

February 15, 2017

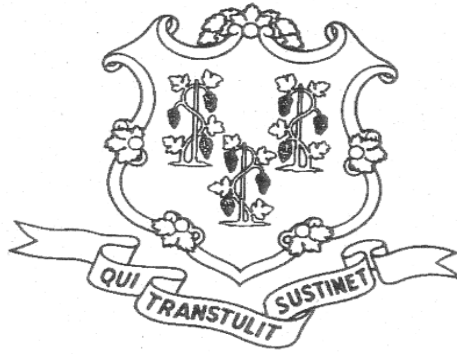
Mr. Chris LaVigne, Director
Department of Social Services
55 Farmington Ave
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2016 Medicaid Cost Report for Bethel Health Care Center. Bethel operates a CCNH, RCH, and Assisted Living. The operations of the Assisted Living are shown in the Annual Report of Long-Term Care Facility in the RHNS column and should not be considered for reimbursement.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. Cascades asset additions in the amount of \$11,657 are not allowable. See page 23a for detail of asset additions which are unallowable. Depreciation on these assets is also disallowed each year. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Bethel Health Care Center	
Address (No. & Street, City, State, Zip Code) 13 Park Lawn Drive, Bethel, CT 06801	
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 checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2138-C	RHNS	Residential Care Home 1868	Medicare Provider 07-5400
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Medicaid Provider Numbers:	CCNH 21387	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Bethel Health Care Center	License No. 2138-C	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 Bethel Health Care Center [facility name], for the cost report period beginning October 1, 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 the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Rich DeMio			Printed Name (Owner) Roland Butler		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bethel Health Care Center	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 13 Park Lawn Drive, Bethel, CT 06801				
Report Prepared By BlumShapiro & Co.	Phone Number 860-561-4000	Date 2/15/2017		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-830-4180		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Bethel Health Care Center		Address (No. & Street, City, State, Zip) 13 Park Lawn Drive, Bethel, CT 06801		
License Numbers:	CCNH 2138-C	RHNS	Residential Care Home 1868	Medicare Provider No. 07-5400
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 checked="" type="checkbox"/> Residential Care Home				
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.				
No, but a change in ownership transaction is in process as of 9/30/16.				
Administrator				
Name of Administrator Rich DeMio		Nursing Home Administrator's License No.:	1740	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Bethel Health Care Center		License No. 2138-C	Report for Year Ended 9/30/2016	Page 3	of 37
Legal Name of Partnership/LLC Bethel Health and Rehabilitation Center, LLC		Business Address 13 Park Lawn Drive, Bethel, CT 06801		State(s) and/or Town(s) in Which Registered Bethel, CT	
Name of Partners/Members	Business Address	Title		% Owned	
Ronald Butler	78 Sand Hill Road Weatogue, CT 06089	President/Administrator/Dire		0.5975	
Grace L. Flight	2 Judd Avenue Bethel, CT 06081	Director		0.07	
Bethel Healthcare Acquisition	13 Park Lawn Drive Bethel, CT 06801			0.26	
Various other (7 people)				0.0725	

**General Information and Questionnaire
Related Parties***

Name of Facility Bethel Health Care Center	License No. 2138-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

* 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 Bethel Health Care Center	License No. 2138-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	2,027,238	1,949,267
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80%	Radiology	20 5f	12,632	11,381
National Health Care Associates	46 Stauderman Avenue, Lynbrook, NY, 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	2,193	2,193
Stauderman Realty	46 Stauderman Avenue, Lynbrook, NY, 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	(672)	(672)
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	500,292	500,292
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,664	1,664
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	21,628	21,628
Ronald Butler / Bethel Health Management	125 Periwinkle Drive, Middlebury, CT 06762	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Administrative Management Services	16 12	71,580	71,580
Ronald Butler	125 Periwinkle Drive, Middlebury, CT 06762	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Administrator / Compensation with bonus	10 A2	127,404	127,404
Mary G. Butler	125 Periwinkle Drive, Middlebury, CT 06762	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Assistant Admin / Compensation with bonus	10 A3	61,297	61,297
Bertha M. McCollam, Inc.	219 Greenwood Ave. Bethel, CT 06801	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Insurance Agency / Various Insurance Policies	16 13	9,186	9,186
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	99%	Drugs/OTC's/Consultant	20/13 5a2,b/B3	589,528	535,935

* 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 Bethel Health Care Center	License No. 2138-C	Report for Year Ended 9/30/2016	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 (<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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Costs were allocated between all cost centers on a consistent basis as in the prior cost years which have been reviewed and accepted by the Department of Social Services through the field audit process.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
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.) <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

**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
Bethel Health Care Center		2138-C		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						
Delage Financial, P.O. Box 41602 Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier/ Printer	8/6/2012 & 8/23/2013	60 months & 39 months	66,546	75,410	
Pitney Bowes, 225 American Drive Neenah , WI 54956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	09/20/11	Ongoing	875	875	
Wescom Solutions, P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	04/15/16	Ongoing	73,587	73,587	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total *** 149,872

* 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.

15 April 2016

«GreetingLine» [Mr Butler](#)

PointClickCare understands that your facility is undergoing a transfer of ownership or partial assignment of ownership rights soon. As you know, PointClickCare stores patient data from your facility in encrypted form within our data centers so our electronic health record services can be provided to long-term healthcare organizations across North America. As a result of the change of ownership, PointClickCare must transfer the facility electronic health record data from one PointClickCare database to another. We require your consent, as the legal owner of the data, before doing so.

Please check the data you authorize PointClickCare to transfer to the Buyer database:

Admin Modules		Clinical Modules	
Resident demographics, Resident identifiers, Resident contacts***	R	MDS 2.0	<input checked="" type="checkbox"/>
Security Roles*	<input checked="" type="checkbox"/>	MDS 3.0	<input checked="" type="checkbox"/>
Security Users***	R	Custom User-defined Assessments—Library**	<input checked="" type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Diagnosis	<input checked="" type="checkbox"/>
External Facilities	<input checked="" type="checkbox"/>	Immunization	<input checked="" type="checkbox"/>
User-defined Data	<input checked="" type="checkbox"/>	Custom Care Plans (Without Library)	<input checked="" type="checkbox"/>
Units, Floors, Rooms, Beds	<input checked="" type="checkbox"/>	Care Plan with Libraries**	<input checked="" type="checkbox"/>
Census***	R	Progress Notes	<input checked="" type="checkbox"/>
Online Documentation (Misc. tab)	<input checked="" type="checkbox"/>	Weights and Vitals	<input checked="" type="checkbox"/>
Other		Physicians Orders	<input checked="" type="checkbox"/>

6975 Creditview Road, Unit 4
Mississauga, ON Canada
L5N 8E9

www.pointclickcare.com

QIA Library**	<input checked="" type="checkbox"/>	Alerts	<input checked="" type="checkbox"/>
		Risk Management	<input checked="" type="checkbox"/>

* Not recommended for existing databases. Users should be attached to existing roles.

** Proprietary information – Seller authorization required.

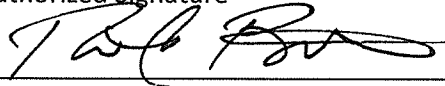
*** Required field.

By signing below, you authorize PointClickCare to transfer the above data to National Health Care Associates (Name of new owner).

Authorized Name (Print Name)

ROLAND BUTLER

Authorized Signature



Title MANAGING MEMBER, ADMINISTRATOR

Bethel Healthcare

Date Signed

4/15/16

POINTCLICKCARE.COM SUBSCRIPTION SERVICE AGREEMENT

This agreement is made between Wescom Solutions Inc. ("Wescom"), 6975 Creditview Road, Unit 4, Mississauga, Ontario, L5N 8E9 AND National HealthCare Associates Inc, 46 Stauderman Ave., Lynbrook NY 11563 (Client)

Preamble

WHEREAS Wescom has developed PointClickCare.com ("PointClickCare"), a website designed, *inter alia*, to maintain patient/client records ("Records") for government entities and the private healthcare provider system;

AND WHEREAS PointClickCare consists of various applications, each of which offers various options to the Client ("Applications");

AND WHEREAS Wescom is the registered owner of PointClickCare and the Applications;

AND WHEREAS Wescom is prepared to grant a limited license for the use of the Applications to the Client.

1. Description of Service

1.1 Online Subscription Service. Wescom grants to the Client, during the term of this Agreement, a limited license to use those Applications of PointClickCare listed in Schedule 1 attached hereto, for a specified number of active Records ("Licensed Capacity"). The Licensed Capacity of the Client is set out in Schedule 1 hereto. The active Records shall be provided to the Client via an online service ("Online Service") through a data center established and maintained by Wescom ("Data Center"). Non-active (discharged or waiting list) Records are maintained by PointClickCare but are not included in the Licensed Capacity of the Client for the purposes of calculating the Subscription Charge (as hereinafter defined).

1.2 Modifications. The Client may, at any time, increase or decrease its Licensed Capacity and/or the number of Applications licensed. For each increase in the Licensed Capacity or number of Applications licensed, there shall be an additional Schedule 1 signed by both parties, which shall be subject to the terms of this Agreement.

1.3 Client Responsibilities. In order to use the Online Service, the Client must obtain access to the World Wide Web, either directly or through devices that access web-based content. The Client shall be responsible for any service fees associated with such access, including any carrier fees. In addition, the Client shall provide all equipment necessary to make such connection to the World Wide Web, including a computer and modem and/or a wireless access device.

1.4 Transfer of limited license to use the Online Service. The Client's usage rights to PointClickCare or any Application may not be transferred to another entity without the prior written consent of Wescom.

2. Eligibility

PointClickCare.com is available only to healthcare provider or government entities that have the capacity to enter into legally binding contracts under applicable law for legitimate business purposes. Any entity failing to fit the preceding description will not be able to enter into this Agreement.

3. Online Service Accessibility

3.1 Database And Applications Accessibility. The Data Center shall operate 24 hours a day, 365 days per year, subject to scheduled maintenance as described in section 3.2. The Client shall, subject to obtaining access to the World Wide Web, acquire access to the Client Database and acquire the ability to perform data processing with each Application, in accordance with the design of such Application, during not less than 99.6% of hours 24x7x365 for each calendar year.

3.2 Downtime Maintenance Periods. Wescom periodically adds, repairs, and upgrades the Data Center network, hardware and the Applications and shall use its best efforts to accomplish this without affecting the Client's access to PointClickCare or the Applications; however, repairs of an emergency or critical nature may result in the Online Service not being available for the Client's usage during the course of such repairs. In addition, Wescom has established periodic system maintenance windows on Tuesday and Friday mornings between the hours of 2am and 5am (EST). During this time, Wescom reserves the right to take down the server(s) at the Data Center hosting the Client Data in order to conduct routine maintenance to both software and hardware. Wescom shall advise the Client prior to any scheduled downtime. Wescom reserves the right to change its maintenance window upon prior notice to Client provided the maintenance occurs between the hours of 2 a.m. and 5 a.m. (EST).

3.3 Database Back-up. Tapes or other storage media shall be used at the Data Center for daily back-up of data for disaster protection purposes.

4. Subscription/License Fee

4.1 Subscription Charge. The Client shall be responsible for a subscription fee as set forth in Schedule 1 (the "Subscription Charge"), and shall be payable in full within 30-days from official start date.

4.2 Price Protection. Wescom may, at any time during the term of this Agreement, modify the Subscription Charge, upon ninety (90) days prior notice, subject to the following limitations:

- a) no modification may occur within the twenty four

- b) -month period beginning with the first term for which the Subscription Charge is payable;
- c) Subscription Charge may not increase by more than 4% on any given year.

5. **Non-Subscription Services**

(a) Training & Professional Services. Wescom shall provide training & professional services to the Client's staff in the use of the Applications in accordance with the attached Schedule 2.

5.1 (b) Fixed Rate Training (If elected in Schedule 1). Wescom shall provide Fixed Rate training for as long as the client is subscribed to the Fixed Rate training subscription fee. This fee includes participation in all scheduled webinars, replacement training for designated PCC System Administrator, DON/DOC MDS Coordinator, or Office Coordinator and pre-scheduled training for 2 named clinical and 2 office contacts per centre. The client shall be required to purchase the published standard implementation fees in order for the on Fixed Rate training to take effect. The Client is committed for a period of 1 year. After one (1) year, the client may cancel the Fixed Rate training. The client shall not subscribe to Fixed Rate training for a period of one (1) year. If additional training is required or requested, the client shall pay the published rate of \$125/h.

5.2 Data Import Services. Except as expressly provided by this Agreement or an exhibit hereto, the Client shall be responsible for entering all Client Data, including data previously entered in a different software system. The Client may elect to purchase the Data Import service from Wescom for designated data sets, as offered by Wescom. If the data import service is elected, an exhibit will be attached hereto in Schedule 4 titled "Data Import Services"

5.3 Technical Support. **TECHNICAL SUPPORT IS INCLUDED IN THE SUBSCRIPTION CHARGE.** Technical support is defined as the provision of corrections for any reproducible material error in the Application. Technical support included in the Subscription Charge refers explicitly to maintaining or restoring the Application to operation in accordance with the system documentation. Support issues that arise through user error and Application training issues shall be referred to the Help Desk.

5.4 Help Desk. **Wescom shall provide help desk ("Help Desk") support on an as-needed basis at no charge to the Client upon commencement of the Subscription Services and completion of client training.** Help Desk services are available to the Client between 8am and 8pm EST Monday to Friday with off hour emergency support provided for urgent issues. An Urgent issue is defined by the Wescom "Service Level Agreement" found in Schedule 3 attached hereto.

6. **Use Practices**

6.1 Security. The Client shall receive one or more unique user identity and password combinations. In the event of turnover in the Client's staff or any other occurrence resulting in the Client's password(s) becoming known to any person not authorized to act for the Client, the Client shall immediately

notify Wescom. The Client shall be responsible for all security precautions at its site(s) and within its staff.

6.2 Session Connection Limitations. A connection session is the continuous block of time from the time the Client logs in to the Data Center until the moment the Client disconnects. In the event that the Client, after using an Application, omits to disconnect and leaves the connection idle for 15 minutes, Wescom shall automatically disconnect such connection. If disconnected, the Client is free to re-connect immediately to establish a new session.

6.3 Suspension. If the Client fails to make payment of any amount owing, including the Subscription Charge, under this Agreement within 45 days of such amount becoming due, the Client's right to utilize the Applications shall, at the discretion of Wescom, be subject to suspension. During the period of suspension, any attempt to access the Data Center by the Client will be blocked. An account that has been suspended for nonpayment will not be reactivated until the balance due on the account has been paid in full, or sufficient arrangements for payment acceptable to Wescom have been made. Reactivation of a suspended account requires, in addition to charges otherwise payable, a one-hundred-dollar (\$100.00) reactivation fee. Service fees shall continue to accrue during any period of suspension. Suspension of a Client account does not relieve the Client of his obligation to pay the outstanding account balance.

7. **Term & Termination**

7.1 Term. The Applications and live database shall be made available to the Client on a date determined by Wescom ("Official Subscription Start Date"). This Agreement constitutes an agreement for the Term outlined in Schedule 1, and shall be automatically renewable unless either party requests change or termination in writing to the other. Either party may terminate this Agreement, by notifying the other party thirty (30) days in advance.

7.2 Termination. Upon termination Wescom shall make available to the Client a file of the Client's data. The Client, if it requires such file, shall make such request when notifying Wescom of the termination of the Online Service. Wescom shall provide such file within 7 days of receipt of such request. Upon termination of the Online Service, the Client's right to use such Online Service immediately ceases. Wescom shall have no obligation to maintain any Data stored on behalf of the Client or to forward any Data to the Client or any third party. Wescom may, but is not obligated to, delete archived data, but will not do so until thirty (30) days following termination.

7.3 Data Access on Insolvency. In the event that Wescom threatens to or ceases operations, executes an assignment for the benefit of creditors, takes the benefit of any legislation for insolvent persons, or is subject to receivership or bankruptcy proceedings, the Client shall on written request by the Client to Wescom be provided with a disk copy of the Client's data within 7 business days.

8. Private Health Information Confidentiality - Wescom covenants and agrees;

- a. Not use or further disclose the Client's information other than as permitted or required to carry out its obligations pursuant to this Agreement or as required by law;
- b. To use reasonable safeguards to prevent use or disclosure of the Client's information other than as provided for in this Agreement;
- c. To report to the Client any use or disclosure of the Client's information not provided for by this Agreement of which it becomes aware;
- d. To ensure that any agents, including any subcontractors, to whom Wescom provides private health information ("PHI") received from, or created or received by Wescom on behalf of the Client, agrees to the same restrictions and conditions that apply to Wescom with respect to such information;
- e. To make available PHI in accordance with legislative requirements for access of individuals to PHI;
- f. To comply with all applicable legislation governing the confidentiality of the Client's data;
- g. To make available the information required to provide an accounting of disclosures in accordance with legislative requirements for accounting of disclosures of PHI;
- h. To make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the Wescom on behalf of, the Client, available for purposes of determining Wescom's compliance its obligations pursuant to this section 8; and
- i. On termination of this Agreement to, destroy all PHI received from, or created or received by Wescom on behalf of the Client that Wescom still maintains in any form and Wescom covenants that it shall retain no copies of such information, or, if such return or destruction is not feasible, to extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information unfeasible.

9. Additional Terms

9.1 Warranty. Wescom warrants that the Client shall have the right to utilize the Applications free and clear of all liens and encumbrances, subject to the terms hereof. Wescom warrants that the Applications shall function, as originally deployed and as modified by future releases, in accordance with its documentation, and that the Client shall have access to the Applications at the Data Center as described in this Agreement. NO OTHER WARRANTIES APPLY, EITHER EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE.

9.2 Client Data. Wescom does not own any data, information or material submitted by the Client to the Online Service ("Data"), unless Wescom specifically advises the Client otherwise. Wescom agrees not to disclose to any third party any information concerning the Client's operations, clients or patients except as expressly authorized herein. The Client shall allow Wescom to access and copy the Client Data provided that the portions of the Client Data to be copied by Wescom (the "Database") shall not include patient identification information, and further provided

that Wescom shall not provide the Database to any third party in any format – either by facility name or location – which enables such third party to identify Client Facility(ies) (individually or collectively) as the basis for the data reported. Subject to such restriction, Wescom may use or provide to third parties anonymous database information.

10. Limitation of Liability

IN NO EVENT SHALL WESCOM BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, OR DAMAGES FOR LOSS OF PROFITS, REVENUE, DATA OR USE, INCURRED BY THE CLIENT OR ANY THIRD PARTY, WHETHER IN AN ACTION IN CONTRACT OR TORT, ARISING FROM THE CLIENT'S ACCESS TO, OR USE OF, THE SITE OR THE ONLINE SERVICE UNLESS RESULTING FROM NEGLIGENT ACTS OR OMISSION BY WESCOM. SOME JURISDICTIONS DO NOT ALLOW THE EXCLUSION OF CERTAIN WARRANTIES OR THE LIMITATION OR EXCLUSION OF LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. ACCORDINGLY, SOME OF THE ABOVE LIMITATIONS MAY NOT APPLY TO THE CLIENT.

11. Indemnity

(a) The Client shall defend, indemnify and hold harmless Wescom, its officers, directors, employees and agents from and against any and all claims, liabilities, damages, losses or expenses, including reasonable attorneys' fees and costs, arising out of or in any way connected with the Client's access to or use of the Online Service or the site or the Applications UNLESS RESULTING FROM NEGLIGENT ACTS OR OMISSION BY WESCOM.

(b) Wescom shall defend, indemnify and hold harmless the Client, its officers, directors, employees and agents from and against any and all claims, liabilities, damages, losses or expenses, including reasonable attorneys' fees and costs, arising out of or in any way connected with the Client's access to or use of the Online Service or the site or the Applications.

12. General

12.1 Notices. All notices, requests, demands or other communications (collectively, "Notices") by the terms hereof required or permitted to be given by one party to any other party, or to any other person shall be given in writing by personal delivery or by registered mail, postage prepaid, or by facsimile transmission to such other party as follows:

- (a) To Wescom at:
[Wescom Solutions Inc.](#)
 6975 Creditview Road, Unit 4
 Mississauga, Ontario, L5N 8E9
 Fax: (905) 858-2248
- (b) To Client at:
 National HealthCare Associates Inc
 46 Stauderman Ave
 Lynbrook NY 11563

or at such other address as may be given by such person to the other parties hereto in writing from time to time.

All such Notices shall be deemed to have been received when delivered or transmitted, or, if mailed, 48 hours after 12:01 a.m. on the day following the day of the mailing thereof. If any Notice shall have been mailed and if regular mail service shall be interrupted by strikes or other irregularities, such Notice shall be deemed to have been received 5 days after 12:01 a.m. on the day following the resumption of normal mail service, provided that during the period that regular mail service shall be interrupted all Notices shall be given by personal delivery or by facsimile transmission.

12.2 Governing Law. This Agreement shall be governed by and construed in accordance with the State laws of New York and the federal laws of the United States of America applicable therein and each of the parties hereto agrees irrevocably to conform to the non-exclusive jurisdiction of the Courts of such State.

12.3 Confidentiality. Each party shall treat as confidential the terms of this Agreement and any information received concerning the other party which is not generally known to the public. Each party shall use reasonable precautions to prevent any confidential information from being acquired by an unauthorized person.

12.4 Taxes. The Client shall be responsible for payment of all taxes associated with this Agreement including, but not limited to, personal property taxes, sales taxes, use taxes, import taxes, taxes on telecommunication services, information services, data processing services or similar governmental charges that may be assessed by any jurisdiction, whether based on gross revenue or delivery of products or services.

12.5 Entire Agreement. This Agreement constitutes the entire Agreement between the parties with respect to all of the matters herein and its execution has not been induced by, nor do any of the parties rely upon or regard as material, any representations or writings whatever not incorporated herein and made a part hereof and may not be amended or modified in any respect except by written instrument signed by the parties hereto. Any schedules referred to herein are incorporated herein by reference and form part of the Agreement.

12.6 Additional Considerations. The parties shall sign such further and other documents, cause such meetings to be held, resolutions passed and by-laws enacted, exercise their vote and influence, do and perform and cause to be done and performed such further and other acts and things as may be necessary or desirable in order to give full effect to this Agreement and every part thereof.

12.7 Counterparts. This Agreement may be executed in several counterparts, each of which so executed shall be deemed to be an original and such counterparts together shall be but one and the same instrument.

12.8 Time of the Essence. Time shall be of the essence of this Agreement and of every part hereof and no extension or variation of this Agreement shall operate as a waiver of this provision.

12.9 Currency. Unless otherwise provided for herein, all monetary amounts referred to herein shall refer to the lawful money of the United States of America.

12.10 Headings for Convenience Only. The division of this Agreement into articles and sections is for convenience of reference only and shall not affect the interpretation or construction of this Agreement.

12.11 Gender. In this Agreement, words importing the singular number shall include the plural and vice versa, and words importing the use of any gender shall include the masculine, feminine and neuter genders and the word "person" shall include an individual, a trust, a partnership, a body corporate, an association or other incorporated or unincorporated organization or entity.

12.12 Calculation of Time. When calculating the period of time within which or following which any act is to be done or step taken pursuant to this Agreement, the date which is the reference date in calculating such period shall be excluded. If the last day of such period is not a Business Day, then the time period in question shall end on the first business day following such non-business day.

12.13 Severability. If any Article, Section or any portion of any Section of this Agreement is determined to be unenforceable or invalid for any reason whatsoever that unenforceability or invalidity shall not affect the enforceability or validity of the remaining portions of this Agreement and such unenforceable or invalid Article, Section or portion thereof shall be severed from the remainder of this Agreement.

12.14 Transmission by Facsimile. The parties hereto agree that this Agreement may be transmitted by facsimile or such similar device and that the reproduction of signatures by facsimile or such similar device will be treated as binding as if originals and each party hereto undertakes to provide each and every other party hereto with a copy of the Agreement bearing original signatures forthwith upon demand.

WESCOM SOLUTIONS INC.

By: _____ C/S

Name: Angelo Papatheodorou

Title: VP of Sales

Date:

I have authority to bind the Corporation

National HealthCare Associates Inc

By:  _____ C/S

Name: Yosef Daskal

Title: Dir. of Procurement

Date: 3-7-12

I have authority to bind the Corporation

Schedule 1

PointClickCare Subscription Service

<p>Applications: -EHR Advantage for Skilled -HL7 5 Pack -Replicated Reporting Data base</p>	<p>Clinical Bundled Applications Included</p> <ul style="list-style-type: none">• Admission Discharge Transfer• Medical Diagnosis (ICD 9/10)• Care Plans• Minimum Data Set (MDS 2.0/3.0)• User Defined Assessments• Progress Notes• Physician Orders• MARs/TARs (electronic)• Communications Board• Weights and Vitals• Immunizations• Risk Management• Point of Care• Intake Referral Management <p>Resident Accounting Applications Included</p> <ul style="list-style-type: none">• Census and Admissions• Billing & Accounts Receivable• Trust Accounts• Collections <p>HL7 5 Pack Interface (ROX)</p>
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Official Subscription Start Date: April 1, 2012
Estimated Implementation Start Date: April 1, 2012
Billing terms Net 30

Notes:

1. National has selected the Cold Springs facility for its pilot implementation. Prior to the implementation of the remaining facilities, National and PCC will mutually agree upon implementation fees that are needed for the remainder of the project.
2. The term of this agreement is one year and as indicated in section 7.1 of the contract either party may cancel the agreement upon 30 days written notice for any reason.
3. Project Tentative start dates as noted above.
4. Training databases will be provided at an annual rate of \$1,200. DB refresh is \$300 per instance.
5. Pharmacy Interface is not included in the listed fees and is subject to an additional subscription fee. Pharmacy participation is required. Pharmacy is responsible for incurring any charges if any are applicable.

Unit costs from Table 1.0 are based upon the following:

EHR Advantage Clinical & Financial Bundled Applications for SNF Residents

\$0.48 Std Cost / Bed / Day – 38% Discount = \$0.2976/Resident/ Day

HL7 Five Pack

\$0.07 Std Cost / Bed / Day – 38% Discount = \$0.0435/Resident /Day

Replicated Reporting DataBase

\$0.03 std Cost/Bed/Day- 38% Discount= \$0.0187/Resident/Day

*The official subscription start date for the facility shall be the 1st day of the month for the facility based on the roll-out plan completed at the end of the discovery sessions. In the event that an alternative start date has been agreed upon with the Project Manager and Client, a written confirmation signed by both parties shall be required otherwise the above shall prevail as the official start date. Client also acknowledges that PointClickCare will invoice for the full (bundled) subscription fee per facility starting on the official subscription start date for that facility listed above. All of the above listed facilities will be billed on a separate invoice and sent to: National HealthCare Associates Inc. 46 Stauderman Ave Lynbrook NY 11563. During the rollout of PCC for the Pilot facility, both parties will agree to an implementation cost for the remainder of the facilities as well as an intended implementation schedule.

Table 1.0		PCC Pre-Disc.	Discount	Term	
Description	# of Beds	Cost/Bed/Day	Percentage	Monthly Sub. Fee	* Official Sub. Start Date
National Healthcare Associates Inc. 46 Stauderman Ave Lynbrook NY 11563					
EHR Advantage – clinical & financial bundled Application	4039	\$0.48	38%	\$36,661.20	TBD
HL7 Five Pack	4039	\$0.07	38%	\$5,358.95	TBD
Replicated Reporting data Base	4039	\$0.03	38%	\$2,291.33	TBD
Total Monthly Subscriptions				\$44,311.48	
Belair 2478 Jerusalem Ave. North Bellmore, NY 11710					
EHR Advantage – clinical & financial bundled Application	102	\$0.48	38%	\$925.83	TBD
HL7 Five Pack	102	\$0.07	38%	\$135.33	TBD
Replicated Reporting data Base	102	\$0.03	38%	\$57.87	TBD
Bloomfield 355 Park Ave. Bloomfield, CT 06002					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Brattleboro (Pine Heights) 187 Oak Grove Avenue Brattleboro, VT 05301					
EHR Advantage – clinical & financial bundled Application	80	\$0.48	38%	\$726.14	TBD
HL7 Five Pack	80	\$0.07	38%	\$106.14	TBD
Replicated Reporting data Base	80	\$0.03	38%	\$45.38	TBD

Bristol (The Pines at) 61 Bellevue Avenue Bristol, CT 06010					
EHR Advantage – clinical & financial bundled Application	132	\$0.48	38%	\$1198.14	TBD
HL7 Five Pack	132	\$0.07	38%	\$175.14	TBD
Replicated Reporting data Base	132	\$0.03	38%	\$74.88	TBD
Cambridge 2428 Easton Turnpike Fairfield, CT 06825					
EHR Advantage – clinical & financial bundled Application	160	\$0.48	38%	\$1452.29	TBD
HL7 Five Pack	160	\$0.07	38%	\$212.29	TBD
Replicated Reporting data Base	160	\$0.03	38%	\$90.77	TBD
Catskill 154 Jefferson Plain Heights Catskill, NY 12414					
EHR Advantage – clinical & financial bundled Application	136	\$0.48	38%	\$1234.45	TBD
HL7 Five Pack	136	\$0.07	38%	\$180.45	TBD
Replicated Reporting data Base	136	\$0.03	38%	\$77.15	TBD
Cold Spring Hills- Pilot Facility 378 Syosset-Woodbury Rd Woodbury NY 11797					
EHR Advantage – clinical & financial bundled Application	606	\$0.48	38%	\$5,500.54	TBD
HL7 Five Pack	606	\$0.07	38%	\$804.04	TBD
Replicated Reporting data Base	606	\$0.03	38%	\$343.78	TBD
Glens Falls 170 Warren Street Glens Falls, NY 12801					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD

Hudson Pointe 3220 Henry Hudson Pkwy Riverdale, NY 10463					
EHR Advantage – clinical & financial bundled Application	167	\$0.48	38%	\$1515.83	TBD
HL7 Five Pack	167	\$0.07	38%	\$221.58	TBD
Replicated Reporting data Base	167	\$0.03	38%	\$94.74	TBD
Huntington Hills 400 South Service Rd. Melville, NY 11747					
EHR Advantage – clinical & financial bundled Application	320	\$0.48	38%	\$2904.58	TBD
HL7 Five Pack	320	\$0.07	38%	\$424.58	TBD
Replicated Reporting data Base	320	\$0.03	38%	\$181.54	TBD
Ludlowe Center 118 Jefferson Street Fairfield, CT 06825					
EHR Advantage – clinical & financial bundled Application	144	\$0.48	38%	\$1307.06	TBD
HL7 Five Pack	144	\$0.07	38%	\$191.06	TBD
Replicated Reporting data Base	144	\$0.03	38%	\$81.69	TBD
Maple View 856 Maple St. Rocky Hill, CT 06067					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Marlborough 85 Stage Harbor Rd. Marlborough, CT 06447					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD

Maywood 100 West Magnolia Avenue Maywood, NJ 07607					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Milford 195 Platt St. Milford, CT 06460					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Poughkeepsie 100 Franklin Street Poughkeepsie, NY 12601					
EHR Advantage – clinical & financial bundled Application	200	\$0.48	38%	\$1815.36	TBD
HL7 Five Pack	200	\$0.07	38%	\$265.36	TBD
Replicated Reporting data Base	200	\$0.03	38%	\$113.46	TBD
Regency 181 East Main St. Wallingford, CT 06492					
EHR Advantage – clinical & financial bundled Application	130	\$0.48	38%	\$1179.98	TBD
HL7 Five Pack	130	\$0.07	38%	\$172.48	TBD
Replicated Reporting data Base	130	\$0.03	38%	\$73.75	TBD
Riverside 745 Main St. East Hartford, CT 06108					
EHR Advantage – clinical & financial bundled Application	345	\$0.48	38%	\$3131.50	TBD
HL7 Five Pack	345	\$0.07	38%	\$457.75	TBD
Replicated Reporting data Base	345	\$0.03	38%	\$195.72	TBD

Ross 839 Suffolk Ave. Brentwood, CT 11717					
EHR Advantage – clinical & financial bundled Application	135	\$0.48	38%	\$1225.37	TBD
HL7 Five Pack	135	\$0.07	38%	\$179.12	TBD
Replicated Reporting data Base	135	\$0.03	38%	\$76.59	TBD
Rutland (The Pines) 99 Allen Street Rutland, VT 05701					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Sands Point 1440 Port Washington Blvd. Port Washington, NY 11050					
EHR Advantage – clinical & financial bundled Application	180	\$0.48	38%	\$1633.82	TBD
HL7 Five Pack	180	\$0.07	38%	\$238.82	TBD
Replicated Reporting data Base	180	\$0.03	38%	\$102.11	TBD
Utica 1800 Butterfield Avenue Utica, NY 13501					
EHR Advantage – clinical & financial bundled Application	117	\$0.48	38%	\$1061.99	TBD
HL7 Five Pack	117	\$0.07	38%	\$155.24	TBD
Replicated Reporting data Base	117	\$0.03	38%	\$66.37	TBD
Village Crest 19 Popular Street New Milford, CT 06776					
EHR Advantage – clinical & financial bundled Application	95	\$0.48	38%	\$862.30	TBD
HL7 Five Pack	95	\$0.07	38%	\$126.05	TBD
Replicated Reporting data Base	95	\$0.03	38%	\$53.89	TBD

Water's Edge111 Church St.
Middletown, CT 06457

EHR Advantage – clinical & financial bundled Application	150	\$0.48	38%	\$1361.52	TBD
HL7 Five Pack	150	\$0.07	38%	\$199.02	TBD
Replicated Reporting data Base	150	\$0.03	38%	\$85.10	TBD

Schedule 2

PointClickCare Professional Services – Implementation Budget for the Pilot Facility

Item	Group Qty	Extended Rate	Amount
Enterprise Configuration	1	\$6000	\$6000
Clinical Training (Train the trainer)	1	\$39,750	\$39,750
Financial Training	1	\$TBD	\$TBD
Data Imports - Gold	1	\$1,250	1,250
Project MGMT	1	\$21,250	\$21,250
User defined assessment (UDA) Corporate Configuration	1	\$7,000	\$7000
IRM Training (with super user training)	1	\$600	\$600
Sandbox training database.	1	\$1200	\$1200
TOTAL			\$61,300

Terms:

1. Unless otherwise stated, all project coordination, configuration, implementation and data services are provided by consultants online and/or over the telephone. In the event that onsite services are required, the Client acknowledges that travel and accommodation fees are not included in the above noted fees. For clarification purposes, the Client will be solely responsible for all travel and accommodation expenses incurred by Wescom or its employees for any Onsite services required.
2. Cancellation Policy: All training sessions scheduled with a PointClickCare consultant require at least 24 hours notice when cancelling. Any sessions cancelled with less than 24 hours notice will be charged at their full rate. This policy also applies to fixed rate customers
3. Implementation fees are due within 30 days of signing.
4. Client will provide a fully equipped classroom with PCs, Internet connection and a PC projector (if possible).

Schedule 3

Service Level Agreement

Service Request Priorities:

Service priorities are identified by Help Desk service representatives based on the definitions below. Priorities that cannot be determined by the help desk representative are immediately escalated following Wescom's defined staff escalation process. The initial response time is the time in which the customer reporting the service request is provided with an initial diagnosis of the request and provided with a Service Request number (SR#) to track the request. The target resolution is the expected timeframe that the Service Request will be resolved.

Service Level Agreement:

Priority Level	Problem Description	Initial Response	Target Resolution Time	Commitment
Urgent	<p>A condition that is stopping production with no economically feasible alternate method for running PointClickCare or prevents users from accessing or using a critical function of PointClickCare.</p> <p>Examples:</p> <ul style="list-style-type: none">- Users cannot login to the application (does not include Users forgetting or losing their password).- Data is corrupted in the PointClickCare database.	1 hour, 24 x 7 x 365	8 hours	The problem will be worked on until fixed or a reasonable workaround is applied.
High	<p>A condition that is deterring user from meeting production processes/schedules, is seriously impacting the use of PointClickCare, is making production materially more difficult or costly for user, or results in material corruption of any of user's Data.</p> <p>Examples:</p> <ul style="list-style-type: none">- Charge generation process does not run.- MDS submission process does not run.- Interfaces to ERP, census, etc. do not run.	1 hour during primary support hours	Immediately to 5 Business Days	The problem will be worked on until fixed or a reasonable workaround is applied.
Medium	<p>A condition other than those described above in which PointClickCare is performing in an unpredictable manner or is producing incorrect results but is not materially impacting production or business processes/schedules.</p> <p>Examples:</p> <ul style="list-style-type: none">- Census reports do not accurately reflect	1 hour during primary support hours	Immediately to 20 Business Days	The problem will be worked on until fixed or a reasonable workaround is applied.

	<p>census transactions entered into the system</p> <p>- Quick ADT does not clear bed when a resident is discharged.</p>			
Low	<p>A condition other than those described above in which inconsistencies, irregularities and/or limitations in PointClickCare or an Application that cause inconvenience to user.</p>	<p>1 hour during primary support hours</p>	<p>Mutually agreed to time</p>	<p>PCC will work with customer to mutually prioritize and schedule resolutions into regular release cycles.</p>

Schedule 4

Data Import Services

Data Import Services (New Implementation):

Pricing is based on the provision that files are provided to PointClickCare in the format outlined by the PointClickCare Data Import Guide, and data integrity is of the highest quality. Data cleansing is subject to an additional cost.

Details:

Data Import Package	Included in Data Import Service	Pricing
Gold	Database Creation 18-Month MDS Import MDS Gap Import ADT AR Balances	** See Schedule 2**

***Data Import services charges shown here are already included in Schedule 2 ***

General Information and Questionnaire
Accounting Basis

Name of Facility Bethel Health Care Center	License No. 2138-C	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 1 BlumShapiro & Co. 2 Capital Source 3 4	Address (No. & Street, City, State, Zip Code) 29 S Main Street, West Hartford, CT 06127 158 Stonepost Road, Glastonbury, CT 06033
--	---

Services Provided by This Firm (*describe fully*)

1 Annual audit, tax returns, cost report services, and benefit plan audits	\$ 75,294
2 Working capital loan compliance audit	\$ 17,000
3	\$
4	\$
	Charge for Services Provided
	\$ 92,294

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See attachment. 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 See attachment.	\$ 56,686
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 56,686

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1e

General Information and Questionnaire
Accounting Basis

Name of Facility Bethel Health Care Center	License No. 2138-C	Report for Year Ended 9/30/2016	Page 7	of 37	
Legal Services Information					
Name of Legal Firm or Independent Attorney			Telephone Number		
1	CT Corporation		(877)-467-3525		
2	Schulte, Roth, and Zabel		(929)-341-1306		
3	TR Paul		(203)-426-8161		
4	Joseph Vitale		(203)-439-0602		
5	Goldman Gruber & Wood		(203)-899-8900		
6	Flaster Greenberg		(215) 279-9393		
7	Rogin Nassau, LLC		(860)-256-6300		
Address (No. & Street, City, State, Zip Code)					
1	8020 Excelsior Drive, Suite 200, Madison, WI, 53717				
2	919 Third Avenue, New York, NY, 10022				
3	14 Commerce Road, P.O. Box 5508, Newtown, CT, 06470				
4	575 Highland Avenue, Cheshire, CT, 6410				
5	200 Connecticut Avenue, Norwalk, CT 06854				
6	1600 JFK Boulevard, Philadelphia, PA, 19103				
7	185 Asylum Street - 22nd Floor Hartford, CT 06103-3460				
Services Provided by This Firm (describe fully)					
1	General - disallow			\$	774
2	General - disallow			\$	1,218
3	General - disallow			\$	500
4	General - disallow			\$	8,660
5	Collections - disallow			\$	9,813
6	General - disallow			\$	15,000
7	Acquisition - disallow			\$	20,721
				Charge for Services Provided	\$ 56,686
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 Bethel Health Care Center		License No. 2138-C			Report for Year Ended 9/30/2016				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	203	161	28	14	203	161	28	14	203	161	28	14	14
B. On last day of THIS report period	203	161	28	14	203	161	28	14	203	161	28	14	14
2. Number of Residents													
A. As of midnight of PREVIOUS report period	168	133	23	12	168	133	23	12	167	132	21	14	14
B. As of midnight of THIS report period	186	147	25	14	167	132	21	14	186	147	25	14	14
3. Total Number of Days Care Provided During Period													
A. Medicare	22,534	22,534			17,003	17,003			5,531	5,531			
B. Medicaid (Conn.)	17,726	17,726			13,445	13,445			4,281	4,281			
C. Medicaid (other states)													
D. Private Pay	13,829	4,100	8,657	1,072	10,127	2,805	6,436	886	3,702	1,295	2,221	186	
E. State SSI for RCH	3,345			3,345	2,333			2,333	1,012				1,012
F. Other (Specify)	6,696	6,696			5,447	5,447			1,249	1,249			
G. Total Care Days During Period (3A thru F)	64,130	51,056	8,657	4,417	48,355	38,700	6,436	3,219	15,775	12,356	2,221	1,198	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	5	5			5	5							
B. Other Bed Reserve Days	25	25			24	24			1	1			
5. Total Resident Days (3G + 4A + 4B)	64,160	51,086	8,657	4,417	48,384	38,729	6,436	3,219	15,776	12,357	2,221	1,198	

*****OTHER DAYS BREAKOUT:**

Bethel Health Care Center
2016 Cost Report - Page 8 attachment

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

Managed Care	<u>5,621</u>
Hospice	<u>1,075</u>

Schedule of Resident Statistics (Cont'd)

Name of Facility Bethel Health Care Center	License No. 2138-C	Report for Year Ended 9/30/2016	Page 9	of 37
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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	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

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

Change in Resident Days	CCNH	RHNS	Residential Care Home
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	67		46		34	25	3	11	
Per Diem Rate									
a. One bed rm.	PPS		260.52		470/650	184.15	159.79	142.64	
b. Two bed rms.	PPS		260.52		430/610	N/A	N/A	N/A	
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	2,202	2,202		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	32	32		
C. Other	60,681	60,681		
D. Total Physical Therapy Treatments	62,915	62,915		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	361	361		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,365	1,365		
D. Total Speech Therapy Treatments	1,726	1,726		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	1,537	1,537		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	18	18		
C. Other	49,110	49,110		
D. Total Occupational Therapy Treatments	50,665	50,665		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bethel Health Care Center	2138-C	9/30/2016	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	Residential Care Home	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)	170,450	3,000	54,812	1,377	27,967	703
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	48,806	991	8,271	168	4,220	86
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	669,806	26,620	153,122	6,095	72,125	2,871
5. Dietary Service						
a. Head Dietitian	136,125	4,868	23,068	825	11,770	421
b. Food Service Supervisor						
c. Dietary Workers	749,122	52,783	126,945	8,945	64,770	4,564
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	376,401	33,033	63,785	5,598	32,545	2,856
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	126,252	6,060	44,488	2,136	20,103	965
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	76,051	6,566	12,888	1,113	6,575	568
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	213,884	4,600				
b. RN						
1. Direct Care	2,423,919	76,746	48,545	1,537	24,769	784
2. Administrative**	583,595	13,787				
c. LPN						
1. Direct Care	1,574,517	66,021	130,446	5,470	66,557	2,791
2. Administrative**						
d. Aides and Attendants	2,191,252	149,780	147,073	10,053	75,040	5,129
e. Physical Therapists	520,361	23,145				
f. Speech Therapists	70,275	1,998				
g. Occupational Therapists	197,586	7,073				
h. Recreation Workers	188,585	11,709	66,486	4,128	33,922	2,106
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	167,637	6,805	4,502	183	2,297	93
n. Marketing						
o. Other (Specify)						
See Attached Schedule	316,181	15,097	7,328	350	3,664	175
A-13. Total Salary Expenditures	10,800,805	510,684	891,759	47,976	446,324	24,111

* 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		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 45,338	2,165	\$ -	-	\$ -	-
Respiratory Therapist	\$ 34,518	1,648	\$ -	-	\$ -	-
Admissions	\$ 194,187	9,272	\$ -	-	\$ -	-
Director of Purchasing	\$ 42,138	2,012	\$ 7,328	350	\$ 3,664	175
Total	\$ 316,181	15,097	\$ 7,328	350	\$ 3,664	175

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Consulting fees - Nursing	\$ 14,777	Disallow	\$ 2,504		\$ 1,278	
Consulting fees - Rehabilitation therapy	\$ 25	Disallow	\$ -		\$ -	
Total	\$ 14,802	-	\$ 2,504	-	\$ 1,278	-

**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
Bethel Health Care Center				2138-C	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	Residential Care Home							
Section I - Operators/Owners										
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).										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				Same as employees	Supervises operations, deals with DNS & financial management	31		See attached		

* 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
Bethel Health Care Center				2138-C		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	Residential Care Home							
Section III - Administrators***										
Ronald C. Butler (10/1/15-3/31/16)	127,404			Same as employees	Administrator	1,500	A2			
Patricia Clark (10/1/15-7/10/16 @ \$66,856 and 1,666 hours); Erin Healy (7/11/16-9/30/16 @		54,812	27,967	Same as employees	Director of ALU/RCH	2,080	A2			
Rich DeMio (4/1/16-9/30/16)	43,046					1,500				
Section IV - Assistant Administrators										
Mary G. Butler (Business Office & Assistant Admin)	48,806	8,271	4,220	Same as employees	Assistant Administrator/Business Office	1,245	A3			

*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		
Bethel Health Care Center	2138-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	12,821	318	2,173	54	1,109	28
2. Dentist	11,399	Disallow				
3. Pharmacist	20,488	867				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,099,732	22,984				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	34,462	210	6,622	40	3,378	21
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	279	3				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Psychiatrist fees	118	3				
9. Speech Therapist						
a. Resident Care	67,673	1,433				
b. Other						
10. Occupational Therapist						
a. Resident Care	972,930	22,541				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	224,149	6,226				
2. Administrative***						
b. LPN						
1. Direct Care	57,412	1,330				
2. Administrative***						
c. Aides	37,777	1,642				
d. Other						
12. Other (Specify) See Attached Schedule	14,802		2,504		1,278	
B-13 Total Fees Paid in Lieu of Salaries	2,554,042	57,558	11,299	94	5,765	48

* 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 Bethel Health Care Center		License No. 2138-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Cambridge Center For Health, 2428 Easton Turnpike Fairfield, CT 06825	Dietary Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Deborah B Lyon, 4 North Branch Road, Newtown CT 06470	Dietary Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental Group, 888 Worcester Street, Ste 130 Wellesley, MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC Pharmacy of CT, 111 Executive Blvd, Farmingdale, NY, 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common ownership	
Omnicare, Inc., 525 Knotter Drive, Cheshire CT 06401	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy Solutions, 850 Silas Deane Hwy Wethersfield, CT 06109	PT/OT/ST, Consulting, Rehab Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common ownership	
CompHealth Medical Staffing, 10 Norden Pl #200 Norwalk, CT 06855	PT/OT/ST, Consulting, Rehab Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
AMN Healthcare, Inc. 12400 High Bluff Drive, San Diego CA 92130	PT/OT/ST, Consulting, Rehab Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Kramer, Harvey M.D. 8 Guardhouse Road, West Redding, CT 06896	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians PC, 1260 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Brookfield Primary Care, LLC 14 Shamrock Drive, Brookfield, CT 06804	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Associated Neurologists, 69 Sand Pit Road, Suite 300, Danbury,CT 06810	Physician Fees - Resident Care	<input type="radio"/>	<input type="radio"/>		
Lessor Robert, 1201 West Main Street Suite 100, Waterbury, CT 06708-3105	Physician Fees - Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Advanced Specialty Care, 107 Newton Road, Danbury CT 06810-4151	Psychiatrist fees - Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Western CT Medical Group, Box 8932 Belfast ME 04915-8932	Psychiatrist fees - Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Advanced Medical Personnel Services, 10 Mountain View Ave, Suite 1020 Bay Point CA	PT/OT/ST, Consulting, Rehab Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Central Jersey Healthcare, 240 Williamson Suite 305 Elizabeth NJ 07202	RN, LPN	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, 653 Main St, Plantsville CT 06479	RN, LPN, C.N.A	<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"/>		

* 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
Bethel Health Care Center	2138-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 415,229	369,458	30,504	15,267
2. Disability Insurance	\$ 16,674	14,836	1,225	613
3. Unemployment Insurance	\$ 21,566	19,189	1,584	793
4. Social Security (F.I.C.A.)	\$ 1,106,286	984,339	81,271	40,676
5. Health Insurance	\$ 1,014,261	902,458	74,511	37,292
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 11,691	10,402	859	430
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 18,272	15,306	1,967	998
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 92,294	73,487	12,453	6,354
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 56,686	45,134	7,649	3,903
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 53,289	42,023	7,460	3,806
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 22,856	18,199	3,084	1,573
2. Cellular Phones	\$ 5,493	4,374	741	378
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*	\$ 10,294	8,196	1,389	709
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 561,793	561,793		
Subtotal	\$ 3,406,684	3,069,194	224,697	112,792

* 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**

Bethel Health Care Center
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Life insurance premiums on owners	\$ 7,207	\$ 595	\$ 298
Employee physicals	\$ 8,099	\$ 1,372	\$ 700
Total	\$ 15,306	\$ 1,967	\$ 998

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bethel Health Care Center	2138-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	3,406,684	3,069,194	224,697	112,792	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	719	640	53	26
3. Gifts to Staff and Residents	\$	11,858	10,551	871	436
4. Employee Travel	\$	8,536	6,796	1,152	588
5. Education Expenses Related to Seminars and Conventions	\$	985	985		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	12,480	9,937	1,684	859
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	3,678	3,678		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	16,479	16,479		
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	\$	7,421	5,909	1,001	511
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	2,245	1,468		777
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	200	159	27	14
9. Subscriptions	\$	4,811	3,831	649	331
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>)	\$	116,768	92,974	15,755	8,039
12. Administrative Management Services**	\$	594,492	473,351	80,214	40,927
13. Other (<i>Specify</i>) See Attached Schedule	\$	245,969	196,070	33,040	16,859
C-14 Total Administrative & General Expenditures	\$	4,433,325	3,892,022	359,144	182,159

* 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	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Advertising - Promotion	\$ 16,479	\$ -	\$ -
Total Other Advertising	\$ 16,479	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
ALTCFM	\$ 80		
CAHCF	\$ 1,388		
CALA			\$ 777
Total Dues	\$ 1,468	\$ -	\$ 777

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
IT Rental (short term) - Administration	\$ 46,039	\$ 7,802	\$ 3,981
Penalties - disallowed	\$ 60,985	\$ 10,334	\$ 5,273
Bank charges - disallowed	\$ 26,766	\$ 4,536	\$ 2,314
Background Check - Admin	\$ 2,179	\$ 369	\$ 188
In service - Administration	\$ 2,354	\$ 399	\$ 204
Miscellaneous expenses - disallowed	\$ 24,828	\$ 4,207	\$ 2,147
Licenses & permits - disallowed	\$ 1,094	\$ -	\$ -
Consulting fees - Administration	\$ 30,476	\$ 5,164	\$ 2,635
Consulting fees - Fiscal Operations	\$ 318	\$ 54	\$ 28
Crime Insurance	\$ 1,031	\$ 175	\$ 89
Total Other Administrative and General	\$ 196,070	\$ 33,040	\$ 16,859

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bethel Health Care Center	2138-C	9/30/2016	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 #
Bethel Health Management	71,580	Management services and other business and facility matters	Page 16, Line M12
National Healthcare Associates, Inc.	522,912	See Attached	Page 16, Line M12

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

National Health Care
Profit and Loss Allocated by GL Account

Start Date: 10/1/2015
End Date: 9/30/2016

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	0113												
													Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	Bethel Health and Rehabilitation Center
													120	132	160	144	120	120	120	95	130	345	150	203
300000-0000-00-000-0	TROY Shared Cost-2015	(435.02)	(478.22)	(579.96)	(522.03)	(435.02)	(435.02)	(344.44)	(471.26)	(1,250.71)	(543.72)	0.00												
300001-0000-00-000-0	TROY Shared Cost	(2,043.15)	(2,247.09)	(2,723.78)	(2,451.76)	(2,043.15)	(2,043.15)	(1,617.64)	(2,213.47)	(5,873.94)	(2,553.65)	(2,008.75)												
400000-0000-00-000-0	Salary-National Healthcare Management - - -	302,394.78	332,602.45	403,157.81	362,873.26	302,394.78	302,394.78	239,414.13	327,601.44	869,384.09	377,978.07	305,984.69												
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Op - -	19,859.57	21,843.21	26,477.12	23,831.29	19,859.57	19,859.57	15,723.44	21,514.81	57,096.06	24,823.32	21,386.49												
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Op - -	320.15	352.19	426.87	384.26	320.15	320.15	253.52	346.90	920.59	400.24	101.61												
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Op - -	1,239.43	1,363.12	1,652.35	1,487.25	1,239.43	1,239.43	981.25	1,342.64	3,563.27	1,549.18	518.23												
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - - -	511.71	562.81	682.17	614.05	511.71	511.71	405.11	554.38	1,471.09	639.52	549.90												
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op - -	26,348.34	28,979.27	35,125.88	31,618.33	26,348.34	26,348.34	20,861.01	28,545.49	75,750.46	32,932.02	29,261.33												
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op - -	43.87	48.26	58.50	52.66	43.87	43.87	34.76	47.53	126.15	54.84	39.55												
401600-0000-04-000-0	Disability Expense-National Health-Fiscal Op - -	(107.45)	(118.22)	(143.27)	(128.97)	(107.45)	(107.45)	(85.08)	(116.47)	(309.03)	(134.34)	(118.08)												
401700-0000-04-000-0	Pension-National Healthcare Management-Fiscal Op - -	1,685.67	1,853.77	2,247.11	2,022.54	1,685.67	1,685.67	1,334.70	1,826.20	4,845.90	2,106.58	2,851.60												
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op - -	1,149.73	1,264.47	1,532.90	1,379.62	1,149.73	1,149.73	910.27	1,245.51	3,305.39	1,437.02	812.18												
402000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op - -	1,228.39	1,350.94	1,637.66	1,474.06	1,228.39	1,228.39	972.59	1,330.69	3,531.68	1,535.34													
410000-0000-04-000-0	Supplies-National Healthcare Management-Fiscal Op - -	3,175.73	3,492.69	4,233.69	3,810.75	3,175.73	3,175.73	2,514.61	3,440.42	9,130.07	3,969.20	2,822.95												
410000-0000-08-000-0	Supplies-National Healthcare Management-Maintenan - -	11.71	12.88	15.64	14.07	11.71	11.71	9.27	12.71	33.68	14.65	12.65												
410000-0000-09-000-0	Supplies-National Healthcare Management-Housekeep - -	54.05	59.43	72.08	64.83	54.05	54.05	42.81	58.55	155.38	67.55	45.65												
410000-0000-12-000-0	Supplies-National Healthcare Management-Security - -	1.92	2.12	2.56	2.31	1.92	1.92	1.52	2.08	5.52	2.40	3.24												
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Op - -	22.23	24.44	29.65	26.66	22.23	22.23	17.60	24.08	63.89	27.78	26.32												
431000-0000-03-000-0	Consulting Fees-National Healthcare - Administr - -	15.68	17.24	20.90	18.81	15.68	15.68	12.41	16.98	45.07	19.60													
431000-0000-04-000-0	Consulting Fees-National Healthcare - Fiscal Op - -	6,334.50	6,966.68	8,444.83	7,601.20	6,334.50	6,334.50	5,015.50	6,862.59	18,211.44	7,917.12	6,999.52												
432000-0000-03-000-0	Consulting Fees-National Healthcare - Administr - -	717.27	788.89	956.19	860.67	717.27	717.27	567.86	777.09	2,062.07	896.44	765.23												
433000-0000-03-000-0	Legal Fees-National Healthcare Management-Administr - -	3,012.25	3,312.71	4,015.69	3,614.47	3,012.25	3,012.25	2,385.06	3,263.28	8,659.89	3,764.69	3,129.33												
433100-0000-03-000-0	Legal Fees - Labor-National Healthcare - Administr - -	(8.97)	(9.87)	(11.96)	(10.76)	(8.97)	(8.97)	(7.11)	(9.72)	(25.79)	(11.21)													
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr - -	9,991.68	10,988.60	13,320.04	11,989.24	9,991.64	9,991.64	7,911.02	10,824.56	28,725.02	12,487.72	12,550.88												
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan - -	4,495.68	4,944.38	5,993.42	5,394.80	4,495.68	4,495.68	3,559.44	4,870.47	12,924.87	5,618.98	4,631.62												
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep - -	689.79	758.56	919.55	827.65	689.79	689.79	546.15	747.14	1,982.92	862.07	834.15												
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security - -	62.30	68.54	83.07	74.79	62.30	62.30	49.34	67.53	179.16	77.90	86.93												
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance - -	547.97	602.65	730.50	657.52	547.97	547.97	433.91	593.66	1,575.36	684.85	923.05												
441000-0000-03-000-0	Computer Expense-National Healthcare-Administr - -	7,132.91	7,825.38	9,486.07	8,537.98	7,115.89	7,115.89	5,634.37	7,708.66	20,456.96	8,893.26	10,122.66												
442000-0000-08-000-0	Pest Control-Nat. Mgmt.-Maintenance - -	24.39	26.70	32.39	29.14	24.39	24.39	19.23	26.30	69.81	30.34	28.50												
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op - -	2,722.93	2,994.48	3,630.05	3,267.53	2,722.93	2,722.93	2,155.77	2,949.83	7,828.27	3,403.17	2,833.51												
461000-0000-03-000-0	Telephone-National Healthcare Management-Administr - -	3,485.71	3,852.38	4,669.59	4,203.11	3,485.71	3,485.71	2,773.21	3,794.70	10,070.06	4,377.75	3,002.02												
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr - -	1,696.37	1,865.62	2,261.47	2,035.60	1,696.37	1,696.37	1,343.08	1,837.67	4,876.93	2,120.19	1,726.00												
462000-0000-25-000-0	Electric-National Healthcare Management-Property - -	3,618.63	3,979.63	4,824.11	4,342.16	3,618.63	3,618.63	2,865.04	3,920.15	10,403.27	4,522.63	5,120.73												
463000-0000-25-000-0	Gas-National Healthcare Management-Property - -	637.70	701.37	850.15	765.22	637.70	637.70	504.94	690.83	1,833.34	797.04	714.42												
466000-0000-25-000-0	Water-National Healthcare Management-Property - -	197.22	216.91	262.91	236.65	197.22	197.22	156.16	213.64	566.97	246.50	288.45												
471000-0000-25-000-0	Rent-National Healthcare Management-Property - -	10,973.97	12,069.44	14,629.54	13,168.52	10,973.97	10,973.97	8,688.55	11,888.99	31,549.23	13,715.67	22,620.37												
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op - -	495.00	544.34	659.91	593.91	495.00	495.00	391.90	536.30	1,423.03	618.60	689.32												
473000-0000-25-000-0	Real Estate Taxes-National Healthcare-Fiscal Op - -	2,466.29	2,712.35	3,287.72	2,959.42	2,466.29	2,466.29	1,952.90	2,672.02	7,090.69	3,082.47	1,917.81												
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare - Fiscal Op - -	1,990.00	2,188.63	2,652.93	2,387.96	1,990.00	1,990.00	1,575.57	2,155.88	5,721.16	2,487.18	2,162.98												
484100-0000-04-000-0	Amortization Exp- LHI ALL-Nat. Mgmt.-Fiscal Op - -	2.26	2.44	3.01	2.70	2.26	2.26	1.78	2.45	6.43	2.83	(4.30)												
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op - -	9,732.55	10,703.91	12,974.77	11,678.83	9,732.55	9,732.55	7,705.76	10,543.85	27,980.56	12,164.17	10,406.43												
491000-0000-03-000-0	Dues and Subscriptions-National Health-Administr - -	665.11	731.48	886.69	798.15	665.11	665.11	526.60	720.49	1,912.20	831.32	621.10												
500000-0000-03-000-0	Licenses and Permits-National Health-Administr - -	196.99	216.61	262.57	236.32	196.99	196.99	155.98	213.37	566.21	246.13	290.57												
501000-0000-03-000-0	Advertising Employment-National Health-Administr - -	10,704.73	11,773.40	14,270.76	12,845.65	10,704.73	10,704.73	8,475.46	11,597.33	30,775.61	13,379.38	13,205.16												
501100-0000-03-000-0	Advertising Promotional-National Hea-Administr - -	6,946.12	7,639.18	9,260.58	8,334.96	6,946.20	6,946.20	5,499.79	7,524.82	19,970.25	8,681.83	7,444.00												
503000-0000-03-000-0	Interest-National Healthcare Management-Administr - -	1,587.70	1,746.13	2,116.54	1,905.16	1,587.70	1,587.70	1,257.01	1,720.04	4,564.39	1,984.32	2,153.07												
503500-0000-03-000-0	Penalties-National Healthcare Management-Administr - -	220.68	242.70	294.21	264.82	220.68	220.68	174.73	239.06	634.48	275.83													
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration - -	998.58	1,098.26	1,331.27	1,198.29	998.58	998.58	790.62	1,081.83	2,870.89	1,248.08	1,086.24												
504000-0000-03-000-0	Postage-National Healthcare Management-Administr - -	1,084.76	1,192.95	1,446.16	1,301.63	1,084.76	1,084.76	858.88	1,175.18	3,118.64	1,355.72	1,157.50												
509000-0000-03-000-0	Seminars-National Healthcare Management-Administr - -	4,645.05	5,108.58	6,192.68	5,573.93	4,645.05	4,645.05	3,677.74	5,032.10	13,354.34	5,805.63	2,954.35												
510000-0000-03-000-0	Liability Insurance-National Health-Administr - -	2,014.32	2,215.39	2,685.39	2,417.12	2,014.32	2,014.32	1,594.81	2,182.26	5,791.08	2,517.67	2,024.28												
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr - -	1,033.62	1,136.64	1,377.93	1,240.28	1,033.62	1,033.62	818.30	1,119.82	2,971.53	1,291.87	1,024.92												
512000-0000-03-000-0	Umbrella Insurance-National Healthcare-Administr - -	1,123.53	1,235.69	1,497.82	1,348.28	1,123.53	1,123.53	889.62	1,217.22	3,230.15	1,404.30	1,152.55												
513000-0000-03-000-0	Crime Insurance-National Healthcare - Administr - -	50.21	55.22	66.89	60.31	50.21	50.21	39.79	54.47	144.47	62.78	35.52												
517000-0000-03-000-0	Wor'xians Comp Insurance-National	5,433.45	5,975.75	7,243.51	6,519.45	5,433.45	5,433.45	4,301.98	5,886.39	15,620.82	6,790.94	6,290.91												
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administr - -	929.43	1,022.18	1,239.05	1,115.23	929.43	929.43	735.94	1,006.91	2,671.99	1,161.54	1,551.65												
520100-0000-03-000-0	Auto Lease Expense-National Healthcare-Administr - -	3,055.38	3,360.16	4,073.13	3,666.09	3,055.38	3,055.38	2,419.06	3,309.67	8,783.58	3,818.34	3,044.11												
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administr - -	7,119.77	7,830.81	9,492.18	8,543.52	7,119.77	7,119.77	5,637.06	7,713.24	20,469.28	8,898.96	7,633.49												
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administr - -	6,719.01	7,389.97	8,957.52	8,062.79	6,719.01	6,719.01	5,319.61	7,279.13	19,316.90	8,398.06	8,671.19												
541000-0000-03-000-0	Misc. Expense-Nat. Mgmt.-Administration - -	4,061.32	4,466.51	5,414.45	4,873.58	4,061.32	4,061.32	3,215.58	4,399.59	11,676.51	5,076.17	33.03												
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp - -	1,355																						

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
Bethel Health Care Center		2138-C	9/30/2016		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	648,268	516,168	87,470	44,630	
2. Non-Food Supplies	\$	42,249	33,640	5,700	2,909	
3. Other (<i>Specify</i>) _____	\$					
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	29,875	23,787	4,031	2,057
c. Management Services**		\$				
d. Other (<i>Specify</i>) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$	720,392	573,595	97,201	49,596
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No					If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Page 30, Line IV1	
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No					If yes, specify cost.	
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No					If yes, specify amt.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Page 30, Line IV1	
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 Bethel Health Care Center		License No. 2138-C	Report for Year Ended 9/30/2016		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
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. \$	23,660	18,839	3,192	1,629
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)		\$	8,682	6,913	1,171	598
c. Management Services**		\$				
d. Other (Specify) Supplies: \$8,237, Diapers \$33,542		\$	41,779	33,266	5,637	2,876
3E. Total Laundry Expenditures (3a + b + c + d)		\$	74,121	59,018	10,000	5,103
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
Bethel Health Care Center		2138-C	9/30/2016		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	40,296	32,085	5,437	2,774
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. \$	195,656	155,786	26,400	13,470
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	235,952	187,871	31,837	16,244
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	1,109,955	1,109,955		
b.	Medicine Cabinet Drugs	\$	37,249	37,249		
c.	Medical and Therapeutic Supplies	\$	376,507	376,491	11	5
d.	Ambulance/Limousine****	\$	1,121	1,121		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	39,309	39,309		
f.	X-rays and Related Radiological Procedures****	\$	86,355	86,355		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	204,039	204,039		
i.	Recreation	\$	76,095	65,899	6,751	3,445
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	219,159	219,159		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	2,149,789	2,139,577	6,762	3,450

* 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	Residential Care Home
Specialty mattress rentals	\$ 19,136	\$ -	\$ -
Minor nursing equipment rental	\$ 12,124	\$ -	\$ -
Purchased services - nursing	\$ 5,711	\$ -	\$ -
Purchased services - residential care	\$ -	\$ -	\$ -
Rental expenses - Rehabilitation therapy	\$ 29,982	\$ -	\$ -
Equipment rental - Housekeeping	\$ 4,610	\$ -	\$ -
Equipment rental - Nursing	\$ 97,282	\$ -	\$ -
Equipment rental - Rehabilitation therapy	\$ 34,695	\$ -	\$ -
Equipment rental - Respiratory	\$ 15,619	\$ -	\$ -
Total Other Resident Care	\$ 219,159	\$ -	\$ -

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

Name of Facility Bethel Health Care Center		License No. 2138-C		Report for Year Ended 9/30/2016			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	Residential Care Home	Pg	Line
ADP, Inc.	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll services	28,851	4,889	2,495	16	M11
Base Technologies	Circle, Bethel, CT 06801-2847	<input type="radio"/>	<input checked="" type="radio"/>		Copier lease intermediary	30,528	7,569	3,593	16/22	M11/
Berkshire Industrial Corporation	2 Park Lawn Drive, New York, NY 10280	<input type="radio"/>	<input checked="" type="radio"/>		Electrical work	7,170	2,527	1,142	22	6A
Heritage Healthcare Services	1009 Reservoir Avenue Cranston, RI 02910	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	81,911	13,881	7,082	20	4B
M.J. Daly & Sons	Road Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC services	19,377	6,828	3,086	22	6A
Schindler Elevator Corp.	150 Greenwich Street, New York, NY 10006	<input type="radio"/>	<input checked="" type="radio"/>		Elevator services	9,079	3,199	1,446	22	6A
Fairfield County Landscaping	215 Flanders Road, Mystic ,CT 06355	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/ snow removal	11,204	3,948	1,784	22	6F
Town & Country Maintenance, LLC	8906 Telegraph Road, Lorton, VA 22079	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/ snow removal	17,293	6,094	2,754	22	6F
Winter Brothers Waste Systems	307 White Street, Danbury CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Trash removal/ recycling	16,629	5,860	2,648	22	6F
Ecolab Equipment Care	24673 Network Place, Chicago IL 60673	<input type="radio"/>	<input checked="" type="radio"/>		Dietary equipment repair	15,011	2,544	1,298	18	2B
		<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
Bethel Health Care Center	2138-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 137,278	90,815	32,002	14,461		
b. Heat	\$ 104,580	69,185	24,379	11,016		
c. Light & Power	\$ 405,399	268,189	94,505	42,705		
d. Water	\$ 116,632	77,157	27,189	12,286		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 149,872	119,332	20,222	10,318		
f. Other (<i>itemize</i>)	\$ 157,286	104,052	36,666	16,568		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,071,047	728,730	234,963	107,354		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 253	201	35	17		
b. Building & Building Improvements	\$ 786,488	623,766	108,481	54,241		
c. Non-Movable Equipment	\$ 15,086	11,965	2,081	1,040		
d. Movable Equipment	\$ 42,703	33,868	5,890	2,945		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 844,530	669,800	116,487	58,243		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 60,800	48,221	8,386	4,193		
b. Mortgage Expense	\$ 10,976	8,705	1,514	757		
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 71,776	56,926	9,900	4,950		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 404,963	321,178	55,857	27,928		
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 28,966	22,973	3,995	1,998		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,350,235	1,070,877	186,239	93,119		

* 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	Residential Care Home
Ground supplies	\$ 83	\$ 29	\$ 13
Maintenance supplies	\$ 21,652	\$ 7,630	\$ 3,448
Maintenance supplies - ALU	\$ 1,039	\$ 366	\$ 165
Security	\$ 1,289	\$ 454	\$ 205
Ground services	\$ 31,665	\$ 11,158	\$ 5,042
Purchased services - maintenance ALU	\$ 10,364	\$ 3,652	\$ 1,650
Pest control	\$ 704	\$ 248	\$ 112
Carting	\$ 22,816	\$ 8,040	\$ 3,633
Rental expense - maintenance (short term)	\$ 7,911	\$ 2,788	\$ 1,260
Equipment rental - maintenance (short term)	\$ 203	\$ 72	\$ 32
Background checks - maintenance (short term)	\$ 6,196	\$ 2,183	\$ 987
Rental Expenses-Fiscal Operation- (short term)	\$ 130	\$ 46	\$ 21
Total Other Repairs and Maintenance	\$ 104,052	\$ 36,666	\$ 16,568

Depreciation Schedule

Name of Facility Bethel Health Care Center			License No. 2138-C		Report for Year Ended 9/30/2016			Page 23	of 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			
A. Land Improvements													
1. Acquired prior to this report period			13,306		13,306	11,166	SL	Various	253				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										253			
B. Building and Building Improvements													
1. Acquired prior to this report period			22,938,342		22,938,342	11,246,780	SL	Various	786,109				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			43,198		43,198		SL	Various	379				
B-4. Subtotal										786,488			
C. Non-Movable Equipment													
1. Acquired prior to this report period			374,915		374,915	220,984	SL	Various	14,840				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			12,479		12,479		SL	Various	246				
C-4. Subtotal										15,086			
		Is a mileage logbook maintained?		Date of Acquisition		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	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Van			X	2	4	48,214		48,214	48,214	SL	5		
b. 2000 Cadillac		X		2	5	15,000		15,000	15,000	SL	5		
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,503,467		1,503,467	1,309,523	SL	Various	41,765	
b. Disposals (attach schedule)						(6,616)		(6,616)					
c. Acquired during this report period (attach schedule)						43,308		43,308		SL	Various	938	
D-3. Subtotal													42,703
E. Total Depreciation													844,530

Bethel Health Care Center
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*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
Additions:				
11/23/2015	Northeast Security - Door entry system	491	10	25
12/3/2015	James Derbyshire - Apt 41 & 42 repair & paint	595	5	60
6/30/2016	Eastern Door	2,578	15	14
6/30/2016	Compressor	14,878	12	103
9/30/2016	Compressor	8,811	12	61
9/30/2016	Plumbing	1,004	20	4
9/30/2016	Fence	7,125	8	74
9/30/2016	Water Line	6,662	20	28
9/30/2016	Security Locks	1,054	10	9
Total additions for Building Improvement		\$ 43,198		\$ 379 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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
Additions:				
10/27/2015	Richard Straiton - parts for new water tank replacement - Cascades	155	20	\$ 4
10/30/2015	Water tank replacement - Cascades	539	20	\$ 14
10/19/2015	Water tank replacement - Cascades	381	20	\$ 10
10/13/2015	Water tank replacement - Cascades	161	20	\$ 4
10/9/2015	Water tank replacement - Cascades	1,853	20	\$ 47
11/11/2015	Wireless system	298	5	\$ 30
11/24/2015	Water tank replacement - Cascades	1,080	20	\$ 27
11/19/2015	Wireless system	227	5	\$ 23
11/17/2015	Wireless system	297	5	\$ 30
1/31/2016	Heatpump - Cascades	6,168	10	\$ 51

1/31/2016	Hot Water Storage Tank - Cascades	1,320	20	\$	6
Total additions for Non-Movable Equipmen		\$ 12,479		\$	246 *
Deletions:					
Total deletions for Non-Movable Equipmen		\$ -		\$	- **

*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
Additions:				
10/15/2015	5 - SC900 Electric Bed	5,535	12	\$ 231
11/16/2015	Kiosk 3rd floor	1,727	5	\$ 173
11/12/2015	1 Inspiron 17 Laptop	1,157	5	\$ 116
1/31/2016	Phones	13,701	10	\$ 114
6/30/2016	Desktop	986	5	\$ 16
6/30/2016	Condensing unit	2,841	5	\$ 47
8/31/2016	Backpack Vacuum	5,500	5	\$ 92
9/30/2016	Commercial mixer	1,597	10	\$ 13
9/30/2016	Heavy Duty Upright Vacuum	1,852	8	\$ 19
9/30/2016	Carpet system	4,207	5	\$ 70
9/30/2016	Mini Tower Server	1,220	5	\$ 20
9/30/2016	Refrigerator	2,985	10	\$ 25
Total additions for Movable Equipmen		\$ 43,308		\$ 938 *
Deletions:				
10/8/2015	Credit received for phone system	(6,616)	10	
Total deletions for Movable Equipmen		\$ (6,616)		\$ - **

*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
Additions:				
Total additions for Leasehold Improvermen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvermen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Bethel Health Care Center			2138-C		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							
A. Organization Expense									
1. 14 Bed Expansion		1997	15	462,425	462,425	A	VAR		
2. 57 Bed Expansion		2002	15	912,000	785,777	A	VAR	60,800	
3.									
A-4. Subtotal									60,800
B. Mortgage Expense									
1. Deferred Financing Costs		2012		349,879	41,277	A	VAR	10,976	
2.									
3.									
B-4. Subtotal									10,976
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									71,776

* 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 Bethel Health Care Center	License No. 2138-C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		02/18/94		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		02/18/94		
5. Total Licensed Bed Capacity		161 CCNH, 14 RCH, 28 ALU		
6. Square Footage		125,225		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		03/20/12		
c. Interest Rate for the Cost Year		400.00%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		26,268,700		
f. Principal balance outstanding as of 9/30/16		24,222,473		
Complete if Mortgage was Refinanced During Current Cost Year				
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				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bethel Health Care Center		2138-C	9/30/2016			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 974,071	772,539	134,355	67,177		
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$ 97,107		97,107			
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 1,071,178	772,539	231,462	67,177		

(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
Bethel Health Care Center		2138-C		9/30/2016			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				1,071,178	772,539	231,462	67,177	
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 Debt - \$31,602, Other - \$8,105				\$ 39,707	31,492	5,477	2,738	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 1,110,885	804,031	236,939	69,915	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 32,017	25,493	4,320	2,204	
b. Insurance on Automobiles				\$ 6,229	4,960	840	429	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 27,893	22,209	3,764	1,920	
2. Fire and Extended Coverage				\$				
3. Other (Specify) Mortgage - \$123,364, General - \$50,984				\$ 174,348	138,821	23,524	12,003	
14d. Total Insurance Expenditures (14a + b + c)				\$ 240,487	191,483	32,448	16,556	
15. Total All Expenditures (A-13 thru C-14)				\$ 26,096,226	23,002,051	2,098,590	995,585	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bethel Health Care Center				2138-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12m	Salaries not related to Resident Care	\$ 11,642	11,188	300	153
3.	10	A12g	Occupational Therapy	\$ 197,586	197,586		
4.			Other - See attached Schedule	\$ 675,938	633,955	2,012	39,971
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 279	279		
6.	13	B10a	Occupational Therapy	\$ 972,930	972,930		
7.			Other - See attached Schedule	\$ 1,221,372	1,214,212	2,504	4,656
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	15d/1	Accounting & Legal	\$ 73,686	58,670	9,943	5,073
11.	30	IV3	Telephone	\$ 25,765	25,765		
12.	15	1h2	Cellular Telephone	\$ 4,054	3,228	547	279
13.	15	1a9	Life insurance premiums on the life of Owners, Partners, Operators	\$ 8,100	7,207	595	298
14.	16	3	Gifts, flowers and coffee shops	\$ 11,858	10,551	871	436
15.	16	5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,709	1,360	231	118
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 *	\$ 16,479	16,479		
19.	15	K1	Income Tax / Corporate Business Tax	\$ 10,294	8,196	1,389	709
20.	16	M10	Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 364,040	289,859	49,119	25,062
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 358,938	305,798	36,321	16,819
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 13,501	12,301	1,200	
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 3,968,171	3,769,565	105,032	93,574

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

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

Name of Facility				License No.	Report for Year Ended	Page	of
Bethel Health Care Center				2138-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 3,968,171	3,769,565	105,032	93,574
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 1,109,955	1,109,955		
28.	20	5d	Ambulance/Limousine	\$ 1,121	1,121		
29.	20	5f	X-rays, etc	\$ 86,355	86,355		
30.	20	5h	Laboratory	\$ 204,039	204,039		
31.	20	5c	Medical Supplies	\$ 5,000	5,000	0	0
32.	20	5e2	Oxygen (non emergency)	\$ 39,309	39,309		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 239,699	235,690	2,654	1,355
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 4,835	3,835	667	333
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	\$ 1,707	1,298	276	133
Page 27 - Insurance							
40.	27	14c3	Mortgage Insurance	\$ 123,364	98,226	16,645	8,493
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 5,781	5,781		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 103,378	81,990	14,259	7,129
51.	Total Amount of Decrease (Items 1 - 50)			\$ 5,892,714	5,642,163	139,534	111,017

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Transcription income - disallow	\$ 1,945	\$ -	\$ -
30	IV8	Miscellaneous other income	\$ 3,836		
Total Other Adjustments			\$ 5,781	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	8a	Organization Costs	\$ 48,221	\$ 8,386	\$ 4,193
22	8b	Mortgage Costs	\$ 8,705	\$ 1,514	\$ 757
27	12d	Line of Credit Interest	\$ 25,064	\$ 4,359	\$ 2,179
Total Unallowable Building Interest			\$ 81,990	\$ 14,259	\$ 7,129

Outpatient Therapy Overhead Adjustment

Square footage of therapy space	900	
Total square footage of facility	<u>128,773</u>	
Therapy space as a percent of total space		0.6989%

Outpatient therapy treatments	6,638	Provided by Client From Page 9
Total therapy treatments	<u>115,306</u>	
Outpatient therapy treatments as a percent of total treatments		<u>5.7569%</u>

Outpatient Allocation of Therapy Space:		0.0402%
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ADJUSTMENT CALCULATION:

Total utilities per page 22	626,611
Outpatient Allocation	<u>0.0402%</u>
Unallowable Amount	<u>252</u>

Total property insurance per page 27	32,017
Outpatient Allocation	<u>0.0402%</u>
Unallowable Amount	<u>13</u>

Total real estate taxes per page 22	404,963
Outpatient Allocation	<u>0.0402%</u>
Unallowable Amount	<u>163</u>

Sub-Total: Unallowable Outpatient Therapy Adjusted on Cost Report	<u><u>428</u></u>
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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bethel Health Care Center	2138-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 8,614,666	8,093,705			520,961	
b. Medicaid Room and Board Contractual Allowance **	\$ (3,412,616)	(3,367,141)			(45,475)	
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 14,225,825	14,225,825				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 7,394,382	5,661,075	1,553,513		179,794	
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,302,905)	(1,302,905)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 1,247,091	1,247,091				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (1,247,092)	(1,247,092)				
c. Prescription Drugs - Non-Medicare	\$ 184,113	184,113				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (184,396)	(184,396)				
2. a. Medical Supplies - Medicare	\$ 362	362				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (362)	(362)				
c. Medical Supplies - Non-Medicare	\$ 1,410	1,410				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,410)	(1,410)				
3. a. Physical Therapy - Medicare	\$ 3,925,712	3,727,373	198,339			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (3,745,231)	(3,648,699)	(96,532)			
c. Physical Therapy - Non-Medicare	\$ 807,675	501,874	305,801			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (582,562)	(466,482)	(116,080)			
4. a. Speech Therapy - Medicare	\$ 288,533	280,084	8,449			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (251,524)	(251,524)				
c. Speech Therapy - Non-Medicare	\$ 45,599	25,170	20,429			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (27,194)	(27,194)				
5. a. Occupational Therapy - Medicare	\$ 3,669,900	3,665,396	4,504			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (3,626,582)	(3,626,582)				
c. Occupational Therapy - Non-Medicare	\$ 328,723	317,744	10,979			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (299,469)	(299,469)				
6. a. Other (Specify) - Medicare	\$ 878	878				
b. Other (Specify) - Non-Medicare	\$ 88,583	(2,151)	90,734			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 26,142,109	23,506,693	1,980,136		655,280	
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 13,501	12,301	1,200			
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 25,765	25,765				
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 1,179	1,179				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 16,911	13,818	3,093			
V. Total Other Revenue (1 thru 8)	\$ 57,356	53,063	4,293			
VI. Total All Revenue (III +V)	\$ 26,199,465	23,559,756	1,984,429		655,280	

* 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	Residential Care Home
	Medicare Part A Contra Other	\$ (214,756)	\$ -	\$ -
	Medicare Part A IV Therapy	\$ 26,179	\$ -	\$ -
	Medicare Part A Lab	\$ 102,511	\$ -	\$ -
	Medicare Part A X-Ray	\$ 86,066	\$ -	\$ -
	Medicare Part A Flu/Pneumonia	\$ 2,267	\$ -	\$ -
	Medicare Part B Contra Other	\$ (3,096)	\$ -	\$ -
	Medicare Part B X-Ray	\$ 3,096	\$ -	\$ -
	Managed Medicare Contra Other	\$ (11,595)	\$ -	\$ -
	Managed Medicare IV Therapy	\$ 4,417	\$ -	\$ -
	Managed Medicare Lab	\$ 4,719	\$ -	\$ -
	Managed Medicare X-Ray	\$ 2,460	\$ -	\$ -
	Managed Medicare Prior Period	\$ (1,390)	\$ -	\$ -
	Total Other Resident Revenue - Medicare	\$ 878	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Medicaid Contra Other	\$ (894)	\$ -	\$ -
	Medicaid Lab	\$ 340	\$ -	\$ -
	Medicaid X-Ray	\$ 158	\$ -	\$ -
	Private Additional Ancillary ALU	\$ -	\$ 90,734	\$ -
	Private Contra Other	\$ (1,810)	\$ -	\$ -
	Private Lab	\$ 55	\$ -	\$ -
	Commercial Insurance Contra Other	\$ (7,633)	\$ -	\$ -
	Commercial Insurance Lab	\$ 7,422	\$ -	\$ -
	Commercial Insurance X-Ray	\$ 211	\$ -	\$ -
	Total Other Resident Revenue	\$ (2,151)	\$ 90,734	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Interest income		\$ 1,179	\$ -	\$ -
	Total Interest Income		\$ 1,179	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Outpatient miscellaneous other income	\$ -	\$ 3,093	\$ -
	Miscellaneous other income	\$ 18,860	\$ -	\$ -
	Prior period other	\$ (6,987)	\$ -	\$ -
	Transcription income - disallow	\$ 1,945	\$ -	\$ -
	Total Other Revenue	\$ 13,818	\$ 3,093	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bethel Health Care Center	2138-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,313,930
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,644,191
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	25,036
5. Prepaid Expenses			\$	154,618
a. Prepaid Expenses	33,692			
b. Prepaid Insurance	94,938			
c. Prepaid Taxes	16,548			
d. Prepaid - Other	9,440			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	30,723
Patient Funds	31,243			
Other current assets	(520)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,168,498
B. Fixed Assets				
1. Land			\$	880,935
2. Land Improvements	*Historical Cost	13,306	\$	1,887
	Accum. Depreciation	11,419		Net
3. Buildings	*Historical Cost	22,981,540	\$	10,948,272
	Accum. Depreciation	12,033,268		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	387,394	\$	151,324
	Accum. Depreciation	236,070		Net
6. Movable Equipment	*Historical Cost	1,540,159	\$	246,549
	Accum. Depreciation	1,293,610		Net
7. Motor Vehicles	*Historical Cost	63,214	\$	
	Accum. Depreciation	63,214		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,184
Not related to patient care	2,184			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	12,231,151

* 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
Bethel Health Care Center	2138-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	16,399,649
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	804,257
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>			\$	62,205
	New beds license/ deferred financing costs	1,374,425		
	Accum Amort-new beds/ deferred financing costs	(1,310,814)		
	Security Deposits	(1,406)		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	866,462
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	17,266,111

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

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Bethel Health Care Center		2138-C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	4,533,375
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	882,663
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	519,432
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	1,259,644
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	797,382
Deferred Revenue	129,777	Accrued Interest Payable	82,653		
Patients Funds	31,245	Due to (from) related par	58,156		
Security Deposits	132,882	Other current liabilities	16,815		
Accrued Expenses	345,854				
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	7,992,496

* 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 Bethel Health Care Center		License No. 2138-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				7,992,496	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 24,222,473	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 1,387,243	
Name and Address of Lender	Amount	Loan Date			
Annulli Notes	1,387,243				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 25,609,716	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 33,602,212	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bethel Health Care Center	2138-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(16,439,340)
6. Gain or Loss for Period			\$	103,239
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	(16,336,101)
C. Total Reserves and Net Worth			\$	(16,336,101)
D. Total Liabilities, Reserves, and Net Worth			\$	17,266,111

H. Changes in Total Net Worth

Name of Facility Bethel Health Care Center	License No. 2138-C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(16,439,039)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	26,199,465
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	26,096,226
D. Net Income or Deficit			\$	103,239
E. Balance			\$	(16,335,800)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
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		
Partner drawings				
3. Total Deductions			\$	301
H. Balance at End of Period			\$	(16,336,101)

I. Preparer's/Reviewer's Certification

Name of Facility Bethel Health Care Center	License No. 2138-C	Report for Year Ended 9/30/2016	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 checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
BlumShapiro & Co.				
Address Address		Phone Number		
2 Enterprise Drive, Shelton, CT 06484		203-944-2100		