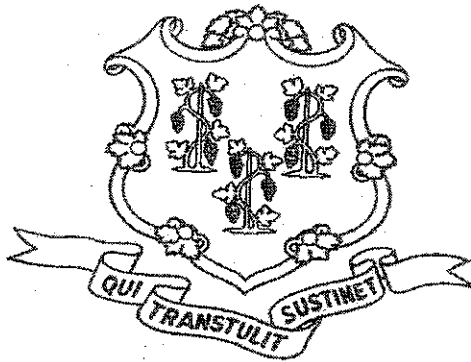


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center	
Address (No. & Street, City, State, Zip Code) 210 Chatifield Street, Derby, CT 06418	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2236-C	RHNS	(Specify)	Medicare Provider 07-5059
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Medicaid Provider Numbers:	CCNH 10587	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)	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham H	2236-C	9/30/2016	1	37

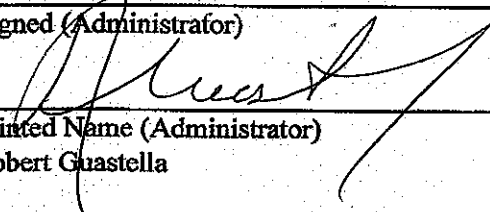
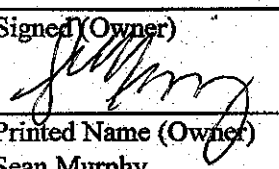
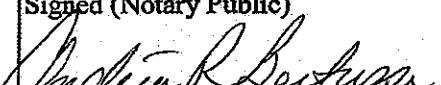
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Spectrum Healthcare Derby, LLC d/b/a Birmingham Health 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
		2/3/17			2/3/17
Printed Name (Administrator)			Printed Name (Owner)		
Robert Guastella			Sean Murphy		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	Connecticut	2-3-17		05/31/2021	
Address of Notary Public					
141 Vernon St West, Manchester, CT 06042					

(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 Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 210 Chatifield Street, Derby, CT 06418				
Report Prepared By Gennaro Evangelista		Phone Number 860-871-5454	Date 2/1/2017	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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 203-735-7401		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Spectrum Healthcare Derby, LLC d/b/a Birmingham Health C		Address (No. & Street, City, State, Zip) 210 Chatifield Street, Derby, CT 06418		
License Numbers:	CCNH 2236-C	RHNS	(Specify)	Medicare Provider No. 07-5059
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Robert Guastella		Nursing Home Administrator's License No.:	0936	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Related Parties*

Name of Facility Spectrum Healthcare Derby, LLC d/b/a Birmingham H	License No. 2236-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				
Spectrum Healthcare, LLC	27 Naek Rd., Vernon, CT 06066	<input type="radio"/>	<input checked="" type="radio"/>	Home office costs consisting admin., clerical	Page 16 Line m. 12	360,000	360,000
Spectrum Derby Realty, LLC	27 Naek Rd., Vernon, CT 06066	<input type="radio"/>	<input checked="" type="radio"/>	Rental of real estate	Page 22, line 9	720,000	720,000
Spectrum Healthcare Torrington	225 Wyoming Ave Torrington, CT	<input type="radio"/>	<input checked="" type="radio"/>	Social Services	Page 33 Line A12	16,370	16,370
Spectrum Healthcare Torrington	225 Wyoming Ave Torrington, CT	<input type="radio"/>	<input checked="" type="radio"/>	Dietician	Page 10 Line a5a	2,239	2,239
Spectrum Healthcare Hartford	5 Greenwood St Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>	Social Services	Page 33 Line A12	4,741	4,741
		<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

Basis for Allocation of Costs

Name of Facility Spectrum Healthcare Derby, LLC d/b/a Birmin	License No. 2236-C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire
Accounting Basis

Name of Facility Spectrum Healthcare Derby, LLC d	License No. 2236-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 Blum, Shapiro & Company 2 MidCap Funding 3 4	Address (No. & Street, City, State, Zip Code) 29 So. Main St., W Hartford, CT 06127
--	--

Services Provided by This Firm (*describe fully*)

1 Reviewed Financial Statements, Tax return preparation	\$ 12,300
2 Due Diligence Exam	\$ 17,335
3	\$
4	\$
	Charge for Services Provided
	\$ 29,635

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

Yes No Page 15, Line 1 d.

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Sandford Consulting 2 Richard Krueger/Treasurer State of CT/Derby Probate Court 3 Michalik, Bauer, Silvia 4 MidCap Funding 5 Krasnoger & Krasnogor	Telephone Number
--	------------------

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

1 PO Box 901 Thomaston, CT 06787
2
3 35 Pearl St Suite 300 New Britain, CT
4
5 706 Bedford St. Stamford, CT 06901

Services Provided by This Firm (*describe fully*)

1 Medicaid Application Matters	\$ 1,750
2 Conservator Fees	\$ 1,115
3 Collection Matters	\$ 3,828
4 Loan Amendments	\$ 16,759
5 Immigration Matter	\$ 5,570
	Charge for Services Provided
	\$ 29,022

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

Yes No Page 15, Line 1 e.

Schedule of Resident Statistics

Name of Facility Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Report for Year Ended 9/30/2016						Page 8	of 37		
					Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	CCNH			RHNS	(Specify)
					Total	CCNH	Total	CCNH						
1. Certified Bed Capacity														
A. On last day of PREVIOUS report period	120	120			120	120			120	120				
B. On last day of THIS report period	120	120			120	120			120	120				
2. Number of Residents														
A. As of midnight of PREVIOUS report period	109	109			109	109			106	106				
B. As of midnight of THIS report period	113	113			106	106			113	113				
3. Total Number of Days Care Provided During Period														
A. Medicare	2,892	2,892			2,201	2,201			691	691				
B. Medicaid (Conn.)	32,212	32,212			24,053	24,053			8,159	8,159				
C. Medicaid (other states)														
D. Private Pay	1,020	1,020			738	738			282	282				
E. State SSI for RCH														
F. Other (Specify)	4,182	4,182			3,055	3,055			1,127	1,127				
G. Total Care Days During Period (3A thru F)	40,306	40,306			30,047	30,047			10,259	10,259				
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds														
A. Medicaid Bed Reserve Days	49	49			36	36			13	13				
B. Other Bed Reserve Days	97	97			65	65			32	32				
5. Total Resident Days (3G + 4A + 4B)	40,452	40,452			30,148	30,148			10,304	10,304				

Schedule of Resident Statistics (Cont'd)

Name of Facility Spectrum Healthcare Derby, LLC d/b/a Birm	License No. 2236-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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(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	(Specify)
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	90		19				
Per Diem Rate								
a. One bed rm.	various	246.85		445.00				
b. Two bed rms.	various	246.85		410.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,974	1,974		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	2,698	2,698		
2. Restorative Treatments				
C. Other	9,698	9,698		
D. Total Physical Therapy Treatments	14,370	14,370		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	145	145		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	91	91		
2. Restorative Treatments				
C. Other	562	562		
D. Total Speech Therapy Treatments	798	798		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,940	1,940		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,883	1,883		
2. Restorative Treatments				
C. Other	10,162	10,162		
D. Total Occupational Therapy Treatments	13,985	13,985		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Spectrum Healthcare Derby, LLC d/b/a Birmingham Health	2236-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	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	131,706	2,195				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	167,720	6,288				
5. Dietary Service						
a. Head Dietitian	2,239	66				
b. Food Service Supervisor	59,028	2,091				
c. Dietary Workers	349,121	20,147				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	71,120	2,091				
b. Other Maintenance Workers	55,175	3,231				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	200,609	4,134				
b. RN						
1. Direct Care	530,996	12,808				
2. Administrative**	237,253	6,127				
c. LPN						
1. Direct Care	1,167,591	36,889				
2. Administrative**						
d. Aides and Attendants	1,556,656	95,952				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	104,060	5,318				
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	139,727	5,199				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	64,258	4,028				
<i>A-13. Total Salary Expenditures</i>	<i>4,837,261</i>	<i>206,564</i>				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of				
Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center		2236-C	9/30/2016		11	37				
Name	Salary Paid			Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received	
	CCNH	RHNS	(Specify)							
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).										

* 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			
Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center		2236-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 (Specify)							
Section III - Administrators***									
Robert Guastella 10/01/15-09/30/16	131,706				2,195	A2			
Section IV - Assistant Administrators									

*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	
Spectrum Healthcare Derby, LLC d/b/a Birmingham	2236-C	9/30/2016	13	37	
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) 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					
2. Dentist					
3. Pharmacist	17,649	236			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	309,924	5,168			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	62,459	832			
b. Utilization Review (Title 18 and 19 only) monthly meeting	101,050	1,352			
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	38,571	514			
b. Other					
10. Occupational Therapist					
a. Resident Care	299,184	4,986			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	126,619	2,304			
2. Administrative***					
b. LPN					
1. Direct Care	14,968	428			
2. Administrative***					
c. Aides	200	8			
d. Other					
12. Other (Specify) See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	970,624	15,828			

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham He		2236-C	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
The Nurse Network-5 Central Ave., E Hartford, CT 06150	Pool Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Pharamerica, PO Box 409251, Atlanta, GA 30384	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Lionel Lim-Griffin Hospital-130 Division St., Derby, CT 06418	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Select Rehabilitation, Inc., 550 Frontage Rd., Suite 2415 Northfield, IL 60093	Contract Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Joseph Brenes-The Hospitalist Company-PO Box 844929, Los Angeles, CA 90084-4929	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing-PO Box 803356, Kansas City, MI 64180-3356	Pool Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse-2602 Highlands Blvd. N. Palm Harbor, FL 34684	Pool Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Accuscript Consulting Services-15 America Ave., Lakewood, NJ 08701	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental Group-888 Worchester St., Wellesley, MA 02482-3744	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Griffin Hospital-130 Division St., Derby, CT 06418	Pulmonary Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Pulmonary Specialists-130 Division St., Derby, CT 06418	Pulmonary Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham	2236-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 126,730	126,730		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 513,922	513,922		
5. Health Insurance	\$ 785,324	785,324		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 252,342	252,342		
8. Uniform Allowance	\$ 8,684	8,684		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 35,051	35,051		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 90,000	90,000		
d. Accounting and Auditing	\$ 29,635	29,635		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 29,022	29,022		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 13,245	13,245		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,877	20,877		
2. Cellular Phones	\$ 1,235	1,235		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 765,506	765,506		
Subtotal	\$ 2,671,573	2,671,573		

* 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**

Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Training Fund	\$ 31,577		
Employee Background Checks	\$ 3,474		
Total	\$ 35,051	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham	2236-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,671,573	2,671,573		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 5,180	5,180			
2. Holiday Parties for Staff	\$ 1,364	1,364			
3. Gifts to Staff and Residents	\$ 1,762	1,762			
4. Employee Travel	\$ 1,067	1,067			
5. Education Expenses Related to Seminars and Conventions	\$ 1,320	1,320			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 320	320			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,915	1,915			
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	\$ 6,105	6,105			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,846	10,846			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 360,000	360,000			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 116,851	116,851			
C-14 Total Administrative & General Expenditures	\$ 3,178,305	3,178,305			

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals	\$ 320		
Total Other Travel and Entertainment	\$ 320	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising-Promotional	\$ 100		
Marketing Expenses	\$ 1,815		
Total Other Advertising	\$ 1,915	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues & Subscriptions	\$ 10,846		
Total Dues	\$ 10,846	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing Fees-Payroll	\$ 40,004		
Data Processing Fees-MDI	\$ 11,805		
Bank Fees	\$ 610		
Software Fees-IVANS	\$ 1,778		
Software Maintenance	\$ 5,275		
Computer Maintenance	\$ 15,239		
Cable Television	\$ 15,177		
Archives	\$ 17,140		
Licenses	\$ 1,796		
Printing	\$ 4,215		
Miscellaneous	\$ 1,000		
Copier Equipment	\$ 2,752		
Dues & Subscriptions	\$ 60		
Total Other Administrative and General	\$ 116,851	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Spectrum Healthcare Derby, LLC d/b/a B	License No. 2236-C	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Spectrum Healthcare, LLC	360,000	Home office services, Accounting, Personnel & Benefits admin., Treasury, Operations, QA	Page 16, line m. 12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham H		2236-C	9/30/2016	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 278,009	278,009			
2. Non-Food Supplies	\$ 27,813	27,813			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$ 664	664			
c. Management Services**					
	\$ _____				
d. Other (Specify) _____					
Small Equipment Purchased	\$ 8,209	8,209			
Equipment Repair & Maintenance					
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 314,694	314,694			
2F. Dietary Questionnaire					
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
L. Is any revenue collected from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
O. Is any revenue collected from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham He		2236-C	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	50,232	50,232	
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. \$	2,545	2,545	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	301,234	301,234	
c. Management Services**		\$			
d. Other (Specify) Supplies		\$	36	36	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	354,046	354,046	
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
Spectrum Healthcare Derby, LLC d/b/a Birmingham		2236-C	9/30/2016		20	37
Item		Total	CCNH	RHNS	(Specify)	
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	2,855	2,855			
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. \$	301,234	301,234			
c. Management Services*	\$					
d. Other (<i>Specify</i>)	\$					
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	304,088	304,088			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from	\$	332,640	332,640			
b. Medicine Cabinet Drugs	\$	28,193	28,193			
c. Medical and Therapeutic Supplies	\$	236,617	236,617			
d. Ambulance/Limousine***	\$	2,246	2,246			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	45,301	45,301			
f. X-rays and Related Radiological Procedures***	\$	18,454	18,454			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	20,854	20,854			
i. Recreation	\$	2,719	2,719			
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	52,259	52,259			
5K. Total Resident Care Expenditures (5a - 5j)	\$	739,285	739,285			

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 ** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.
 *** Facility should self-disallow the expense on Page 29 of the Cost Report.
 **** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Supplies (Non Medical)	\$ 93		
Nursing Office Supplies	\$ 1,635		
Complex Medical Equipment	\$ 495		
Complex Medical Equipment	\$ 2,186		
Complex Equip Wheelchairs, Bedside Chairs, Etc.	\$ 47,839		
Audiology Services	\$ 11		
Total Other Resident Care	\$ 52,259	\$ -	\$ -

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

Name of Facility Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center		License No. 2236-C	Report for Year Ended 9/30/2016	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No						
Automatic Data Processing	Waltham, MA 02454	O	O	Payroll Processing	40,004				16 M13
MDI	St. Louis, MO 63146	O	O	GL/AR/AP/Clinical Program	11,805				16 M13
Healthcare Services Group	Bensalem, PA 19020	O	O	Laundry Services	301,234				19 3b
Healthcare Services Group	Bensalem, PA 19020	O	O	Housekeeping Services	301,234				20 4b
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* 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
Spectrum Healthcare Derby, LLC d/b/a Birmin	2236-C	9/30/2016		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 36,306	36,306			
b. Heat	\$ 34,646	34,646			
c. Light & Power	\$ 94,874	94,874			
d. Water	\$ 26,118	26,118			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$ 79,333	79,333			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 271,277	271,277			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 583	583			
b. Building & Building Improvements	\$ 299,628	299,628			
c. Non-Movable Equipment	\$ 14,118	14,118			
d. Movable Equipment	\$ 10,381	10,381			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 324,710	324,710			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 720,000	720,000			
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 129,288	129,288			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ 4,349	4,349			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,178,347	1,178,347			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Trash Removal	\$ 15,769		
Hazardous Waste Removal	\$ 9,524		
Service Contracts	\$ 19,161		
Supplies	\$ 16,546		
Grounds Maintenance	\$ 10,497		
Grounds Landscaping	\$ 7,635		
Small Equipment Purchases	\$ 201		
Total Other Repairs and Maintenance	\$ 79,333	\$ -	\$ -

Depreciation Schedule

Name of Facility Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center		License No. 2236-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	11,650		11,650	10,875			583	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								583
B. Building and Building Improvements								
1. Acquired prior to this report period	6,103,921		6,103,921	3,439,894			299,628	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								299,628
C. Non-Movable Equipment								
1. Acquired prior to this report period	481,644		481,644	393,350			12,963	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	28,564		28,564				1,155	
C-4. Subtotal								14,118
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a.								
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period	819,342		819,342	786,430			9,291	
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)	11,477		11,477				1,090	
D-3. Subtotal								10,381
E. Total Depreciation								324,710

Spectrum Healthcare Derby, LLC d/b/a Birmingham Health 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 Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*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:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*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:				
09/21/2015	Compressor	\$ 5,840	15	\$ 195
11/16/2015	Concrete Patio	\$ 4,000	15	\$ 133
11/23/2015	Nursing Call System	\$ 5,105	10	\$ 255
12/16/2015	Boiler System	\$ 6,521	15	\$ 217
02/17/2016	Insulation Replacement	\$ 4,237	15	\$ 212
09/27/2016	Grease Trap	\$ 2,861	10	\$ 143
Total additions for Non-Movable Equipment		\$ 28,564		\$ 1,155 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*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:				
07/01/2015	Mattresses-3	\$ 2,143	5	\$ 214
11/15/2015	Refrigerator	\$ 4,265	10	\$ 213
12/09/2015	Mattress	\$ 1,038	5	\$ 106
04/26/2016	Mattress	\$ 1,686	5	\$ 169
09/09/2016	Computers	\$ 2,325	3	\$ 388
Total additions for Movable Equipment		\$ 11,477		\$ 1,090 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
Spectrum Healthcare Derby, LLC d/b/a Birmingham Health C		2236-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.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
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									

* 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 Spectrum Healthcare Derby, LLC d/b/	License No. 2236-C	Report for Year Ended 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	03/31/03			
4. Date of Initial Licensure	11/01/99			
5. Total Licensed Bed Capacity	120			
6. Square Footage	31,000 incr to 42,000			
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD Mortgage			
b. Date Mortgage Obtained	06/13/13			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 09/30/2016	8,492,738			
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
Spectrum Healthcare Derby, LLC d/b		2236-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Spectrum Healthcare Derby, LLC d		2236-C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (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 and Vendor Interest				\$ 253,420	253,420		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 253,420	253,420		
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 68,910	68,910		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 68,910	68,910		
15. Total All Expenditures (A-13 thru C-14)				\$ 12,470,257	12,470,257		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Ce				2236-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 90,000	90,000		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 1,915	1,915		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,000	1,000		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 92,915	92,915		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Miscellaneous	\$ 1,000		
Total Other A&G Adjustments			\$ 1,000	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Spectrum Healthcare Derby, LLC d/b/a Birmingham Health			2236-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 92,915	92,915		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
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	\$ 76,330	76,330		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 169,245	169,245		

*** 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.

Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Vendor Interest	\$ 76,330		
Total Other Adjustments			\$ 76,330	\$	\$

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$	\$	\$

F. Statement of Revenue

Name of Facility Spectrum Healthcare Derby, LLC d/b/a B 2236-C		License No.		Report for Year Ended 9/30/2016		Page 30 37	
Item		Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)		\$ 13,354,612	13,354,612				
b. Medicaid Room and Board Contractual Allowance **		\$ (5,373,771)	(5,373,771)				
2. a. Medicaid (All other states)		\$					
b. Other States Room and Board Contractual Allowance **		\$					
3. a. Medicare Residents (all inclusive)		\$ 1,193,780	1,193,780				
b. Medicare Room and Board Contractual Allowance **		\$ 287,750	287,750				
4. a. Private-Pay Residents and Other		\$ 1,932,982	1,932,982				
b. Private-Pay Room and Board Contractual Allowance **		\$					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare		\$ 105,571	105,571				
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (105,571)	(105,571)				
c. Prescription Drugs - Non-Medicare		\$ 116,692	116,692				
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (116,692)	(116,692)				
2. a. Medical Supplies - Medicare		\$					
b. Medical Supplies - Medicare Contractual Allowance **		\$					
c. Medical Supplies - Non-Medicare		\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$					
3. a. Physical Therapy - Medicare		\$ 416,405	416,405				
b. Physical Therapy - Medicare Contractual Allowance **		\$ (333,925)	(333,925)				
c. Physical Therapy - Non-Medicare		\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$					
4. a. Speech Therapy - Medicare		\$ 61,283	61,283				
b. Speech Therapy - Medicare Contractual Allowance **		\$ (51,274)	(51,274)				
c. Speech Therapy - Non-Medicare		\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$					
5. a. Occupational Therapy - Medicare		\$ 438,180	438,180				
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (367,770)	(367,770)				
c. Occupational Therapy - Non-Medicare		\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$					
6. a. Other (Specify) - Medicare		\$					
b. Other (Specify) - Non-Medicare		\$					
III. Total Resident Revenue (Section I. thru Section II.)		\$ 11,558,252	11,558,252				
IV. Other Revenue*							
1. Meals sold to guests, employees & others		\$					
2. Rental of rooms to non-residents		\$					
3. Telephone		\$					
4. Rental of Television and Cable Services		\$					
5. Interest Income (Specify)		\$ 1	1				
6. Private Duty Nurses' Fees		\$					
7. Barber, Coffee, Beauty and Gift shops		\$					
8. Other (Specify)		\$ 4,813	4,813				
V. Total Other Revenue (1 thru 8)		\$ 4,814	4,814				
VI. Total All Revenue (III +V)		\$ 11,563,066	11,563,066				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Total Other Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Accounts Receivable		\$ 1		
	Total Interest Income		\$ 1	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Employee-Guest Meals	\$ 80		
	Medical Records	\$ 683		
	UHC Participation Plan	\$ 4,050		
	Total Other Revenue	\$ 4,813	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a	2236-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	85,479
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,617,108
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	11,276
4. Inventories			\$	5,013
5. Prepaid Expenses			\$	280,376
a. Prepaid-Expenses	1,983			
b. Prepaid-Insurance	278,393			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	158,119
Resident Refunds	158,119			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,157,372
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>233,663</u>		\$	102,740
	Accum. Depreciation <u>130,923</u>	Net		
6. Movable Equipment	*Historical Cost <u>490,838</u>		\$	34,008
	Accum. Depreciation <u>456,830</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	136,748

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a		2236-C	9/30/2016	32	37
Account				Amount	
Total Brought Forward:				\$	2,294,120
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
	*Historical Cost	11,650			
	Accum. Depreciation	11,458	Net	\$	192
3. Buildings					
	*Historical Cost	6,103,921			
	Accum. Depreciation	3,739,522	Net	\$	2,364,399
4. Non-Movable Equipment					
	*Historical Cost	276,545			
	Accum. Depreciation	276,545	Net	\$	
5. Movable Equipment					
	*Historical Cost	339,981			
	Accum. Depreciation	339,981	Net	\$	
6. Motor Vehicles					
	*Historical Cost				
	Accum. Depreciation		Net	\$	
7. Minor Equipment-Not Depreciable					
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	2,364,591
D. Investment and Other Assets					
1. Deferred Deposits					
2. Escrow Deposits					
3. Organization Expense					
	*Historical Cost				
	Accum. Depreciation		Net	\$	
4. Goodwill (Purchased Only)					
5. Investments Related to Resident Care (<i>itemize</i>)					
6. Loans to Owners or Related Parties (<i>itemize</i>)					
Name and Address		Amount	Loan Date		
7. Other Assets (<i>itemize</i>)					
Lease Deposits/Utility Deposits				1,523	
Utility Deposit				29,235	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	30,758
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	4,689,468

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmi		2236-C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,669,680
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>)				\$	376,162
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	6,370
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,180,924
Accrued Provider Tax		459,356			
Accrued Expenses		481,239			
Due To Related		(1,008,709)			
Working Capital Line of Credit		1,249,039			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,233,137

* 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 Spectrum Healthcare Derby, LLC d/b/a Bir		License No. 2236-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				3,233,137	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender		Purpose	Amount	Date Due	
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
\$					

B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
\$					
C. Total All Liabilities (Lines A-13 + B-5)					
\$ 3,233,137					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/	2236-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	192
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	2,358,323
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			\$	129,288
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	2,487,803
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(124,281)
6. Gain or Loss for Period				
	10/1/2015	thru	9/30/2016	
			\$	(907,191)
7. Total Net Worth			\$	(1,031,472)
C. Total Reserves and Net Worth			\$	1,456,331
D. Total Liabilities, Reserves, and Net Worth			\$	4,689,468

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a F	2236-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(2,639,071)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,563,066
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,470,257
D. Net Income or Deficit			\$	(907,191)
E. Balance			\$	(3,546,262)
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			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(3,546,262)
	09/30/16			

I. Preparer's/Reviewer's Certification

Name of Facility Spectrum Healthcare Derby, LLC d/b/a		License No. 2236-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 type="checkbox"/> (Specify)		
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 <i>Gennaro Evangelista</i>		Title <i>Accounting Manager</i>	Date Signed <i>2/1/17</i>		
Printed Name of Preparer Gennaro Evangelista					
Address Address 27 Naek Rd., Vernon, CT 06066				Phone Number 860-871-5454	