2,995</u>	Net		
6. Movable Equipment	*Historical Cost <u>204,838</u>		\$	87,399
	Accum. Depreciation <u>117,439</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(290,667)
Construction in Progress	581			
F/S vs C/R NBV	(291,248)			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>140,849</b>

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

(Carry Total forward to next page)

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

Name of Facility		License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Torrington		2354	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$	1,041,695
<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	3,150,000		
		Accum. Depreciation	787,759	Net	\$ 2,362,241
4. Non-Movable Equipment					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
5. Movable Equipment					
		*Historical Cost	26,000		
		Accum. Depreciation	26,000	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>				\$	2,362,241
<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)					
\$					
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> )					
\$					
_____					
_____					
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$	3,403,936

\* 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
Paradigm Healthcare Center of Torrington, LLC		2354	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	874,058
2. Notes Payable ( <i>itemize</i> )				\$	226,458
Note Payable Power Point Energy				8,395	
Note Payable HCSG				67,653	
Note Pay - Medline				483	
Note Pay - 1199 Pension/Training				149,927	
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> )				\$	131,110
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	11,612
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> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	96,867
Accrued Provider Tax Payable		110,376	Patient Funds Liability	14,301	
Union Dues Withholding		2,898	Medicaid Medicare Resc.	29,000	
Rent Accrual		16,259	Amts Due To Indep Sr H	6,318	
Patient Refund		(82,285)			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>1,340,105</b>

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

(Carry Total forward to next page)

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

Name of Facility Paradigm Healthcare Center of Torrington, CT		License No. 2354	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,340,105	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties ( <i>itemize</i> )					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )					
Line of Credit			473,150	\$ 473,150	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					
\$ 473,150					
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					
\$ 1,813,255					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Torrington	2354	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			\$	2,362,241
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	2,362,241
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(815,685)
6. Gain or Loss for Period	10/1/2014	thru 9/30/2015	\$	44,125
7. Total Net Worth			\$	(771,560)
<b>C. Total Reserves and Net Worth</b>			\$	1,590,681
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,403,936

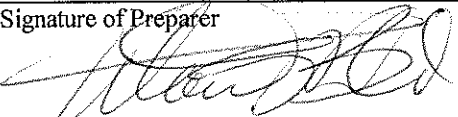


**Annual Report of Long-Term Care Facility**

**H. Changes in Total Net Worth**

Name of Facility		License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of Torrington		2354	9/30/2015	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(814,877)
B.	Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	7,503,197
C.	Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	7,459,072
D.	Net Income or Deficit			\$	44,125
E.	Balance			\$	(770,752)
F.	Additions				
	1. Additional Capital Contributed ( <i>itemize</i> )				
	Total Expenses Per Pg. 27	\$7,628,150			
	F/S vs C/R Depreciation	(169,078)			
	Total F/S Expenses	\$7,459,072			
	2. Other ( <i>itemize</i> )				
	Prior Period Adjustment	(808)			
F-3.	Total Additions			\$	(808)
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>		09/30/15	\$	(771,560)

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

Name of Facility Paradigm Healthcare Center of Torrington,	License No. 2354	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/12/16		
Printed Name of Preparer Matthew S. Bovolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		

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

Facility Name Paradigm Healthcare Center of Torrington, LLC

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Client: **Paradigm Cost Reports**  
 Engagement: **Medicaid - Paradigm of Torrington 2015 Cost Report**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
100010	Petty Cash	1,000.00			1,000.00
100041	WF Cash Comm Accts	11,031.00			11,031.00
100050	Patient Funds Account	14,301.00			14,301.00
100070	Accounts Receivable Medicaid	564,494.00			564,494.00
100075	Accounts Receivable Medicare A	279,233.00			279,233.00
100080	Accounts Receivable Managed Care	26,024.00			26,024.00
100085	Accounts Receivable Private	76,467.00			76,467.00
100090	Accounts Receivable Medicare B	42,256.00			42,256.00
100095	Accounts Receivable Other	(1,936.00)			(1,936.00)
100105	Allowance - Doubtful Accounts	(88,376.00)			(88,376.00)
100200	Inventory	10,045.00			10,045.00
100310	Due To/from Seller	406.00			406.00
100327	Due To/from Medicare	1,509.00			1,509.00
100330	Due To/From Paradigm Healthcare Develop.	(44,250.00)			(44,250.00)
100335	Due To/From Paradigm Management, LLC	63,407.00			63,407.00
100340	Due To/From PHC New Haven	(41,217.00)			(41,217.00)
100350	Due To/From PHC Prospect	(26,140.00)			(26,140.00)
100353	Due To/from HC South Windsor	(17,560.00)			(17,560.00)
100360	Due To/From PHC Waterbury	(39,581.00)			(39,581.00)
100365	Due To/From PHC West Haven	(3,480.00)			(3,480.00)
100400	Prepaid Expenses	73,563.00			73,563.00
100501	Leasehold Improvements (Paradigm)	126,548.00			126,548.00
100511	Furniture Fixtures & Equip (Paradigm)	54,430.00			54,430.00
100531	Computer Equipment & Software (Paradigm)	14,863.00			14,863.00
100590	Construction-in-Progress	581.00			581.00
100600	Accum Amort - Leasehold Imp	(30,500.00)			(30,500.00)
100610	Accum Depr - F F & E	(23,274.00)			(23,274.00)
100630	Accum Amort - Software	(1,799.00)			(1,799.00)
100850	Donations	(350.00)			(350.00)
200000	Accounts Payable	(872,562.00)			(872,562.00)
200005	Accounts Payable Suspense	147.00			147.00
200010	Accrued Accounts Payable	(1,643.00)			(1,643.00)
200015	Accrued Provider Tax Payable	(110,376.00)			(110,376.00)
200020	Accrued Payroll	(67,416.00)			(67,416.00)
200025	Accrued Payroll Taxes	(11,612.00)			(11,612.00)
200026	Vol EE Ben Deductions	2,644.00			2,644.00
200027	Payroll Suspense	(2.00)			(2.00)
200028	Vol EE 401K & HSA Deductions	(907.00)			(907.00)
200045	Union Dues Withholding	(2,898.00)			(2,898.00)
200055	Rent Accrual	(16,259.00)			(16,259.00)
200060	Accrued Benefits	(66,867.00)			(66,867.00)
200065	Payroll Adjustments	1,438.00			1,438.00
200069	Patient Refund	82,285.00			82,285.00
200070	Patient Funds Liability	(14,301.00)			(14,301.00)
200075	Medicaid Medicare Reserve	(29,000.00)			(29,000.00)
200077	Amts Due To Indep Sr Hldgs	(6,318.00)			(6,318.00)
200100	Line Of Credit	(473,150.00)			(473,150.00)
200171	Note Payable Power Point Energy	(8,395.00)			(8,395.00)
200172	Note Payable HCSG	(67,653.00)			(67,653.00)
200173	Note Pay - Medline	(483.00)			(483.00)
200174	Note Pay - 1199 Pension	(138,772.00)			(138,772.00)
200175	Note Pay - 1199 Training	(11,155.00)			(11,155.00)
300040	Retained Earnings	815,685.00			815,685.00
400000	Room & Board - PVT	(730,897.00)			(730,897.00)
400040	Occupational Therapy - PVT	(205.00)			(205.00)

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
400055	Contractual Allowance (R&B) - PVT	(55.00)			(55.00)
400100	Room & Board - MD	(8,713,797.00)			(8,713,797.00)
400120	Pharmacy - MD	(6,401.00)			(6,401.00)
400125	IV Therapy - MD	(3,130.00)			(3,130.00)
400127	Oxygen - MD	(3,636.00)			(3,636.00)
400135	Physical Therapy - MD	(19,170.00)			(19,170.00)
400140	Occupational Therapy - MD	(14,233.00)			(14,233.00)
400145	Speech Therapy - MD	(8,747.00)			(8,747.00)
400155	Contractual Allowance (R&B) - MD	3,965,764.00			3,965,764.00
400160	Contractual Allowance (Ancillaries) - MD	52,160.00			52,160.00
400200	Room & Board - MA	(1,342,160.00)			(1,342,160.00)
400215	Lab - MA	(10,361.00)			(10,361.00)
400220	Pharmacy - MA	(128,534.00)			(128,534.00)
400225	IV Therapy - MA	(6,425.00)			(6,425.00)
400227	Oxygen - MA	(3,102.00)			(3,102.00)
400230	X-Ray - MA	(4,754.00)			(4,754.00)
400235	Physical Therapy - MA	(242,406.00)			(242,406.00)
400240	Occupational Therapy - MA	(265,898.00)			(265,898.00)
400245	Speech Therapy - MA	(35,572.00)			(35,572.00)
400255	Contractual Allowance (R&B) - MA	(349,902.00)			(349,902.00)
400260	Contractual Allowance (Ancillaries) - MA	694,976.00			694,976.00
400265	Contractual Allowance (BC/BS Disc) - MA	295.00			295.00
400269	Sequester Med A	27,212.00			27,212.00
400276	IV Therapy - M MA	(2,052.00)			(2,052.00)
400281	Speech Therapy - M MA	(97.00)			(97.00)
400289	Contractual Allowance (Ancillaries) - M MA	2,149.00			2,149.00
400300	Room & Board - Hospice	(14,048.00)			(14,048.00)
400355	Contractual Allowance (R&B) - Hospice	(502.00)			(502.00)
400400	Room & Board - Managed Care	(223,090.00)			(223,090.00)
400415	Lab - Managed Care	(1,934.00)			(1,934.00)
400420	Pharmacy - Managed Care	(12,390.00)			(12,390.00)
400425	IV Therapy - Managed Care	(2,880.00)			(2,880.00)
400430	X-Ray - Managed Care	(482.00)			(482.00)
400435	Physical Therapy - Managed Care	(21,714.00)			(21,714.00)
400440	Occupational Therapy - Managed Care	(22,708.00)			(22,708.00)
400445	Speech Therapy - Managed Care	(10,757.00)			(10,757.00)
400455	Contractual Allowance (R&B) - Managed Care	22,654.00			22,654.00
400460	Contractual Allowance (Anc.) - Managed Care	72,865.00			72,865.00
400635	Physical Therapy - Medicare B	(73,222.00)			(73,222.00)
400640	Occupational Therapy - Medicare B	(77,369.00)			(77,369.00)
400645	Speech Therapy - Medicare B	(12,411.00)			(12,411.00)
400660	Contractual Allowance (Ancillaries) - Medicare B	23,508.00			23,508.00
400669	Sequester Med B	1,961.00			1,961.00
400840	Vending Income	(220.00)			(220.00)
400860	Miscellaneous Revenue	(1,480.00)			(1,480.00)
500010	Salaries Administrator/AsstAdmin	99,115.00		(27.00)	99,088.00
500040	Salaries - Business Office	109,771.00		1,136.00	110,907.00
500050	Salaries Admissions	67,896.00		58.00	67,954.00
500060	Salaries - Overtime	158,663.00		(158,663.00)	0.00
500150	Advertising - Help Wanted	6,750.00		(4,291.00)	2,459.00
500180	Travel & Mileage	2,856.00			2,856.00
500200	Bank Charges	18,543.00			18,543.00
500220	Data Proc ADP	15,230.00			15,230.00
500240	Dues & Subscriptions	6,168.00		(5,354.00)	814.00
500260	Office Supplies	3,820.00			3,820.00
500280	Postage	749.00			749.00
500300	Printing	778.00			778.00
500310	Rental Of Equipment	(185.00)		344.00	159.00
500320	Accounting Fees	20,100.00			20,100.00



Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
500330	Contract Svcs - Office	26,078.00			26,078.00
500332	Contract Svcs - IT Support	12,550.00			12,550.00
500340	Legal Fees	21,222.00			21,222.00
500360	Consulting Other	5,238.00			5,238.00
500400	Business License Fees	1,441.00			1,441.00
500420	Licenses & Permits	2,489.00			2,489.00
500440	Telephone	26,936.00			26,936.00
500450	Insurance - Non Property	45,441.00			45,441.00
500460	Meetings & Seminars	525.00			525.00
500480	Advertising - Promotional	3,380.00			3,380.00
500495	Bad Debt	56,272.00			56,272.00
500510	Taxes - Real Estate	58,947.00			58,947.00
500520	Taxes - Personal Property	4,848.00			4,848.00
500530	Insurance - Property	6,439.00			6,439.00
500551	Provider Tax	461,031.00			461,031.00
500800	Management-PHD	275,001.00			275,001.00
500900	Rent Expense - Building	178,526.00			178,526.00
501100	Deprec FF&E	8,487.00			8,487.00
501300	Depr-Leasehold Improvmts	8,714.00			8,714.00
501400	Amortization Software	1,643.00			1,643.00
502000	Interest Working Capital	96,575.00			96,575.00
502150	Interest - Other	33,374.00			33,374.00
510003	Accrued Benefits Exp - PTO ETO	(988.00)		988.00	0.00
510010	Payroll Taxes - FICA	287,891.00			287,891.00
510020	Payroll Taxes - FUTA	19,122.00			19,122.00
510030	Payroll Taxes - SUTA	78,599.00			78,599.00
510040	Workers' Compensation	241,780.00			241,780.00
510050	Group Health/dental Insurance	65,709.00			65,709.00
510060	Employee Grp Life Insurance	2,159.00			2,159.00
510080	Employ Benes - Non Pr	2,313.00			2,313.00
510100	Employee Disability Ins	6,438.00			6,438.00
510110	Employee Physicals/Pre Employment	1,626.00			1,626.00
510115	Uniform Allowance	7,741.00			7,741.00
510120	Union Health & Welfare	487,347.00			487,347.00
510130	Union Training	20,989.00			20,989.00
510140	Union Pension	178,257.00			178,257.00
520010	Salaries-Food Serv Dir	52,143.00		(14.00)	52,129.00
520020	Wages-cooks	105,215.00		(14.00)	105,201.00
520030	Wages Dietary Aides	171,897.00		103.00	172,000.00
520100	Raw Food	129,553.00			129,553.00
520140	Dietary Supplies	4,160.00			4,160.00
520160	Contract Svcs - Dietary	20,124.00			20,124.00
530020	Salaries - Houskpg Staff	225,883.00		487.00	226,370.00
530120	Housekeeping Supplies	22,548.00			22,548.00
540020	Salaries - Laundry Staff	44,344.00		335.00	44,679.00
540100	Laundry Supplies	4,674.00			4,674.00
540140	Linens Purchases	11,802.00			11,802.00
550010	Salaries-Maint Supervisor	54,229.00		(15.00)	54,214.00
550020	Wages-Maintenance Staff	3,610.00		(1.00)	3,609.00
550100	Maintenance Supplies	6,749.00			6,749.00
550110	Repairs & Maintenance	12,787.00			12,787.00
550120	Contract Svcs Maintenance	26,193.00			26,193.00
550140	Pest Control	1,064.00			1,064.00
550145	Groundskeeing/Snow Removal	7,950.00			7,950.00
550150	Gas & Electric	122,570.00		4,291.00	126,861.00
550160	Fuel Oil	563.00			563.00
550170	Cable TV	8,325.00			8,325.00
550180	Water & Sewer	15,596.00			15,596.00
550190	Trash Removal	17,393.00			17,393.00

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
560010	Director Of Nursing	89,543.00		(24.00)	89,519.00
560030	RN Nursing Supervisor	315,153.00		28,190.00	343,343.00
560040	Nursing Scheduler	39,752.00		4,805.00	44,557.00
560060	MDS Coordinator	62,206.00		1,243.00	63,449.00
560100	Infection Control	834.00		(278.00)	556.00
560110	Staff Development	30,813.00		884.00	31,697.00
562020	Salaries-RN	156,826.00		15,242.00	172,068.00
562030	Salaries-LPN	593,276.00		50,362.00	643,638.00
562040	Salaries - CNAs	842,771.00		44,647.00	887,418.00
562100	Medical Supplies	7,338.00			7,338.00
562110	PPD Medical Supplies	75,676.00			75,676.00
562140	Tube Feeding (Non Part B)	630.00			630.00
562160	Oxygen Supplies	12,794.00			12,794.00
562180	Contract Nursing	9,598.00			9,598.00
564100	Contract Services - Pharmacy	11,313.00			11,313.00
564120	Over The Counter Drugs	7,672.00			7,672.00
564140	Prescription Drugs	142,179.00			142,179.00
566010	I.V. Therapy/RT Exp	28,789.00			28,789.00
566030	Contract Svcs - Med Director	42,115.00			42,115.00
566060	Contract Svcs - Dental	5,530.00		(760.00)	4,770.00
566100	Medical Records Supplies	26.00			26.00
566120	Contract Svcs -Medical Records	323.00			323.00
566140	Patient Transportation	2,305.00			2,305.00
566160	Med Equip Rental	16,341.00			16,341.00
566190	Lab Fees	14,480.00			14,480.00
566200	X-ray Services	5,255.00			5,255.00
566210	Patient Consolidated Billing	12,254.00			12,254.00
570010	Dir Rehab	133,571.00		805.00	134,376.00
570020	Salaries - Therapy Aides	3,106.00		(1.00)	3,105.00
570040	Rehab Contracted Services	60,374.00		(12,569.00)	47,805.00
570040 - ST	Contracted Labor - ST	0.00		2,095.00	2,095.00
570050	Salaries - PT	33,801.00		926.00	34,727.00
570055	Salaries - P.T.A.	60,776.00		657.00	61,433.00
570060	Physical Therapy Supplies	1,999.00			1,999.00
570070	Salaries ST Staff	49,666.00		1,887.00	51,553.00
570090	Salaries - OT	90,396.00		3,861.00	94,257.00
570100	Salaries - COTA	50,152.00		(14.00)	50,138.00
580010	Salaries - Activities Director	51,651.00		339.00	51,990.00
580020	Salaries - Activities -Staff	27,852.00		9.00	27,861.00
580100	Activities Supplies	808.00			808.00
580120	Entertainment/contr Services	4,370.00			4,370.00
590010	Salaries Social Svc Dir	50,992.00		2,087.00	53,079.00
7845.000	Contr Svcs - Occupational Ther	0.00		10,474.00	10,474.00
Marcum 101	Dues	0.00		5,354.00	5,354.00
Marcum 103	Contract Svcs - Audiology	0.00		760.00	760.00
Marcum 105	Copier Maintenance	0.00		(344.00)	(344.00)
<b>Total</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>

**Net (Income) Loss**

Client: **Paradigm Cost Reports**  
 Engagement: **Medicaid - Paradigm of Torrington 2015 Cost Report**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
<b>Group : [10-A] Salaries and Wages</b>					
<b>Subgroup : [2] Administrators</b>					
500010	Salaries Administrator/AsstAdmin	99,115.00		(27.00)	99,088.00
			RJE - 2	(27.00)	
		<u>99,115.00</u>		<u>(27.00)</u>	<u>99,088.00</u>
<b>Subtotal [2] Administrators</b>					
<b>Subgroup : [4] Other Administrative Salaries</b>					
500040	Salaries - Business Office	109,771.00		1,136.00	110,907.00
			RJE - 1	1,166.00	
			RJE - 2	(30.00)	
		<u>109,771.00</u>		<u>1,136.00</u>	<u>110,907.00</u>
<b>Subtotal [4] Other Administrative Salaries</b>					
<b>Subgroup : [5C] Dietary Workers</b>					
520010	Salaries-Food Serv Dir	52,143.00		(14.00)	52,129.00
			RJE - 2	(14.00)	
520020	Wages-cooks	105,215.00		(14.00)	105,201.00
			RJE - 1	15.00	
			RJE - 2	(29.00)	
520030	Wages Dietary Aides	171,897.00		103.00	172,000.00
			RJE - 1	150.00	
			RJE - 2	(47.00)	
		<u>329,255.00</u>		<u>75.00</u>	<u>329,330.00</u>
<b>Subtotal [5C] Dietary Workers</b>					
<b>Subgroup : [6B] Other Housekeeping Workers</b>					
530020	Salaries - Houskpg Staff	225,883.00		487.00	226,370.00
			RJE - 1	549.00	
			RJE - 2	(62.00)	
		<u>225,883.00</u>		<u>487.00</u>	<u>226,370.00</u>
<b>Subtotal [6B] Other Housekeeping Workers</b>					
<b>Subgroup : [7B] Other Maintenance Workers</b>					
550010	Salaries-Maint Supervisor	54,229.00		(15.00)	54,214.00
			RJE - 2	(15.00)	
550020	Wages-Maintenance Staff	3,610.00		(1.00)	3,609.00
			RJE - 2	(1.00)	
		<u>57,839.00</u>		<u>(16.00)</u>	<u>57,823.00</u>
<b>Subtotal [7B] Other Maintenance Workers</b>					
<b>Subgroup : [8B] Other Laundry Workers</b>					
540020	Salaries - Laundry Staff	44,344.00		335.00	44,679.00
			RJE - 1	347.00	
			RJE - 2	(12.00)	
		<u>44,344.00</u>		<u>335.00</u>	<u>44,679.00</u>
<b>Subtotal [8B] Other Laundry Workers</b>					
<b>Subgroup : [12A] Director of Nurses/Assistant Director</b>					
560010	Director Of Nursing	89,543.00		(24.00)	89,519.00
			RJE - 2	(24.00)	
		<u>89,543.00</u>		<u>(24.00)</u>	<u>89,519.00</u>
<b>Subtotal [12A] Director of Nurses/Assistant Director</b>					
<b>Subgroup : [12B1] RNs - Direct Care</b>					
580030	RN Nursing Supervisor	315,153.00		26,190.00	343,343.00
			RJE - 1	28,276.00	
			RJE - 2	(86.00)	
560040	Nursing Scheduler	39,752.00		4,805.00	44,557.00
			RJE - 1	4,816.00	
			RJE - 2	(11.00)	
560110	Staff Development	30,813.00		864.00	31,697.00
			RJE - 1	892.00	
			RJE - 2	(8.00)	
562020	Salaries-RN	156,826.00		15,242.00	172,068.00
			RJE - 1	15,285.00	
			RJE - 2	(43.00)	
		<u>542,544.00</u>		<u>49,121.00</u>	<u>591,665.00</u>
<b>Subtotal [12B1] RNs - Direct Care</b>					
<b>Subgroup : [12B2] RNs - Administrative</b>					
560060	MDS Coordinator	62,206.00		1,243.00	63,449.00
			RJE - 1	1,260.00	
			RJE - 2	(17.00)	
560100	Infection Control	834.00		(278.00)	556.00
			RJE - 1	(278.00)	
			RJE - 2	(0.00)	
		<u>63,040.00</u>		<u>965.00</u>	<u>64,005.00</u>
<b>Subtotal [12B2] RNs - Administrative</b>					
<b>Subgroup : [12C1] LPNs - Direct Care</b>					
562030	Salaries-LPN	593,276.00		50,362.00	643,638.00
			RJE - 1	50,524.00	
			RJE - 2	(162.00)	
		<u>593,276.00</u>		<u>50,362.00</u>	<u>643,638.00</u>
<b>Subtotal [12C1] LPNs - Direct Care</b>					
<b>Subgroup : [12D] Aldes and Attendants</b>					
562040	Salaries - CNAs	842,771.00		44,647.00	887,418.00

Client: **Paradigm Cost Reports**  
 Engagement: **Medicaid - Paradigm of Torrington 2015 Cost Report**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
			RJE - 1	44,876.00	
			RJE - 2	(229.00)	
				<u>44,647.00</u>	<u>887,418.00</u>
<b>Subtotal [12D] Aides and Attendants</b>		<u>842,771.00</u>			
<b>Subgroup : [12E] Physical Therapists</b>					
570010	Physical Therapists Dir Rehab	133,571.00		805.00	134,376.00
			RJE - 1	841.00	
			RJE - 2	(36.00)	
570020	Salaries - Therapy Aides	3,106.00		(1.00)	3,105.00
			RJE - 2	(1.00)	
570050	Salaries - PT	33,801.00		926.00	34,727.00
			RJE - 1	935.00	
			RJE - 2	(9.00)	
570055	Salaries - P.T.A.	60,776.00		857.00	61,433.00
			RJE - 1	874.00	
			RJE - 2	(17.00)	
<b>Subtotal [12E] Physical Therapists</b>		<u>231,254.00</u>		<u>2,387.00</u>	<u>233,641.00</u>
<b>Subgroup : [12F] Speech Therapists</b>					
570070	Speech Therapists Salaries ST Staff	49,665.00		1,887.00	51,553.00
			RJE - 1	1,901.00	
			RJE - 2	(14.00)	
<b>Subtotal [12F] Speech Therapists</b>		<u>49,666.00</u>		<u>1,887.00</u>	<u>51,553.00</u>
<b>Subgroup : [12G] Occupational Therapists</b>					
570090	Occupational Therapists Salaries - OT	90,396.00		3,861.00	94,257.00
			RJE - 1	3,886.00	
			RJE - 2	(25.00)	
570100	Salaries - COTA	50,152.00		(14.00)	50,138.00
			RJE - 2	(14.00)	
<b>Subtotal [12G] Occupational Therapists</b>		<u>140,548.00</u>		<u>3,847.00</u>	<u>144,395.00</u>
<b>Subgroup : [12H] Recreation Workers</b>					
580010	Recreation Workers Salaries - Activities Director	51,651.00		339.00	51,990.00
			RJE - 1	353.00	
			RJE - 2	(14.00)	
580020	Salaries - Activities -Staff	27,852.00		9.00	27,861.00
			RJE - 1	17.00	
			RJE - 2	(8.00)	
<b>Subtotal [12H] Recreation Workers</b>		<u>79,503.00</u>		<u>348.00</u>	<u>79,851.00</u>
<b>Subgroup : [12M] Social Workers/Case Management</b>					
500050	Social Workers/Case Management Salaries Admissions	67,896.00		58.00	67,954.00
			RJE - 1	77.00	
			RJE - 2	(19.00)	
590010	Salaries Social Svc Dir	50,992.00		2,087.00	53,079.00
			RJE - 1	2,101.00	
			RJE - 2	(14.00)	
<b>Subtotal [12M] Social Workers/Case Management</b>		<u>118,888.00</u>		<u>2,145.00</u>	<u>121,033.00</u>
<b>Subgroup : [12O] Other</b>					
500060	Other Salaries - Overtime	158,663.00		(158,663.00)	0.00
			RJE - 1	(158,663.00)	
510003	Accrued Benefits Exp - PTO ETO	(988.00)		988.00	0.00
			RJE - 2	988.00	
<b>Subtotal [12O] Other</b>		<u>167,675.00</u>		<u>(157,675.00)</u>	<u>0.00</u>
<b>Total [10-A] Salaries and Wages</b>		<u>3,774,915.00</u>		<u>0.00</u>	<u>3,774,915.00</u>
<b>Group : [13-B] Professional Fees</b>					
<b>Subgroup : [2] Dentist</b>					
566060	Dentist Contract Svcs - Dental	5,530.00		(760.00)	4,770.00
			RJE - 3	(760.00)	
				<u>(760.00)</u>	<u>4,770.00</u>
<b>Subtotal [2] Dentist</b>		<u>5,530.00</u>			
<b>Subgroup : [3] Pharmacist</b>					
564100	Pharmacist Contract Services - Pharmacy	11,313.00		0.00	11,313.00
				<u>0.00</u>	<u>11,313.00</u>
<b>Subtotal [3] Pharmacist</b>		<u>11,313.00</u>			
<b>Subgroup : [5A] PT - Resident Care</b>					
570040	PT - Resident Care Rehab Contracted Services	60,374.00		(12,569.00)	47,805.00
			RJE - 4	(12,569.00)	
				<u>(12,569.00)</u>	<u>47,805.00</u>
<b>Subtotal [5A] PT - Resident Care</b>		<u>60,374.00</u>			
<b>Subgroup : [8A] Medical Director</b>					
566030	Medical Director Contract Svcs - Med Director	42,115.00		0.00	42,115.00
				<u>0.00</u>	<u>42,115.00</u>
<b>Subtotal [8A] Medical Director</b>		<u>42,115.00</u>			

Client: **Paradigm Cost Reports**  
 Engagement: **Medical - Paradigm of Torrington 2015 Cost Report**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
<b>Subgroup : [9A] ST - Resident Care</b>					
570040 - ST	Contracted Labor - ST	0.00		2,095.00	2,095.00
			RJE - 4	2,095.00	
<b>Subtotal [9A] ST - Resident Care</b>		<u>0.00</u>		<u>2,095.00</u>	<u>2,095.00</u>
<b>Subgroup : [10A] OT - Resident Care</b>					
7845.000	Contr Svcs - Occupational Ther	0.00		10,474.00	10,474.00
			RJE - 4	10,474.00	
<b>Subtotal [10A] OT - Resident Care</b>		<u>0.00</u>		<u>10,474.00</u>	<u>10,474.00</u>
<b>Subgroup : [11C] Aides</b>					
562180	Contract Nursing	9,598.00		0.00	9,598.00
<b>Subtotal [11C] Aides</b>		<u>9,598.00</u>		<u>0.00</u>	<u>9,598.00</u>
<b>Subgroup : [12] Other</b>					
566120	Contract Svcs -Medical Records	323.00		0.00	323.00
Marcum 103	Contract Svcs - Audiology	0.00		760.00	760.00
			RJE - 3	760.00	
<b>Subtotal [12] Other</b>		<u>323.00</u>		<u>760.00</u>	<u>1,083.00</u>
<b>Total [13-B] Professional Fees</b>		<u>129,253.00</u>		<u>0.00</u>	<u>129,253.00</u>
<b>Group : [15] Expenditures Other than Salaries</b>					
<b>Subgroup : [1A1] Workmen's Compensation</b>					
510040	Workers' Compensation	241,780.00		0.00	241,780.00
<b>Subtotal [1A1] Workmen's Compensation</b>		<u>241,780.00</u>		<u>0.00</u>	<u>241,780.00</u>
<b>Subgroup : [1A2] Disability Insurance</b>					
510100	Employee Disability Ins	6,438.00		0.00	6,438.00
<b>Subtotal [1A2] Disability Insurance</b>		<u>6,438.00</u>		<u>0.00</u>	<u>6,438.00</u>
<b>Subgroup : [1A3] Unemployment Insurance</b>					
510020	Payroll Taxes - FUTA	19,122.00		0.00	19,122.00
510030	Payroll Taxes - SUTA	78,599.00		0.00	78,599.00
<b>Subtotal [1A3] Unemployment Insurance</b>		<u>97,721.00</u>		<u>0.00</u>	<u>97,721.00</u>
<b>Subgroup : [1A4] Social Security (FICA)</b>					
510010	Payroll Taxes - FICA	287,891.00		0.00	287,891.00
<b>Subtotal [1A4] Social Security (FICA)</b>		<u>287,891.00</u>		<u>0.00</u>	<u>287,891.00</u>
<b>Subgroup : [1A5] Health Insurance</b>					
510050	Group Health/dental Insurance	65,709.00		0.00	65,709.00
510120	Union Health & Welfare	487,347.00		0.00	487,347.00
<b>Subtotal [1A5] Health Insurance</b>		<u>553,056.00</u>		<u>0.00</u>	<u>553,056.00</u>
<b>Subgroup : [1A6] Life Insurance</b>					
510060	Employee Grp Life Insurance	2,159.00		0.00	2,159.00
<b>Subtotal [1A6] Life Insurance</b>		<u>2,159.00</u>		<u>0.00</u>	<u>2,159.00</u>
<b>Subgroup : [1A7] Pensions</b>					
510140	Union Pension	178,257.00		0.00	178,257.00
<b>Subtotal [1A7] Pensions</b>		<u>178,257.00</u>		<u>0.00</u>	<u>178,257.00</u>
<b>Subgroup : [1A8] Uniform Allowance</b>					
510115	Uniform Allowance	7,741.00		0.00	7,741.00
<b>Subtotal [1A8] Uniform Allowance</b>		<u>7,741.00</u>		<u>0.00</u>	<u>7,741.00</u>
<b>Subgroup : [1A9] Other</b>					
510110	Employee Physicals/Pre Employment	1,626.00		0.00	1,626.00
510130	Union Training	20,989.00		0.00	20,989.00
<b>Subtotal [1A9] Other</b>		<u>22,615.00</u>		<u>0.00</u>	<u>22,615.00</u>
<b>Subgroup : [1C] Bad Debts</b>					
500495	Bad Debt	56,272.00		0.00	56,272.00
<b>Subtotal [1C] Bad Debts</b>		<u>56,272.00</u>		<u>0.00</u>	<u>56,272.00</u>
<b>Subgroup : [1D] Accounting and Auditing</b>					
500320	Accounting Fees	20,100.00		0.00	20,100.00
<b>Subtotal [1D] Accounting and Auditing</b>		<u>20,100.00</u>		<u>0.00</u>	<u>20,100.00</u>
<b>Subgroup : [1E] Legal</b>					
500340	Legal Fees	21,222.00		0.00	21,222.00
<b>Subtotal [1E] Legal</b>		<u>21,222.00</u>		<u>0.00</u>	<u>21,222.00</u>
<b>Subgroup : [1G] Office Supplies</b>					
500260	Office Supplies	3,820.00		0.00	3,820.00

Client: **Paradigm Cost Reports**  
 Engagement: **Medicaid - Paradigm of Torrington 2015 Cost Report**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
<b>Subtotal [1G] Office Supplies</b>		<u>3,820.00</u>		<u>0.00</u>	<u>3,820.00</u>
<b>Subgroup : [1H1] Telephone and Telegraph</b>					
500440 Telephone		<u>26,936.00</u>		<u>0.00</u>	<u>26,936.00</u>
<b>Subtotal [1H1] Telephone and Telegraph</b>		<u>26,936.00</u>		<u>0.00</u>	<u>26,936.00</u>
<b>Subgroup : [1K3] Resident Day User Fee</b>					
500551 Provider Tax		<u>461,031.00</u>		<u>0.00</u>	<u>461,031.00</u>
<b>Subtotal [1K3] Resident Day User Fee</b>		<u>461,031.00</u>		<u>0.00</u>	<u>461,031.00</u>
<b>Total [15] Expenditures Other than Salaries</b>		<u>1,987,039.00</u>		<u>0.00</u>	<u>1,987,039.00</u>
<b>Group : [16] Expenditures Other than Salaries (cont'd) - Admin. and General</b>					
<b>Subgroup : [3] Gifts to Staff and Residents</b>					
510080 Employ Benes - Non Pr		<u>2,313.00</u>		<u>0.00</u>	<u>2,313.00</u>
<b>Subtotal [3] Gifts to Staff and Residents</b>		<u>2,313.00</u>		<u>0.00</u>	<u>2,313.00</u>
<b>Subgroup : [4] Employee Travel</b>					
500180 Travel & Mileage		<u>2,856.00</u>		<u>0.00</u>	<u>2,856.00</u>
<b>Subtotal [4] Employee Travel</b>		<u>2,856.00</u>		<u>0.00</u>	<u>2,856.00</u>
<b>Subgroup : [5] Education Expense</b>					
500460 Meetings & Seminars		<u>525.00</u>		<u>0.00</u>	<u>525.00</u>
<b>Subtotal [5] Education Expense</b>		<u>525.00</u>		<u>0.00</u>	<u>525.00</u>
<b>Subgroup : [M1] Advertising Help Wanted</b>					
500150 Advertising - Help Wanted		<u>6,750.00</u>	RJE - 5	<u>(4,291.00)</u>	<u>2,459.00</u>
<b>Subtotal [M1] Advertising Help Wanted</b>		<u>6,750.00</u>		<u>(4,291.00)</u>	<u>2,459.00</u>
<b>Subgroup : [M3] Advertising Other</b>					
500480 Advertising - Promotional		<u>3,380.00</u>		<u>0.00</u>	<u>3,380.00</u>
<b>Subtotal [M3] Advertising Other</b>		<u>3,380.00</u>		<u>0.00</u>	<u>3,380.00</u>
<b>Subgroup : [M6] Medical Records</b>					
568100 Medical Records Supplies		<u>26.00</u>		<u>0.00</u>	<u>26.00</u>
<b>Subtotal [M6] Medical Records</b>		<u>26.00</u>		<u>0.00</u>	<u>26.00</u>
<b>Subgroup : [M7] Postage</b>					
500280 Postage		<u>749.00</u>		<u>0.00</u>	<u>749.00</u>
<b>Subtotal [M7] Postage</b>		<u>749.00</u>		<u>0.00</u>	<u>749.00</u>
<b>Subgroup : [M8] Dues and Membership Fees to Professional Associations</b>					
Marcum 101 Dues		<u>0.00</u>	RJE - 6	<u>5,354.00</u>	<u>5,354.00</u>
<b>Subtotal [M8] Dues and Membership Fees to Professional Associations</b>		<u>0.00</u>		<u>5,354.00</u>	<u>5,354.00</u>
<b>Subgroup : [M9] Subscriptions</b>					
500240 Dues & Subscriptions		<u>6,168.00</u>	RJE - 6	<u>(5,354.00)</u>	<u>814.00</u>
<b>Subtotal [M9] Subscriptions</b>		<u>6,168.00</u>		<u>(5,354.00)</u>	<u>814.00</u>
<b>Subgroup : [M11] Services Provided by Contract</b>					
500220 Data Proc ADP		<u>15,230.00</u>		<u>0.00</u>	<u>15,230.00</u>
500330 Contract Svcs - Office		<u>26,078.00</u>		<u>0.00</u>	<u>26,078.00</u>
500332 Contract Svcs - IT Support		<u>12,550.00</u>		<u>0.00</u>	<u>12,550.00</u>
500360 Consulting Other		<u>5,238.00</u>		<u>0.00</u>	<u>5,238.00</u>
Marcum 105 Copier Maintenance		<u>0.00</u>	RJE - 7	<u>(344.00)</u>	<u>(344.00)</u>
<b>Subtotal [M11] Services Provided by Contract</b>		<u>59,096.00</u>		<u>(344.00)</u>	<u>58,752.00</u>
<b>Subgroup : [M12] Administrative Management Services</b>					
500800 Management-PHD		<u>275,001.00</u>		<u>0.00</u>	<u>275,001.00</u>
<b>Subtotal [M12] Administrative Management Services</b>		<u>275,001.00</u>		<u>0.00</u>	<u>275,001.00</u>
<b>Subgroup : [M13] Other</b>					
500200 Bank Charges		<u>18,543.00</u>		<u>0.00</u>	<u>18,543.00</u>
500300 Printing		<u>778.00</u>		<u>0.00</u>	<u>778.00</u>
500400 Business License Fees		<u>1,441.00</u>		<u>0.00</u>	<u>1,441.00</u>
500420 Licenses & Permits		<u>2,489.00</u>		<u>0.00</u>	<u>2,489.00</u>
<b>Subtotal [M13] Other</b>		<u>23,251.00</u>		<u>0.00</u>	<u>23,251.00</u>
<b>Total [16] Expenditures Other than Salaries (cont'd) - Admin. and General</b>		<u>380,115.00</u>		<u>(4,635.00)</u>	<u>375,480.00</u>
<b>Group : [18] Dietary Basis for Allocation of Costs</b>					
<b>Subgroup : [2A1] Raw Food</b>					
520100 Raw Food		<u>129,553.00</u>		<u>0.00</u>	<u>129,553.00</u>
<b>Subtotal [2A1] Raw Food</b>		<u>129,553.00</u>		<u>0.00</u>	<u>129,553.00</u>

Client: **Paradigm Cost Reports**  
 Engagement: **Medicaid - Paradigm of Torrington 2015 Cost Report**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
<b>Subgroup : [2A2] Non-Food Supplies</b>					
520140	Dietary Supplies	4,160.00		0.00	4,160.00
<b>Subtotal [2A2] Non-Food Supplies</b>		<b>4,160.00</b>		<b>0.00</b>	<b>4,160.00</b>
<b>Subgroup : [2B] Purchased Services</b>					
520160	Contract Svcs - Dietary	20,124.00		0.00	20,124.00
<b>Subtotal [2B] Purchased Services</b>		<b>20,124.00</b>		<b>0.00</b>	<b>20,124.00</b>
<b>Total [18] Dietary Basis for Allocation of Costs</b>		<b>153,837.00</b>		<b>0.00</b>	<b>153,837.00</b>
<b>Group : [19] Laundry-Basis for Allocation of Costs</b>					
<b>Subgroup : [3A1] Bed Linens, etc...washed, ironed..</b>					
540100	Laundry Supplies	4,674.00		0.00	4,674.00
540140	Linens Purchases	11,802.00		0.00	11,802.00
<b>Subtotal [3A1] Bed Linens, etc...washed, ironed..</b>		<b>16,476.00</b>		<b>0.00</b>	<b>16,476.00</b>
<b>Total [19] Laundry-Basis for Allocation of Costs</b>		<b>16,476.00</b>		<b>0.00</b>	<b>16,476.00</b>
<b>Group : [20] Housekeeping and Resident Care Basis for Allocation of Costs</b>					
<b>Subgroup : [4A1] In-House Care Supplies</b>					
530120	Housekeeping Supplies	22,548.00		0.00	22,548.00
<b>Subtotal [4A1] In-House Care Supplies</b>		<b>22,548.00</b>		<b>0.00</b>	<b>22,548.00</b>
<b>Subgroup : [5A2] Purchased from</b>					
564140	Prescription Drugs	142,179.00		0.00	142,179.00
<b>Subtotal [5A2] Purchased from</b>		<b>142,179.00</b>		<b>0.00</b>	<b>142,179.00</b>
<b>Subgroup : [5B] Medicine Cabinet Drugs</b>					
562100	Medical Supplies	7,338.00		0.00	7,338.00
564120	Over The Counter Drugs	7,672.00		0.00	7,672.00
<b>Subtotal [5B] Medicine Cabinet Drugs</b>		<b>15,010.00</b>		<b>0.00</b>	<b>15,010.00</b>
<b>Subgroup : [5D] Ambulance/Limousine</b>					
566140	Patient Transportation	2,305.00		0.00	2,305.00
<b>Subtotal [5D] Ambulance/Limousine</b>		<b>2,305.00</b>		<b>0.00</b>	<b>2,305.00</b>
<b>Subgroup : [5E2] Oxygen - Other</b>					
562160	Oxygen Supplies	12,794.00		0.00	12,794.00
<b>Subtotal [5E2] Oxygen - Other</b>		<b>12,794.00</b>		<b>0.00</b>	<b>12,794.00</b>
<b>Subgroup : [5F] X-Rays and related radiological</b>					
566200	X-ray Services	5,255.00		0.00	5,255.00
<b>Subtotal [5F] X-Rays and related radiological</b>		<b>5,255.00</b>		<b>0.00</b>	<b>5,255.00</b>
<b>Subgroup : [5H] Laboratory</b>					
566190	Lab Fees	14,480.00		0.00	14,480.00
<b>Subtotal [5H] Laboratory</b>		<b>14,480.00</b>		<b>0.00</b>	<b>14,480.00</b>
<b>Subgroup : [5I] Recreation</b>					
550170	Cable TV	8,325.00		0.00	8,325.00
580100	Activities Supplies	808.00		0.00	808.00
580120	Entertainment/contr Services	4,370.00		0.00	4,370.00
<b>Subtotal [5I] Recreation</b>		<b>13,503.00</b>		<b>0.00</b>	<b>13,503.00</b>
<b>Subgroup : [5J] Other</b>					
562110	PPD Medical Supplies	75,676.00		0.00	75,676.00
562140	Tube Feeding (Non Part B)	630.00		0.00	630.00
566010	I.V. Therapy/RT Exp	28,789.00		0.00	28,789.00
566160	Med Equip Rental	16,341.00		0.00	16,341.00
566210	Patient Consolidated Billing	12,254.00		0.00	12,254.00
570060	Physical Therapy Supplies	1,999.00		0.00	1,999.00
<b>Subtotal [5J] Other</b>		<b>135,689.00</b>		<b>0.00</b>	<b>135,689.00</b>
<b>Total [20] Housekeeping and Resident Care Basis for Allocation of Costs</b>		<b>363,763.00</b>		<b>0.00</b>	<b>363,763.00</b>
<b>Group : [22] Maintenance and Property</b>					
<b>Subgroup : [6A] Repairs and Maintenance</b>					
550100	Maintenance Supplies	6,749.00		0.00	6,749.00
550110	Repairs & Maintenance	12,787.00		0.00	12,787.00
<b>Subtotal [6A] Repairs and Maintenance</b>		<b>19,536.00</b>		<b>0.00</b>	<b>19,536.00</b>
<b>Subgroup : [6B] Heat</b>					
550160	Fuel Oil	563.00		0.00	563.00
<b>Subtotal [6B] Heat</b>		<b>563.00</b>		<b>0.00</b>	<b>563.00</b>
<b>Subgroup : [6C] Light &amp; Power</b>					
550150	Gas & Electric	122,570.00		4,291.00	126,861.00
<b>Subtotal [6C] Light &amp; Power</b>		<b>122,570.00</b>	RJE - 5	<b>4,291.00</b>	<b>126,861.00</b>

Client: *Paradigm Cost Reports*  
 Engagement: *Medicaid - Paradigm of Torrington 2015 Cost Report*  
 Period Ending: *9/30/2015*  
 Trial Balance: *A.01 - TB-CCNH*  
 Workpaper: *A.03 - Grouping Report*

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
<b>Subgroup : [6D] Water</b>					
550180	Water & Sewer	15,596.00		0.00	15,596.00
<b>Subtotal [6D] Water</b>		<b>15,596.00</b>		<b>0.00</b>	<b>15,596.00</b>
<b>Subgroup : [6E] Equipment Lease</b>					
500310	Rental Of Equipment	(185.00)	RJE - 7	344.00	159.00
<b>Subtotal [6E] Equipment Lease</b>		<b>(185.00)</b>		<b>344.00</b>	<b>159.00</b>
<b>Subgroup : [6F] Other</b>					
550120	Contract Svcs Maintenance	26,193.00		0.00	26,193.00
550140	Pest Control	1,064.00		0.00	1,064.00
550145	Groundskeeing/Snow Removal	7,950.00		0.00	7,950.00
550190	Trash Removal	17,393.00		0.00	17,393.00
<b>Subtotal [6F] Other</b>		<b>52,600.00</b>		<b>0.00</b>	<b>52,600.00</b>
<b>Subgroup : [7C] Non-movable Equipment</b>					
501100	Deprec FF&E	8,487.00		0.00	8,487.00
<b>Subtotal [7C] Non-movable Equipment</b>		<b>8,487.00</b>		<b>0.00</b>	<b>8,487.00</b>
<b>Subgroup : [7D] Movable Equipment</b>					
501400	Amortization Software	1,643.00		0.00	1,643.00
<b>Subtotal [7D] Movable Equipment</b>		<b>1,643.00</b>		<b>0.00</b>	<b>1,643.00</b>
<b>Subgroup : [8C] Leasehold Improvements</b>					
501300	Depr-Leasehold Improvmts	8,714.00		0.00	8,714.00
<b>Subtotal [8C] Leasehold Improvements</b>		<b>8,714.00</b>		<b>0.00</b>	<b>8,714.00</b>
<b>Subgroup : [9] Rental Payments</b>					
500900	Rent Expense - Building	178,526.00		0.00	178,526.00
<b>Subtotal [9] Rental Payments</b>		<b>178,526.00</b>		<b>0.00</b>	<b>178,526.00</b>
<b>Subgroup : [10A] Real estate taxes paid by owner</b>					
500510	Taxes - Real Estate	58,947.00		0.00	58,947.00
<b>Subtotal [10A] Real estate taxes paid by owner</b>		<b>58,947.00</b>		<b>0.00</b>	<b>58,947.00</b>
<b>Subgroup : [10C] Personal property taxes</b>					
500520	Taxes - Personal Property	4,848.00		0.00	4,848.00
<b>Subtotal [10C] Personal property taxes</b>		<b>4,848.00</b>		<b>0.00</b>	<b>4,848.00</b>
<b>Total [22] Maintenance and Property</b>		<b>471,645.00</b>		<b>4,635.00</b>	<b>476,480.00</b>
<b>Group : [27] Interest and Insurance</b>					
<b>Subgroup : [12D] Other Interest Expense</b>					
502000	Interest Working Capital	96,575.00		0.00	96,575.00
502150	Interest - Other	33,374.00		0.00	33,374.00
<b>Subtotal [12D] Other Interest Expense</b>		<b>129,949.00</b>		<b>0.00</b>	<b>129,949.00</b>
<b>Subgroup : [14A] Insurance on Property</b>					
500530	Insurance - Property	6,439.00		0.00	6,439.00
<b>Subtotal [14A] Insurance on Property</b>		<b>6,439.00</b>		<b>0.00</b>	<b>6,439.00</b>
<b>Subgroup : [14C3] Other</b>					
500450	Insurance - Non Property	45,441.00		0.00	45,441.00
<b>Subtotal [14C3] Other</b>		<b>45,441.00</b>		<b>0.00</b>	<b>45,441.00</b>
<b>Total [27] Interest and Insurance</b>		<b>181,829.00</b>		<b>0.00</b>	<b>181,829.00</b>
<b>Group : [30] Statement of Revenue</b>					
<b>Subgroup : [1A] Medicaid Residents (CT only)</b>					
400100	Room & Board - MD	(8,713,797.00)		0.00	(8,713,797.00)
<b>Subtotal [1A] Medicaid Residents (CT only)</b>		<b>(8,713,797.00)</b>		<b>0.00</b>	<b>(8,713,797.00)</b>
<b>Subgroup : [1B] Medicaid room and board contractual allowance</b>					
400155	Contractual Allowance (R&B) - MD	3,965,764.00		0.00	3,965,764.00
<b>Subtotal [1B] Medicaid room and board contractual allowance</b>		<b>3,965,764.00</b>		<b>0.00</b>	<b>3,965,764.00</b>
<b>Subgroup : [3A] Medicare Residents (All inclusive)</b>					
400200	Room & Board - MA	(1,342,160.00)		0.00	(1,342,160.00)
400269	Sequester Med A	27,212.00		0.00	27,212.00
<b>Subtotal [3A] Medicare Residents (All inclusive)</b>		<b>(1,314,948.00)</b>		<b>0.00</b>	<b>(1,314,948.00)</b>
<b>Subgroup : [3B] Medicare room and board contractual allowance</b>					
400255	Contractual Allowance (R&B) - MA	(349,902.00)		0.00	(349,902.00)
<b>Subtotal [3B] Medicare room and board contractual allowance</b>		<b>(349,902.00)</b>		<b>0.00</b>	<b>(349,902.00)</b>



Client: **Paradigm Cost Reports**  
 Engagement: **Medicaid - Paradigm of Torrington 2015 Cost Report**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
<b>Subgroup : [4A] Private-pay residents and other</b>					
400000	Room & Board - PVT	(730,897.00)		0.00	(730,897.00)
400300	Room & Board - Hospice	(14,048.00)		0.00	(14,048.00)
400400	Room & Board - Managed Care	(223,090.00)		0.00	(223,090.00)
<b>Subtotal [4A] Private-pay residents and other</b>		<b>(968,035.00)</b>		<b>0.00</b>	<b>(968,035.00)</b>
<b>Subgroup : [4B] Private-pay room and board contractual allowance</b>					
400055	Contractual Allowance (R&B) - PVT	(55.00)		0.00	(55.00)
400355	Contractual Allowance (R&B) - Hospice	(502.00)		0.00	(502.00)
400455	Contractual Allowance (R&B) - Managed Care	22,654.00		0.00	22,654.00
<b>Subtotal [4B] Private-pay room and board contractual allowance</b>		<b>22,097.00</b>		<b>0.00</b>	<b>22,097.00</b>
<b>Subgroup : [5A] Prescription Drugs - Medicare</b>					
400220	Pharmacy - MA	(128,534.00)		0.00	(128,534.00)
<b>Subtotal [5A] Prescription Drugs - Medicare</b>		<b>(128,534.00)</b>		<b>0.00</b>	<b>(128,534.00)</b>
<b>Subgroup : [5C] Prescription Drugs - Non-medicare</b>					
400120	Pharmacy - MD	(6,401.00)		0.00	(6,401.00)
400420	Pharmacy - Managed Care	(12,390.00)		0.00	(12,390.00)
<b>Subtotal [5C] Prescription Drugs - Non-medicare</b>		<b>(18,791.00)</b>		<b>0.00</b>	<b>(18,791.00)</b>
<b>Subgroup : [7A] Physical Therapy - Medicare</b>					
400235	Physical Therapy - MA	(242,406.00)		0.00	(242,406.00)
400635	Physical Therapy - Medicare B	(73,222.00)		0.00	(73,222.00)
<b>Subtotal [7A] Physical Therapy - Medicare</b>		<b>(315,628.00)</b>		<b>0.00</b>	<b>(315,628.00)</b>
<b>Subgroup : [7C] Physical Therapy - Non-medicare</b>					
400135	Physical Therapy - MD	(19,170.00)		0.00	(19,170.00)
400435	Physical Therapy - Managed Care	(21,714.00)		0.00	(21,714.00)
<b>Subtotal [7C] Physical Therapy - Non-medicare</b>		<b>(40,884.00)</b>		<b>0.00</b>	<b>(40,884.00)</b>
<b>Subgroup : [8A] Speech Therapy - Medicare</b>					
400245	Speech Therapy - MA	(35,572.00)		0.00	(35,572.00)
400281	Speech Therapy - M MA	(97.00)		0.00	(97.00)
400645	Speech Therapy - Medicare B	(12,411.00)		0.00	(12,411.00)
<b>Subtotal [8A] Speech Therapy - Medicare</b>		<b>(48,080.00)</b>		<b>0.00</b>	<b>(48,080.00)</b>
<b>Subgroup : [8C] Speech Therapy - Non-medicare</b>					
400145	Speech Therapy - MD	(8,747.00)		0.00	(8,747.00)
400445	Speech Therapy - Managed Care	(10,757.00)		0.00	(10,757.00)
<b>Subtotal [8C] Speech Therapy - Non-medicare</b>		<b>(19,504.00)</b>		<b>0.00</b>	<b>(19,504.00)</b>
<b>Subgroup : [9A] Occupational Therapy - Medicare</b>					
400240	Occupational Therapy - MA	(265,898.00)		0.00	(265,898.00)
400640	Occupational Therapy - Medicare B	(77,369.00)		0.00	(77,369.00)
<b>Subtotal [9A] Occupational Therapy - Medicare</b>		<b>(343,267.00)</b>		<b>0.00</b>	<b>(343,267.00)</b>
<b>Subgroup : [9C] Occupational Therapy - Non-medicare</b>					
400040	Occupational Therapy - PVT	(205.00)		0.00	(205.00)
400140	Occupational Therapy - MD	(14,233.00)		0.00	(14,233.00)
400440	Occupational Therapy - Managed Care	(22,708.00)		0.00	(22,708.00)
<b>Subtotal [9C] Occupational Therapy - Non-medicare</b>		<b>(37,146.00)</b>		<b>0.00</b>	<b>(37,146.00)</b>
<b>Subgroup : [10A] Other - Medicare</b>					
400215	Lab - MA	(10,361.00)		0.00	(10,361.00)
400225	IV Therapy - MA	(6,425.00)		0.00	(6,425.00)
400227	Oxygen - MA	(3,102.00)		0.00	(3,102.00)
400230	X-Ray - MA	(4,754.00)		0.00	(4,754.00)
400260	Contractual Allowance (Ancillaries) - MA	694,976.00		0.00	694,976.00
400276	IV Therapy - M MA	(2,052.00)		0.00	(2,052.00)
400289	Contractual Allowance (Ancillaries) - M MA	2,149.00		0.00	2,149.00
400660	Contractual Allowance (Ancillaries) - Medicare B	23,508.00		0.00	23,508.00
400669	Sequester Med B	1,961.00		0.00	1,961.00
<b>Subtotal [10A] Other - Medicare</b>		<b>695,900.00</b>		<b>0.00</b>	<b>695,900.00</b>
<b>Subgroup : [10B] Other - Non-medicare</b>					
400125	IV Therapy - MD	(3,130.00)		0.00	(3,130.00)
400127	Oxygen - MD	(3,636.00)		0.00	(3,636.00)
400160	Contractual Allowance (Ancillaries) - MD	52,160.00		0.00	52,160.00
400265	Contractual Allowance (BC/BS Disc) - MA	295.00		0.00	295.00
400415	Lab - Managed Care	(1,934.00)		0.00	(1,934.00)
400425	IV Therapy - Managed Care	(2,880.00)		0.00	(2,880.00)
400430	X-Ray - Managed Care	(482.00)		0.00	(482.00)
400460	Contractual Allowance (Anc.) - Managed Care	72,865.00		0.00	72,865.00
<b>Subtotal [10B] Other - Non-medicare</b>		<b>113,258.00</b>		<b>0.00</b>	<b>113,258.00</b>

Client: **Paradigm Cost Reports**  
 Engagement: **Medicaid - Paradigm of Torrington 2015 Cost Report**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
Subgroup : [18]	Other Revenue				
400840	Vending Income	(220.00)		0.00	(220.00)
400860	Miscellaneous Revenue	(1,480.00)		0.00	(1,480.00)
	<b>Subtotal [18] Other Revenue</b>	<u>(1,700.00)</u>		<u>0.00</u>	<u>(1,700.00)</u>
	<b>Total [30] Statement of Revenue</b>	<u>(7,503,197.00)</u>		<u>0.00</u>	<u>(7,503,197.00)</u>
	<b>Sum of Account Groups</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
	<b>Net (Income) Loss</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>

Client: *Paradigm Cost Reports*  
 Engagement: *Medicaid - Paradigm of Torrington 2015 Cost Report*  
 Period Ending: *9/30/2015*  
 Trial Balance: *A.01 - TB-CCNH*  
 Workpaper: *H.01 - Reclassifying Journal Entries Report*

Account	Description	W/P Ref	Debit	Credit
<b>Reclassifying Journal Entries JE # 1</b>		<b>I.01</b>		
To reclass overtime to appropriate salaries				
500040	Salaries - Business Office		1,186.00	
500050	Salaries Admissions		77.00	
520020	Wages-cooks		15.00	
520030	Wages Dietary Aides		150.00	
530020	Salaries - Houskpg Staff		549.00	
540020	Salaries - Laundry Staff		347.00	
560030	RN Nursing Supervisor		28,276.00	
560040	Nursing Scheduler		4,816.00	
560060	MDS Coordinator		1,260.00	
560110	Staff Development		892.00	
562020	Salaries-RN		15,285.00	
562030	Salaries-LPN		50,524.00	
562040	Salaries - CNAs		44,876.00	
570010	Dir Rehab		841.00	
570050	Salaries - PT		935.00	
570055	Salaries - P.T.A.		674.00	
570070	Salaries ST Staff		1,901.00	
570090	Salaries - OT		3,886.00	
580010	Salaries - Activities Director		353.00	
580020	Salaries - Activities -Staff		17.00	
590010	Salaries Social Svc Dir		2,101.00	
500060	Salaries - Overtime			158,663.00
560100	Infection Control			278.00
<b>Total</b>			<b>158,941.00</b>	<b>158,941.00</b>

<b>Reclassifying Journal Entries JE # 2</b>		<b>I.01</b>		
To reclass PTO/ETO on the salaries page				
510003	Accrued Benefits Exp - PTO ETO		988.00	
500010	Salaries Administrator/AsstAdmin			27.00
500040	Salaries - Business Office			30.00
500050	Salaries Admissions			19.00
520010	Salaries-Food Serv Dir			14.00
520020	Wages-cooks			29.00
520030	Wages Dietary Aides			47.00
530020	Salaries - Houskpg Staff			62.00
540020	Salaries - Laundry Staff			12.00
550010	Salaries-Maint Supervisor			15.00
550020	Wages-Maintenance Staff			1.00
560010	Director Of Nursing			24.00
560030	RN Nursing Supervisor			86.00
560040	Nursing Scheduler			11.00
560060	MDS Coordinator			17.00
560100	Infection Control			
560110	Staff Development			8.00
562020	Salaries-RN			43.00
562030	Salaries-LPN			162.00
562040	Salaries - CNAs			229.00
570010	Dir Rehab			36.00
570020	Salaries - Therapy Aides			1.00
570050	Salaries - PT			9.00
570055	Salaries - P.T.A.			17.00
570070	Salaries ST Staff			14.00
570090	Salaries - OT			25.00
570100	Salaries - COTA			14.00
580010	Salaries - Activities Director			14.00
580020	Salaries - Activities -Staff			8.00
590010	Salaries Social Svc Dir			14.00

Client: *Paradigm Cost Reports*  
 Engagement: *Medicaid - Paradigm of Torrington 2015 Cost Report*  
 Period Ending: *9/30/2015*  
 Trial Balance: *A.01 - TB-CCNH*  
 Workpaper: *H.01 - Reclassifying Journal Entries Report*

Account	Description	W/P Ref	Debit	Credit
<b>Total</b>			<u>988.00</u>	<u>988.00</u>
<b>Reclassifying Journal Entries JE # 3</b>		D.01 - profees		
To reclass audiology from dentist				
Marcum 103	Contract Svcs - Audiology		760.00	
566080	Contract Svcs - Dental			760.00
<b>Total</b>			<u>760.00</u>	<u>760.00</u>
<b>Reclassifying Journal Entries JE # 4</b>		D.01 - profees		
To reclass OT & ST from the PT line				
570040 - ST	Contracted Labor - ST		2,095.00	
7845.000	Contr Svcs - Occupational Ther		10,474.00	
570040	Rehab Contracted Services			12,569.00
<b>Total</b>			<u>12,569.00</u>	<u>12,569.00</u>
<b>Reclassifying Journal Entries JE # 5</b>		D.01 - 500150		
To reclass incorrect posting				
550150	Gas & Electric		4,291.00	
500150	Advertising - Help Wanted			4,291.00
<b>Total</b>			<u>4,291.00</u>	<u>4,291.00</u>
<b>Reclassifying Journal Entries JE # 6</b>		D.01 - 500240		
To reclass dues to the correct line of the cost report				
Marcum 101	Dues		5,354.00	
500240	Dues & Subscriptions			5,354.00
<b>Total</b>			<u>5,354.00</u>	<u>5,354.00</u>
<b>Reclassifying Journal Entries JE # 7</b>		D.01		
To reclass copier maintenance from the lease line				
500310	Rental Of Equipment		344.00	
Marcum 105	Copier Maintenance			344.00
<b>Total</b>			<u>344.00</u>	<u>344.00</u>



**MYERS AND STAUFFER**  
CERTIFIED PUBLIC ACCOUNTANTS

Workpaper Index:  
 Prepared By:  
 Reviewed By:  
 Workpaper Date: 2/12/2016  
 Run Date: 2/12/2016

Provider Name: Paradigm Healthcare Center of Torrington, LLC  
 Provider Number: 9621  
 Period Ended: 9/30/15

Name of Workpaper: VHCL CKLST

**VEHICLE COMPLIANCE CHECKLIST**

**PURPOSE:** To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

**Conclusion:**