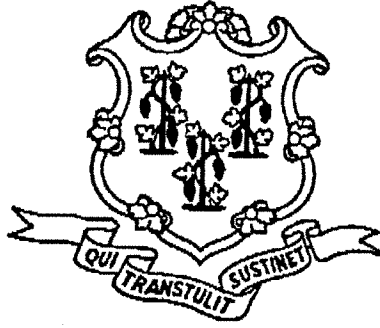


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385	
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 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2318	RHNS	(Specify)	Medicare Provider No. 07-5324
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Medicaid Provider Numbers:	CCNH 2318	RHNS	ICF-MR
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2016	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center [facility name] for the cost report period beginning October 01, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalties of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) <i>DF</i>		Date 2-15-17	Signed (Owner) <i>[Signature]</i>		Date 2-15-17
Printed Name (Administrator) David Fife			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public) <i>[Signature]</i>		Comm. Expires 3/31/20
Address of Notary Public 41 Terrace Ln Bristol CT 06010					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility <b>301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center</b>	Period Covered:	From <b>10/1/2015</b>	To <b>9/30/2016</b>	
Address of Facility <b>301 Rope Ferry Rd, Waterford, CT 06385</b>				
Report Prepared By <b>Athena Health Care Associates, Inc</b>	Phone Number <b>(860) 751-3900</b>	Date <b>2/15/2017</b>		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid..... \$				
2. Laundry wages paid..... \$				
3. Housekeeping wages paid..... \$				
4. Nursing wages paid..... \$				
5. All other wages paid..... \$				
6. <b>Total Wages Paid</b> ..... \$				
7. Total salaries paid..... \$				
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**



## General Information and Questionnaire

### Type of Facility - Organization Structure

Phone No. of Facility <b>860-444-1175</b>	Report for Year Ended <b>09/30/16</b>	Page <b>2</b>	of <b>37</b>
--	--	------------------	-----------------

Name of Facility (as shown on license) <b>301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center</b>	Address (No. & Street, City, State, Zip) <b>301 Rope Ferry Rd, Waterford, CT 06385</b>
--	---

License Numbers:	CCNH <b>2318</b>	RHNS (Specify)	Medicare Provider No. <b>07-5324</b>
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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="checkbox"/> PROPRIETORSHIP	<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROFIT CORP.
		<input type="checkbox"/> NON-PROFIT CORP.	<input type="checkbox"/> GOVERNMENT
<input type="checkbox"/> TRUST			

If this facility opened or closed during report year provide:	Date Opened	Date Closed
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Has there been any change in ownership or operation during this report year?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If "Yes," explain fully.


<b>Administrator</b>	
Name of Administrator <b>James M. Petty</b>	Nursing Home Administrator's License No.:

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:
<b>Not Applicable</b>	







## General Information and Questionnaire Related Parties\*

Name of Facility	License No.	Report for Year Ended	Page	of	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016	4	37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <span style="float: right;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                 </span>					
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? <span style="float: right;"> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No                 </span>					
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		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No		
Laurel Ridge Health Care Center	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank Fees P16m13	\$6,402 \$6,402
Shady Knoll Health Center	41 Skokorate St., Seymour, CT 06483	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swap Interest Allocation Pg 27, 12D	\$7,028 \$7,028
Athena Health Care Services	135 South Rd, Farmington, Ct 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Office Supplies, payroll processing fees, lobbying, data processing, business Pg 16, m13	\$16,223 \$16,223
Beacon Brook Health Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank fees Pg 16, m13	\$511 \$511
Athena Health Care Services	135 South Rd, Farmington, Ct 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical/Dental Insurance Pg 15, 1ae	\$1,051,309 \$1,051,309
Bayview Health Landlord	135 South Rd Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lease of Facility Pg 22 L9 and 10b, pg 27, ln 14a	\$903,652 \$903,652
Athena Health 401K Plan	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility participates in a common 401 (k) plan	
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation Captive Pg. 15 1a1	\$517,163 \$517,163
Athena Health Care Services	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management fees Pg 17, p15 1e	\$630,557 \$238,327

\* Use additional sheets if necessary.

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

Bayview Health Care  
 RELATED PARTIES QUESTIONNAIRE  
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party	
		Yes	No					%**
Alhena Health Care	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>50%	Nursing Department Consultant Employee Relations Legal fees Maintenance & Repairs	Pg 13 B 11a2 Pg 16 15 Pg 15, 15 Pg 22 6a	\$1,493,916 18,155 7,473	\$1,493,916 18,155 7,473
Procure, LTC	111 Executive Blvd. Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98%	Pharmacy Services	Pg. 20, 5a2	58,312	58,312
Miscellaneous Facilities	Various	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98%	Interfacility loans	Pg 33, A2		
<b>TOTAL</b>							<b>\$86,349</b>	

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

Name of Facility <b>301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center</b>	License No. <b>2318</b>	Report for Year Ended <b>9/30/2016</b>	Page <b>5</b>	of <b>37</b>
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

**Not Applicable**

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

**Not Applicable**

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

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318	9/30/2016		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	05/17/13	60 months	\$6,194	\$5,624
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postage Meter	12/28/10	66 months	\$1,219	\$1,215
Leaf 1720A Crest St Moberly Mo 65270	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	02/27/13	48 months	\$12,313	\$12,278
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nurse Call System	02/02/15	60 months	\$7,262	\$7,262
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone System	03/02/15	60 months	\$13,528	\$13,528
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional PCC Equipment	12/01/14	60 months	\$1,598	\$1,598
	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total ****</b>
						<b>\$41,505</b>	

\*\*\*\* Amount should agree to Page 22, Line 6e.  
 \*\*\* Attach copies of newly acquired leases.  
 \*\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \* Is a Mileage Log Book Maintained for All Leased Vehicles ? **Not Applicable - No Vehicles**



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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworkin, Hillman, Lamorte & Stercza	4 Corporate Dr., Suite 488, Shelton, CT 06484
2 Dworkin, Hillman, Lamorte & Stercza	4 Corporate Dr., Suite 488, Shelton, CT 06484
3 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
4 Dopkins & Company, LLP	200 International Dr., Buffalo NY 14221

Services Provided by This Firm (*describe fully*)

1 Audit & Tax Return Fees 2015-allowed	\$ 14,000
2 Audit & Tax Return Fees 2015-Landlord;disallowed	\$ 3,500
3 Medicare Cost Report-allowed	\$ 2,650
4 Audit fieldwork and report writing-disallowed	\$ 412
	Charge for Services Provided
	\$20,562

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

Yes     No    **Pg 15, Line1d**

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Shipman & Goodwin	860 251-5000
2 McGann, Bartlett & Brown	860 282-4670
3 Murtha Cullina	860-240-6000
4 Schiff, Hardin via Lichfield woods	
5 Goldman, Gruder & Woods	

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

1 Hartford, CT One Constitution Plaza Hartford Ct
2 111 Founder's Plaza, E Hartford, CT
3 185 Asylum St Hartford, CT 06103
4
5

Services Provided by This Firm (*describe fully*)

1 Collections -disallowed	\$ 25,399
2 A/R Collections (Disallowed)	\$ 4,187
3 Audit letter, annual reports \$31- Allowed	\$ 315
4 Loan modification fee \$2,685-disallowed / N. London Probate \$300 -disallowed	\$ 2,985
5 Collections \$3136- disallowed	\$ 3,136
	Charge for Services Provided
	\$36,022

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

Yes     No    **Pg 15, Line1e**

**Schedule of Resident Statistics**

Name of Facility	License No.		Report for Year Ended		Page of						
	2318		09/30/16			8 37					
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30					
					Total	CCNH	RHNS	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period.....	127	127			127	127		127	127		
B. On last day of THIS report period.....	127	127			127	127		127	127		
2. Number of Residents											
A. As of midnight of PREVIOUS report period.....	127	127			126	126		127	127		
B. As of midnight of THIS report period.....	121	121			127	127		121	121		
3. Total Number of Days Care Provided During Period											
A. Medicare.....	5,008	5,008			3,932	3,932		1,076	1,076		
B. Medicaid (Conn.).....	36,450	36,450			26,902	26,902		9,548	9,548		
C. Medicaid (other states).....											
D. Private Pay.....	3,329	3,329			2,534	2,534		795	795		
E. State SSI for RCH.....											
F. Other (Specify) Managed Care	398	398			360	360		38	38		
G. Total Care Days During Period (3A thru F).....	45,185	45,185			33,728	33,728		11,457	11,457		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds											
A. Medicaid Bed Reserve Days.....	252	252			190	190		62	62		
B. Other Bed Reserve Days.....	35	35			25	25		10	10		
5. Total Resident Days (3G + 4A + 4B).....	45,472	45,472			33,943	33,943		11,529	11,529		

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

Name of Facility <b>301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center</b>	License No. <b>2318</b>	Report for Year Ended <b>9/30/2016</b>	Page <b>9</b>	of <b>37</b>
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4. Were there any changes in the certified bed capacity during the report year?  YES  NO  
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	103		7		3		
Per Diem Rate								
a. One bed rm.	571.17	242.29		505.00		465.85		
b. Two bed rms.	571.17	242.29		495.00		465.85		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	16,366	16,366		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	627	627		
2. Restorative Treatments				
C. Other	13,048	13,048		
D. <b>Total Physical Therapy Treatments</b>	30,041	30,041		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,675	1,675		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	199	199		
2. Restorative Treatments				
C. Other	1,583	1,583		
D. <b>Total Speech Therapy Treatments</b>	3,457	3,457		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	10,029	10,029		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	653	653		
2. Restorative Treatments				
C. Other	12,762	12,762		
D. <b>Total Occupational Therapy Treatments</b>	23,444	23,444		

### Report of Expenditures - Salaries & Wages

Name of Facility <b>301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center</b>	License No. <b>2318</b>	Report for Year Ended <b>9/30/2016</b>	Page <b>10</b>	of <b>37</b>		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Item	Total Cost and Hours					
	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	111,880	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	229,138	10,333				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	56,024	2,068				
c. Dietary Workers	401,601	28,322				
6. Housekeeping Service						
a. Head Housekeeper	53,237	2,178				
b. Other Housekeeping Workers	254,290	19,053				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	56,172	2,171				
b. Other Maintenance Workers	45,248	2,272				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	97,376	6,929				
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	214,433	4,139				
b. RN						
1. Direct Care	660,090	21,114				
2. Administrative**	408,075	15,820				
c. LPN						
1. Direct Care	884,126	33,793				
2. Administrative**						
d. Aides and Attendants	1,796,370	112,248				
e. Physical Therapists	595,451	16,782				
f. Speech Therapists	101,650	2,118				
g. Occupational Therapists	339,193	9,394				
h. Recreation Workers	197,519	9,174				
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	239,733	9,043				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	6,741,606	309,071				

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

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Medical Staff Meetings	\$ 296	2				
<b>Total</b>	\$ 296	2	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No.		Report for Year Ended		Page	of			
	2318	9/30/2016	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>									
Not Applicable									
<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>									
Not Applicable									

\* 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		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318		9/30/2016		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 Michael Petty (10/1/2015 - 9/30/2016)	111,880		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,120	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		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian.....	30,096	792				
2. Dentist.....	13,792					
3. Pharmacist.....	10,643	164				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	241					
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	90,731	348				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	49	1				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	296	2				
9. Speech Therapist						
a. Resident Care.....	4,680	13				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	15,735	242				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>166,263</b>	<b>1,562</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.



**B. Report of Expenditures - Professional Fees (Medical Director Detail)**

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2182-C	Report for Year Ended 9/30/2016	Page 13 a	of 37
<b>Item</b>		Total Cost and Hours			
		CCNH	Hours	RHNS	Hours (Specify)
8.	Physicians				
a.	Medical Director Detail	0	348	0	0

Dr. Joseph Alessandro	\$60,731	233.25 hours
Dr. Andrea Gutierrez	\$30,000	115.00 hours

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility		License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318	9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Joseph Allessandro, 63 Canterbury Road, Brooklyn, CT 06234	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Stephanie Owens, 15 Fourth Avenue, Waterford, CT 06385	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Omnicare/Value Health Care Services, Inc 525 Knotter Drive Cheshire, CT 06410	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Med Options, 20 Research Parkway, Old Saybrook, CT	Psychologist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Dental And Medical Group, 25 Needham St, Newtown, Ct	Dentist /Podiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
SDX Swallowing Diagnostics, LLC, PO Box 484, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Andrea Gutierrez, D.O., 272 Allen Hill Rd., Brooklyn, CT 06234	Assistant Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Procure, LTC, 111 Executive Blvd., Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS Nurse fill-in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 517,163	517,163			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 149,632	149,632			
4. Social Security (F.I.C.A.).....	\$ 489,971	489,971			
5. Health Insurance.....	\$ 852,939	852,939			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 37,885	37,885			
8. Uniform Allowance.....	\$ 166	166			
9. Other ( <i>Specify</i> )..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* .....	\$				
c. Bad Debts*.....	\$ 4,067	4,067			
d. Accounting and Auditing.....	\$ 20,562	20,562			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 36,022	36,022			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*.....	\$				
g. Office Supplies.....	\$ 47,005	47,005			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 18,031	18,031			
2. Cellular Phones. ....	\$ 4,014	4,014			
i. Appraisal ( <i>Specify purpose and        attach copy</i> )*.....	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> ).	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*.....	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 856,523	856,523			
<b>Subtotal</b>	\$ 3,033,980	3,033,980			

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

(Carry Subtotals forward to next page)

**Schedule of Other Employee Benefits**

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

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	3,033,980	3,033,980			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 4,370	4,370			
3. Gifts to Staff and Residents.....	\$ 27,649	27,649			
4. Employee Travel.....	\$ 4,663	4,663			
5. Education Expenses Related to Seminars and Conventions	\$ 6,230	6,230			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify)..... See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted (all such expenses).....	\$ 4,501	4,501			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***..... See Attached Schedule	\$ 21,418	21,418			
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$ 8,935	8,935			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 9,158	9,158			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 516	516			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$ 428,568	428,568			
13. Other (Specify) See Attached Schedule	\$ 113,418	113,418			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,663,406	3,663,406			

\* Do not include Subscriptions, which should go in item 9.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional	\$ 21,418		
<b>Total Other Advertising</b>	\$ 21,418	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Assoc of Health Care Facilities	\$ 9,158		
<b>Total Dues</b>	\$ 9,158	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 4,253		
Licenses	\$ 1,710		
Bank Charges	\$ 9,239		
Payroll Processing Fees	\$ 23,043		
Employee Physicals & Background Checks	\$ 16,880		
Compliance Consulting	\$ 6,552		
Data Processing	\$ 51,741		
<b>Total Other Administrative and General</b>	\$ 113,418	\$ -	\$ -



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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2016	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$594,086	Contract Attached to a Prior Year	See Below
Allocation of Above	\$392,097 \$95,054 \$106,935	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$36,471	Admin/Gen-Other Expense	Page 16, Line m12

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

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 278,705	278,705			
2. Non-Food Supplies.....	\$ 31,703	31,703			
3. Other (Specify) _____ Dishes & Utensils = \$4,061	\$ 4,061	4,061			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**.....		\$ 95,054	95,054		
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 409,523	409,523		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	370	370			
H. Is cost of employee meals included in 2E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
I. Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify amount.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify cost. = \$1074					
L. Is any revenue collected from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount. = \$900					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) <b>Pg 18, 2a1</b>					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify amount.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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



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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2016	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. \$			
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. \$	29,922	29,922	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services** .....		\$			
d. Other (Specify) Supplies = \$7,500		\$	7,500	7,500	
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	37,422	37,422	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3E.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2016		Page 20	of 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. \$	35,901	35,901		
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>	\$	35,901	35,901		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy.....	\$				
2.	Purchased from Omni Care, Inc./Procare, LTC	\$	256,261	256,261		
b.	Medicine Cabinet Drugs.....	\$	5,048	5,048		
c.	Medical and Therapeutic Supplies.....	\$	300,219	300,219		
d.	Ambulance/Limousine***.....	\$	10,319	10,319		
e.	Oxygen					
1.	For Emergency Use.....	\$				
2.	Other***.....	\$	49,032	49,032		
f.	X-rays and Related Radiological Procedures***.....	\$	20,358	20,358		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> ).....	\$				
h.	Laboratory***.....	\$	23,018	23,018		
i.	Recreation.....	\$	10,550	10,550		
j.	Other (Specify)**** See Attached Schedule	\$	153,707	153,707		
5K.	<b>Total Resident Care Expenditures (5a - 5j).....</b>	\$	828,512	828,512		

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

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 106,935		
Physical Therapy Supplies	\$ 26,872		
Oxygen Concentrator Rentals	\$ 1,768		
Cable TV Fees	\$ 11,376		
Medical Equip Rentals-Other	\$ 6,396		
Speech Therapy Supplies	\$ 360		
<b>Total Other Resident Care</b>	\$ 153,707	\$ -	\$ -

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

Name of Facility		License No.	Report for Year Ended	Page	of				
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318	9/30/2016	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No		CCNH	RHNS	(Specify)	Pg	Line
ADP	100 Corporate Drive, South Windsor, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payroll Processing	23,043			16	m13
All Waste	PO Box 2472, Hartford, CT 06146	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	23,269			22	6f
Value Health Care/Omnicare	PO Box 715268 columbus OH 43271	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacy	210,998			20	5A2,5 B
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmacy	58,312			16	m13
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
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		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

### C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2016			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	76,932	76,932				
b. Heat..... \$	101,725	101,725				
c. Light & Power..... \$	116,108	116,108				
d. Water..... \$	25,421	25,421				
e. Equipment Lease ( <i>Provide detail on page 6</i> )..... \$	41,505	41,505				
f. Other ( <i>itemize</i> )..... \$	70,138	70,138				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)..... \$</b>	<b>431,829</b>	<b>431,829</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements..... \$	4,403	4,403				
b. Building & Building Improvements..... \$	44,932	44,932				
c. Non-Movable Equipment..... \$	28,250	28,250				
d. Movable Equipment..... \$	76,599	76,599				
<b>*7e. Total Depreciation Costs (7a + b + c + d)..... \$</b>	<b>154,184</b>	<b>154,184</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	5,245	5,245				
d. Other ( <i>Specify</i> )..... \$						
<b>*8e. Total Amortization Costs (8a + b + c + d)..... \$</b>	<b>5,245</b>	<b>5,245</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	666,103	666,103				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	151,990	151,990				
c. Personal property taxes..... \$	17,417	17,417				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)..... \$</b>	<b>994,939</b>	<b>994,939</b>				

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 14,070		
Rubbish Removal	\$ 23,269		
Snow Removal	\$ 8,938		
Supplies	\$ 23,861		
<b>Total Other Repairs and Maintenance</b>	\$ 70,138	\$ -	\$ -



### Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318		9/30/2016				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	
									Date of Acquisition
		Yes	No	Month	Year				
<b>A. Land Improvements</b>									
1. Acquired prior to this report period	47,027		47,027	28,047	S/L	5 years	4,403		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal.....								4,403	
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period	837,227		837,227	496,381	S/L	Various	44,932		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal.....								44,932	
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period	338,953		338,953	229,622	S/L	Various	28,250		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal.....								28,250	
<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				1,626,526	S/L	Various	75,199		
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal.....			21,229		S/L	Various	1,400	76,599	
E. Total Depreciation .....								154,184	

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







**Amortization Schedule\***

Name of Facility	License No.		Report for Year Ended		Page of				
	2318		9/30/2016			24 37			
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal.....									
<b>B. Mortgage Expense</b>									
1. Deferred Finance Fees-Refinance									
2. Deferred Finance Fees-Refinance	Var	2015	5	286,028	230,184			4,579	
3. Deferred Finance Fees-Refinance									
B-4. Subtotal.....									
<b>C. Leasehold Improvements and Other (Specify)</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)		2015	Various	3,241,656	7,059		s/l		
3. Acquired during this report period (attach schedule)									
C-4. Subtotal.....		2016	Various	14,152				666	
<b>D. Total Amortization .....</b>									5,245
									5,245

\* Straight-line method must be used.  
 \*\* Specify which of the following bases were used:  
 A. Minimum of 5 years or 60 months.  
 B. Life of mortgage; OR  
 C. Remaining Life of Lease; OR  
 D. Actual Life if owned by Related Party.

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes," complete Part B. If "No," complete Part C.					
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	07/12/06				
4. Date of Initial Licensure	06/09/86				
5. Total Licensed Bed Capacity	127				
6. Square Footage					
7. Acquisition Cost					
a. Land	217,747				
b. Building	5,032,701				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD/KeyBank				
b. Date Mortgage Obtained	03/29/12				
c. Interest Rate for the Cost Year	3.22%/6.91%				
d. Term of Mortgage (number of years)	35				
e. Amount of Principal Borrowed	9,944,000				
f. Principal balance outstanding as of 9/30/2016	9,215,028				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2016			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount.....		\$					
2. Loan Origination Date.....							
3. Interest Rate %.....							
4. Term.....							
5. CHEFA Interest Expense.....							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016			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 ( <i>Specify</i> )..... \$						
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 ( <i>Specify</i> )..... \$						
Vender Interest = (\$69,494); Key Term Loan Interest = \$34,307; Line of Credit Interest = \$12,378			(22,809)	(22,809)		
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)..... \$						
			(22,809)	(22,809)		
14. Insurance						
a. Insurance on Property (buildings only)..... \$						
			90,701	90,701		
b. Insurance on Automobiles..... \$						
c. Insurance other than Property (as specified above)						
1. Umbrella ( <i>Blanket Coverage</i> )..... \$						
2. Fire and Extended Coverage..... \$						
3. Other ( <i>Specify</i> )..... \$						
14d. <b>Total Insurance Expenditures</b> (14a + b + c)... \$						
			90,701	90,701		
15. <b>Total All Expenditures (A-13 thru C-14)</b> ..... \$						
			13,377,293	13,377,293		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318	9/30/2016	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.....	\$ 339,193	339,193		
4.	Var	Var	Other - See attached Schedule.....	\$ 45,945	45,945		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **.....	\$ 49	49		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 4,067	4,067		
10.	15	1d&e	Accounting & Legal.....	\$ 39,619	39,619		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 3,806	3,806		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 27,649	27,649		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$ 386	386		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 21,418	21,418		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 258,872	258,872		
	18	2c		\$ 62,757	62,757		
	20	5j		\$ 70,601	70,601		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 21,555	21,555		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 174	174		
<b>Page 19 - Laundry Expenditures</b>							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 896,091	896,091		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12M	Community Coordinator & Marketing Salaries and Benefits	45,945		
<b>Total Other Salaries Adjustment</b>			\$ 45,945	\$ -	\$ -

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	Bank Charges	9,239		
16	M13	Lobbying Fees	4,253		
16	M13	Compliance Consulting-Harmony Healthcare	6,552		
16	M13	Software settlement	1,511		
<b>Total Other A&amp;G Adjustments</b>			\$ 21,555	\$ -	\$ -



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

Name of Facility			License No.	Report for Year Ended	Page	of	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 896,091	896,091		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 256,261	256,261		
28.	20	5d	Ambulance/Limousine.....	\$ 10,319	10,319		
29.	20	5f	X-rays, etc.....	\$ 20,358	20,358		
30.	20	5h	Laboratory.....	\$ 23,018	23,018		
31.	20	5c	Medical Supplies.....	\$ 29,122	29,122		
32.	20	5e2	Oxygen (non emergency).....	\$ 49,032	49,032		
33.			Occupational Therapy.....	\$			
34.	Var	Var	Other - See Attached Schedule.....	\$ 6,396	6,396		
<b>Page 22 - Maintenance and Property</b>							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 2,922	2,922		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.			Rental of Building Space or Rooms.....	\$			
39.			Other - See Attached Schedule.....	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 7,776	7,776		
44.	30	rv1	Vending Machine Revenue.....	\$			
45.			Purchase Discounts and Allowances.....	\$			
46.			Duplications of functions or services....	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest.....	\$			
48.	30	rv5	Interest Income on Accounts Rec.....	\$ 301	301		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
<b>Not For Profit Providers Only</b>							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b> .....			\$ 1,301,596	1,301,596		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental -Other	6,396		
<b>Total Other Ancillary Costs</b>			<b>\$ 6,396</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Dep carryforward	2,922		
<b>Total Excess Movable Equipment Depreciation</b>			<b>2,922</b>		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

Schedule of Unallowable Building Interest

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

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**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents (CT only).....	\$ 18,232,282	18,232,282			
b. Medicaid Room and Board Contractual Allowance **.....	\$ (9,300,506)	(9,300,506)			
2. a. Medicaid (All other states).....	\$				
b. Other States Room and Board Contractual Allowance **.....	\$				
3. a. Medicare Residents (all inclusive).....	\$ 2,107,580	2,107,580			
b. Medicare Room and Board Contractual Allowance **.....	\$ 449,365	449,365			
4. a. Private-Pay Residents and Other.....	\$ 2,193,425	2,193,425			
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (52,614)	(52,614)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare.....	\$ 238,055	238,055			
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (238,055)	(238,055)			
c. Prescription Drugs - Non-Medicare.....	\$ 84,560	84,560			
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (83,354)	(83,354)			
2. a. Medical Supplies - Medicare.....	\$ 16,422	16,422			
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (8,982)	(8,982)			
c. Medical Supplies - Non-Medicare.....	\$ 14,520	14,520			
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (14,520)	(14,520)			
3. a. Physical Therapy - Medicare.....	\$ 1,117,620	1,117,620			
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (822,322)	(822,322)			
c. Physical Therapy - Non-Medicare.....	\$ 185,725	185,725			
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (185,050)	(185,050)			
4. a. Speech Therapy - Medicare.....	\$ 270,698	270,698			
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (205,477)	(205,477)			
c. Speech Therapy - Non-Medicare.....	\$ 77,322	77,322			
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (77,322)	(77,322)			
5. a. Occupational Therapy - Medicare.....	\$ 1,085,302	1,085,302			
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (809,448)	(809,448)			
c. Occupational Therapy - Non-Medicare.....	\$ 177,025	177,025			
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (176,050)	(176,050)			
6. a. Other (Specify) - Medicare.....	\$				
b. Other (Specify) - Non-Medicare.....	\$ 7,804	7,804			
<b>III Total Resident Revenue (Section I.thru Section II.).....</b>	<b>\$ 14,284,005</b>	<b>14,284,005</b>			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others.....	\$				
2. Rental of rooms to non-residents.....	\$				
3. Telephone .....	\$				
4. Rental of Television and Cable Services.....	\$				
5. Interest Income (Specify) .....	\$ 301	301			
6. Private Duty Nurses' Fees.....	\$				
7. Barber, Coffee, Beauty and Gift shops.....	\$				
8. Other (Specify).....	\$ 120	120			
<b>V. Total Other Revenue (1 thru 8).....</b>	<b>\$ 421</b>	<b>421</b>			
<b>VI. Total All Revenue (III + V).....</b>	<b>\$ 14,284,426</b>	<b>14,284,426</b>			

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

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



**Schedule of Other Resident Revenue - Medicare**

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

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

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Med A retroactive	\$ 7,804		
<b>Total Other Resident Revenue</b>		\$ 7,804	\$ -	\$ -

**Interest Income**

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, LA2	Interest on A/R	N/A	\$ 301		
<b>Total Interest Income</b>			\$ 301	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 120		
<b>Total Other Revenue</b>		\$ 120	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> ).....			\$	177,225
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	805,482
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	1,521
4. Inventories.....			\$	42,713
5. Prepaid Expenses.....			\$	182,337
a. Prepaid Insurance	181,849			
b. Prepaid Expense	488			
c. _____				
d. _____				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets ( <i>itemize</i> ).....			\$	51,219
Medicaid Cost settlement	28,269			
Due From Related Party	22,950			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,260,497</b>
<b>B. Fixed Assets</b>				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	47,027	\$	14,577
	Accum. Depreciation	(32,450) Net.....		
3. Buildings	*Historical Cost.....	837,227	\$	295,914
	Accum. Depreciation	(541,313) Net.....		
4. Leasehold Improvements	*Historical Cost.....	67,105	\$	54,801
	Accum. Depreciation	(12,304) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	338,953	\$	81,081
	Accum. Depreciation	(257,872) Net.....		
6. Movable Equipment	*Historical Cost.....	1,937,471	\$	234,347
	Accum. Depreciation	(1,703,124) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets ( <i>itemize</i> ).....			\$	(8,330)
Excluded Movable Equipment Carryforward	7,619			
Fixed Asset Difference to Books	(15,949)			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b> .....			<b>\$</b>	<b>672,390</b>

\* 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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,932,887
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land.....			\$	390,340
2. Land Improvements			*Historical Cost..... _____	
			Accum. Depreciation _____ Net..... \$	
3. Buildings			*Historical Cost..... 7,019,660	
			Accum. Depreciation (1,754,915) Net..... \$ 5,264,745	
4. Non-Movable Equipment			*Historical Cost..... _____	
			Accum. Depreciation _____ Net..... \$	
5. Movable Equipment			*Historical Cost..... _____	
			Accum. Depreciation _____ Net..... \$	
6. Motor Vehicles			*Historical Cost..... _____	
			Accum. Depreciation _____ Net..... \$	
7. Minor Equipment-Not Depreciable.....			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$ 5,655,085	
<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).....			\$ 3,360,483	
5. Investments Related to Resident Care ( <i>itemize</i> ).....			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$ (3,802,307)	
Name and Address		Amount	Loan Date	
Related Party		(3,802,307)	3/29/2012	
7. Other Assets ( <i>itemize</i> ).....			\$ 17,236	
Deposits-Security Deposits Leased Equip.			6,930	
Project Development			10,306	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7).....</b>			\$ (424,588)	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....</b>			\$ 7,163,384	

\* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	550,762
2. Notes Payable ( <i>itemize</i> ).....				\$	(679,155)
Notes Payable (679,155)					
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> ).....				\$	425,785
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> ).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	6,531
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> ).....				\$	237,958
Acc'd Operating Expenses 23,397					
Provider Taxes Due 219,975					
Acc'd Expense Property Taxes (5,820)					
Acc'd Expenses Sales Tax 406					
<b>A-13. Total Current Liabilities (Lines A1 thru 12).....</b>				<b>\$</b>	<b>541,881</b>

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

(Carry Total forward to next page)

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



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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			541,881	
<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> ).....				\$ 573,952
Name and Address of Lender	Amount	Loan Date		
<b>Working Capital Reserve</b>	<b>573,952</b>			
4. Other Long-Term Liabilities ( <i>itemize</i> ).....				\$ (1,425,577)
Due from Related Landlord		(1,710,878)		
Key Bank Term Loan		280,625		
SWAP Value		4,676		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4).....				\$ (851,625)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5).....				\$ (309,744)

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land.....			\$	390,340
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	5,264,745
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> ) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	5,655,085
<b>B. Net Worth</b>				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	(1,348,557)
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	2,259,466
6. Gain or Loss for Period	10/1/2015	thru	9/30/2016	\$ 907,134
7. Total Net Worth.....			\$	1,818,043
<b>C. Total Reserves and Net Worth .....</b>			\$	7,473,128
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>			\$	7,163,384

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2016	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	864,363		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> ) .....			\$	14,284,426		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> ) .....			\$	13,377,293		
D. Net Income or Deficit.....			\$	907,133		
E. Balance.....			\$	1,771,496		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
Change in SWAP value	3,631					
Rent Adjustment	42,911					
rounding	4					
2. Other ( <i>itemize</i> )						
F-3. Total Additions.....					\$	46,546
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>			\$	1,818,042		
09/30/16						

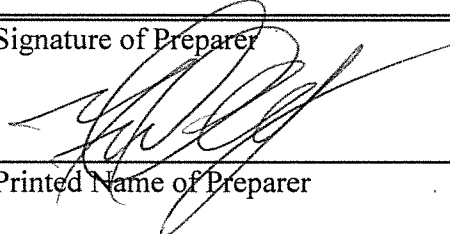
### I. Preparer's/Reviewer's Certification

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No.  2318	Report for Year Ended  9/30/2016	Page 37	of 37
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<i>Check appropriate category</i>		
CCNH	RHNS	Other ( <i>Specify</i> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Preparer/Reviewer Certification

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.

Signature of Preparer 	Title  CFO	Date Signed  2-15-17
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Printed Name of Preparer  Athena Health Care Associates, Inc	
Address 135 South Road Farmington, CT 06032	Phone Number  (860) 751-3900

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.

<b>Name of Facility</b> 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	<b>License No.</b> 2198-C/2198-C	<b>Report for Year Ended</b> 9/30/2016	<b>Page</b> ERROR REPORT
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INCOME/EXPENSE STATEMENT

ERROR CHECK LIST

\*\*\*RED CELLS INDICATE POSSIBLE ERROR\*\*\*

\*\*\* REVIEW THE FOLLOWING FOR POSSIBLE ERRORS \*\*\*

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:

(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

		TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 1A PER INTERFACE	N/A				
PG 1A PER COST REPORT	N/A				
DIFFERENCE					
PG 10 PER INTERFACE		6,741,606	6,741,606		
PG 10 PER COST REPORT		6,741,606	6,741,606		
DIFFERENCE					
PG 1A PER COST REPORT	N/A				
PG 10 PER COST REPORT	N/A				
DIFFERENCE					
PG 13 PER INTERFACE		166,263	166,263		
PG 13 PER COST REPORT		166,263	166,263		
DIFFERENCE					
PG 15 & 16 PER INTERFACE		3,663,406	3,663,406		
PG 15 & 16 PER COST REPORT		3,663,406	3,663,406		
DIFFERENCE					
PG 18 PER INTERFACE		409,523	409,523		
PG 18 PER COST REPORT		409,523	409,523		
DIFFERENCE					
PG 19 PER INTERFACE		37,422	37,422		
PG 19 PER COST REPORT		37,422	37,422		
DIFFERENCE					
PG 20 PER INTERFACE		864,413	864,413		
PG 20 PER COST REPORT		864,413	864,413		
DIFFERENCE					
PG 22 PER INTERFACE		1,426,768	1,426,768		
PG 22 PER COST REPORT		1,426,768	1,426,768		
DIFFERENCE					
PG 26 & 27 PER INTERFACE		67,892	67,892		
PG 26 & 27 PER COST REPORT		67,892	67,892		
DIFFERENCE					
TOTAL EXPENSES PER INTERFACE		13,377,293	13,377,293		
TOTAL EXPENSES PER COST REPORT		13,377,293	13,377,293		
DIFFERENCE					
TOTAL REVENUES PER INTERFACE		14,284,426	14,284,426		
TOTAL REVENUES PER COST REPORT		14,284,426	14,284,426		
DIFFERENCE					
EQUIPMENT LEASES PER PAGE 6		41,505			
EQUIPMENT LEASES PER PAGE 22,LINE 6e		41,505			
DIFFERENCE					

Name of Facility	License No.	Report for Year Ended	Page
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2198-C/2198-C	9/30/2016	ERROR REPORT

**BALANCE SHEET ERROR CHECK LIST**

\*\*\* REVIEW THE FOLLOWING FOR POSSIBLE ERRORS \*\*\*

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE:  
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

\*\*\*RED CELLS INDICATE POSSIBLE ERROR\*\*\*

TOTAL
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PG 31 CURRENT ASSETS PER INTERFACE	1,260,497
PG 31 CURRENT ASSETS PER COST REPORT	1,260,497
DIFFERENCE	<u>1,260,497</u>
PG 31 FIXED ASSETS PER INTERFACE	672,390
PG 31 FIXED ASSETS PER COST REPORT	672,390
DIFFERENCE	<u>672,390</u>
PG 32 LEASED ASSETS PER INTERFACE	5,655,085
PG 32 LEASED ASSETS PER COST REPORT	5,655,085
DIFFERENCE	<u>5,655,085</u>
PG 32 OTHER ASSETS PER INTERFACE	(424,588)
PG 32 OTHER ASSETS PER COST REPORT	(424,588)
DIFFERENCE	<u>(424,588)</u>
PG 32 TOTAL ASSETS PER INTERFACE	7,163,384
PG 32 TOTAL ASSETS PER COST REPORT	7,163,384
DIFFERENCE	<u>7,163,384</u>
PG 33 CURRENT LIABS PER INTERFACE	541,881
PG 33 CURRENT LIABS PER COST REPORT	541,881
DIFFERENCE	<u>541,881</u>
PG 34 LONG TERM LIABS PER INTERFACE	(851,625)
PG 34 LONG TERM LIABS PER COST REPORT	(851,625)
DIFFERENCE	<u>(851,625)</u>
PG 34 TOTAL LIABS PER INTERFACE	(309,744)
PG 34 TOTAL LIABS PER COST REPORT	(309,744)
DIFFERENCE	<u>(309,744)</u>
PG 35 RESERVES PER INTERFACE	5,655,085
PG 35 RESERVES PER COST REPORT	5,655,085
DIFFERENCE	<u>5,655,085</u>
PG 35 NET WORTH PER INTERFACE	1,818,043
PG 35 NET WORTH PER COST REPORT	1,818,043
DIFFERENCE	<u>1,818,043</u>
PG 35 TOTAL LIAB & WORTH PER INTERFACE	7,163,384
PG 35 TOTAL LIAB & WORTH PER COST REPORT	7,163,384
DIFFERENCE	<u>7,163,384</u>
PG 32 TOTAL ASSETS PER COST REPORT	7,163,384
PG 35 TOTAL LIAB & WORTH PER COST REPORT	7,163,384
DIFFERENCE	<u>7,163,384</u>
NET INCOME PER BALANCE SHEET	907,134
NET INCOME PER INCOME STATEMENT	907,133
DIFFERENCE	<u>907,133</u>
PG 35 NET WORTH PER COST REPORT	1,818,043
TOTAL NET WORTH PER PG 36	1,818,042
DIFFERENCE	<u>1,818,042</u>

<b>Name of Facility</b> 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	<b>License No.</b> 2198-C/2198-C	<b>Report for Year Ended</b> 9/30/2016	<b>Page</b> ERROR REPORT
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**INFORMATIONAL PAGES  
ERROR CHECK LIST**

**\*\*\*RED CELLS INDICATE POSSIBLE ERROR\*\*\***

**\*\*\* REVIEW THE FOLLOWING FOR POSSIBLE ERRORS \*\*\***

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE INPUT:  
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

	<b>TOTAL</b>	<b>CCNH</b>	<b>RHNS</b>	<b>OTHER: (Specify)</b>
PG 7 TOTAL LEGAL FEES DETAIL	36,022		NOT APPLICABLE	
PG 15, LINE 1e LEGAL FEES PER COST REPORT	36,022		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
PG 7 TOTAL ACCOUNTING FEES DETAIL	20,562		NOT APPLICABLE	
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	20,562		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
PG 11 OWNER'S SALARY PER COST REPORT	-			
PG 10 OWNER'S SALARY PER COST REPORT	-			
DIFFERENCE				
PG 12 ADMINISTRATOR'S SALARY PER C/RPT	111,880	111,880		
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	111,880	111,880		
DIFFERENCE				
PG 12 ASST ADMIN'S SALARY PER COST REPORT	-			
PG 10 ASST ADMIN'S SALARY PER COST REPORT	-			
DIFFERENCE				
PT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	30,041		NOT APPLICABLE	
HORIZONTAL TOTALS	30,041		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	3,457		NOT APPLICABLE	
HORIZONTAL TOTALS	3,457		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	23,444		NOT APPLICABLE	
HORIZONTAL TOTALS	23,444		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
<b>NO. OF CERTIFIED BEDS RECONCILIATION:</b>				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8)	127	127		
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	127	127		
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	127	127		
DIFFERENCE				

**COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:**

AVERAGE CERTIFIED BEDS	127.00000	127.00000
MAXIMUM PATIENT DAYS	46,482	46,482
ACTUAL PATIENT DAYS	45,472	45,472
PERCENT OCCUPIED(NOT TO EXCEED 100%)	97.8271%	97.8271%

<b>Name of Facility</b> 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	<b>License No.</b> 2198-C/2198-C	<b>Report for Year Ended</b> 9/30/2016	<b>Page</b> ERROR REPORT
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**DEPRECIATION TIE-IN  
ERROR CHECK LIST**

**\*\*\*RED CELLS INDICATE POSSIBLE ERROR\*\*\***

**\*\*\* REVIEW THE FOLLOWING FOR POSSIBLE ERRORS \*\*\***

**RECONCILIATION OF COST REPORT BALANCE SHEET TO DEPRECIATION PAGES:  
(BOOK VALUE NUMBERS FROM EACH COLUMN BELOW MUST EQUAL)**

<b>FIXED ASSET CATEGORY</b>	<b>BOOK VALUE PG 23 OR 24</b>	<b>BOOK VALUE PG 31 OR 32</b>	<b>Difference</b>
LAND IMPROVEMENTS	14,577	14,577	-
BUILDING AND BUILDING IMPROVEMENTS	295,914	295,914	-
LEASEHOLD IMPROVEMENTS	54,801	54,801	-
NON-MOVEABLE EQUIPMENT	81,081	81,081	-
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	241,965	234,347	
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	3,188,703	N/A **	

<b>FIXED ASSET CATEGORY</b>	<b>EXPENSE PG 23 OR 24</b>	<b>EXPENSE PG 22</b>	<b>Difference</b>
LAND IMPROVEMENTS	4,403	4,403	-
BUILDING AND BUILDING IMPROVEMENTS	44,932	44,932	-
NON-MOVEABLE EQUIPMENT	28,250	28,250	-
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	76,599	76,599	-
LEASED MOVEABLE EQUIPMENT	-	N/A *	-
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	-	-	-
LEASEHOLD IMPROVES	5,245	5,245	-
OTHER AMORTIZATION	-	-	-

\* NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGE 22.

\*\*NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGES 31 OR 32.

<b>FIXED ASSET CATEGORY</b>	<b>PG 23a/24a</b>	<b>PG 23/24</b>	<b>Difference</b>
<b>COMPARE DETAIL ADDITIONS TO PAGES 23 &amp; 24</b>			
LAND IMPROVEMENTS	ADDITIONS	-	-
	DEPREC	-	-
BUILDING IMPROVEMENTS	ADDITIONS	-	-
	DEPREC	-	-
NON-MOVEABLE EQUIPMENT	ADDITIONS	-	-
	DEPREC	-	-
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES	ADDITIONS	21,229	21,229
	DEPREC	1,400	1,400
LEASEHOLD IMPROVES	ADDITIONS	14,151	14,152
	DEPREC	666	666