

# State of Connecticut



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

Name of Facility (as licensed) Bloomfield Health Care Center of CT, LLC	
Address (No. & Street, City, State, Zip Code) 355 Park Ave Bloomfield, CT 06002	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 913-C	RHNS	(Specify)	Medicare Provider 07-5138
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Medicaid Provider Numbers:	CCNH 9134	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) Bloomfield Health Care Center of CT, LLC	License No. 913-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 Bloomfield Health Care Center of CT, LLC [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) Carol Green			Printed Name (Owner) Marvin J. Ostreicher		
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bloomfield Health Care Center of CT, LLC		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 355 Park Ave Bloomfield, CT 06002				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number (203) 944-2100	Date 2/7/2017	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-242-8595		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Bloomfield Health Care Center of CT, LLC		Address (No. & Street, City, State, Zip ) 355 Park Ave Bloomfield,CT 06002		
License Numbers:	CCNH 913-C	RHNS (Specify)	Medicare Provider No. 07-5138	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Carol Green		Nursing Home Administrator's License No.:	001973	
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 Bloomfield Health Care Center of CT, LLC	License No. 913-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 type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

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

Name of Facility Bloomfield Health Care Center of CT, LLC		License No. 9134		Report for Year Ended 9/30/2016		Page 4		of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
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	634,406	610,006
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	91%	Drugs/OTC's/Supplies/Consulting/Fees	20/13	5a2,b,j/B3,12	324,822	295,293
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80%	Radiology	20	5f	10,466	9,429
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 / 30	1a5 / IV8	547,449	547,449
Marlborough Health Care	85 Stage Harbor Rd, Marlborough, Ct 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Bank Charges	16	13	587	587
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16	13	11,989	11,989
Bloomfield Healthcare Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22	9	630,000	630,000
Milford Health Care	195 Platt St Milford CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Social Services/Maintenance Services	22/13	6f/6	21,951	21,951
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	12	473,359	473,359
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	12	11,474	11,474
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	12	1,641	1,641
Columbia Circle Assoc. LLC	1 Columbia Circle, STE 105 Albany NY 12203	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16	12	85	85

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

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

Name of Facility Bloomfield Health Care Center of CT, LLC	License No. 913-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.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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.				
N/A				

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

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

Name of Facility		License No.		Report for Year Ended			Page	of
Bloomfield Health Care Center of CT, LLC		913-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						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 months / ongoing	21,066	21,066	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	18,432	4,384	
Wells Fargo Financial Leasing, PO Box 6434, Carol Stream, IL 60197-6434	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/12	36 months	5,170	1,491	
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/16	39 months	4,588	3,441	
Honda Financial Services P.O. Box 165378, Irving, TX 75016	<input type="radio"/>	<input checked="" type="radio"/>	Auto Lease	01/25/13	36 months	4,065	2,033	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							32,415	

\* 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.





LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Bloomfield Health Care
Tax ID#:
Telephone No: 8602428595
Billing Address: 355 Park Avenue, Bloomfield, CT 06002
Equipment Location (if other than Billing Address): 355 Park Avenue, Bloomfield, CT 06002

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)
Table with columns: Unit Quantity, Description of Equipment Leased, Make and Type, Model Number, Serial Number

Table with columns: BASE TERM IN MONTHS (32), TOTAL NUMBER OF LEASE PAYMENTS (32 @ \$359.53), END OF LEASE PURCHASE OPTION (X Fair market value, plus taxes), and advance/security/documentation fees totaling \$95.00.

\*\*If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

TERMS AND CONDITIONS

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

- 1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. Unless you notify us otherwise in writing within 10 days of delivery, you unconditionally accept the Equipment.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within five (5) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period").

- provide us with proof of such insurance, we may secure insurance on the Equipment to cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of such insurance and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. For administrative purposes, unless we otherwise direct in writing, you will list Lessee as the owner of the Equipment for property tax purposes and file and pay when due any property taxes relating to the Equipment directly to the taxing authority and provide us with evidence of compliance. If we pay any taxes, fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.
11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. A fax of the Lease with fax signatures may be treated as an original and will be admissible as evidence. You will use the Equipment only for business purposes and not for personal, family or household use.

ACCEPTED BY LESSEE: Bloomfield Health Care
Print Name: MICHAEL BOKON Title:
Lessee Authorized Signature: [Signature] E-Mail Address: Date:

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X Print Name: E-Mail Address:
Accepted by: LEAF Capital Funding, LLC By: Title: Date:



SCHEDULE A TO LEASE AGREEMENT  
(EQUIPMENT DESCRIPTION)

Lease Application No.: 336952

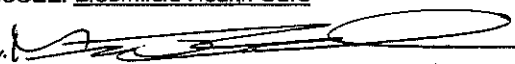
QNT	Equipment Description	New/Used	Make	Model	Serial Number
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Location: 355 Park Avenue, Bloomfield, CT 06002

1	Toshiba E-STUDIO 757	New		E-STUDIO 757	
1	Toshiba E-STUDIO 357	New		E-STUDIO 357	

LESSEE: Bloomfield Health Care

LEAF CAPITAL FUNDING, LLC

BY:   
 PRINT NAME: Michael Bokor  
 TITLE: Materials Mgmt.  
 DATE: 12/21/15

BY: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

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

<b>Table 1.0</b>		<b>PCC Pre-Disc.</b>	<b>Discount</b>	<b>Term</b>	
<b>Description</b>	<b># of Beds</b>	<b>Cost/Bed/Day</b>	<b>Percentage</b>	<b>Monthly Sub. Fee</b>	<b>* Official Sub. Start Date</b>
<b>National Healthcare Associates Inc.</b> 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
<b>Total Monthly Subscriptions</b>				<b>\$44,311.48</b>	
<b>Belair</b> 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
<b>Bloomfield</b> 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
<b>Brattleboro (Pine Heights)</b> 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

<b>Bristol (The Pines at)</b> 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
<b>Cambridge</b> 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
<b>Catskill</b> 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
<b>Cold Spring Hills- Pilot Facility</b> 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
<b>Glens Falls</b> 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



<b>Hudson Pointe</b> 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
<b>Huntington Hills</b> 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
<b>Ludlowe Center</b> 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
<b>Maple View</b> 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
<b>Marlborough</b> 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

<b>Maywood</b> 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
<b>Milford</b> 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
<b>Poughkeepsie</b> 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
<b>Regency</b> 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
<b>Riverside</b> 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

<b>Ross</b> 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
<b>Rutland (The Pines)</b> 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
<b>Sands Point</b> 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
<b>Utica</b> 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
<b>Village Crest</b> 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 Edge**111 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

<b>Item</b>	<b>Group Qty</b>	<b>Extended Rate</b>	<b>Amount</b>
<b>Enterprise Configuration</b>	1	\$6000	\$6000
<b>Clinical Training (Train the trainer)</b>	1	\$39,750	\$39,750
<b>Financial Training</b>	1	\$TBD	\$TBD
<b>Data Imports - Gold</b>	1	\$1,250	1,250
<b>Project MGMT</b>	1	\$21,250	\$21,250
<b>User defined assessment (UDA) Corporate Configuration</b>	1	\$7,000	\$7000
<b>IRM Training (with super user training)</b>	1	\$600	\$600
<b>Sandbox training database.</b>	1	\$1200	\$1200
<b>TOTAL</b>			\$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"><li>- Users cannot login to the application (does not include Users forgetting or losing their password).</li><li>- Data is corrupted in the PointClickCare database.</li></ul>	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"><li>- Charge generation process does not run.</li><li>- MDS submission process does not run.</li><li>- Interfaces to ERP, census, etc. do not run.</li></ul>	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"><li>- Census reports do not accurately reflect</li></ul>	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:**

<b>Data Import Package</b>	<b>Included in Data Import Service</b>	<b>Pricing</b>
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 Bloomfield Health Care Center of C	License No. 913-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 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
--	--

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services	\$	24,000
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 24,000

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.	\$	34,525
2		\$	
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 34,525

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 Bloomfield Health Care Center of CT, LLC	License No. 9134	Report for Year Ended 9/30/2016	Page 7	of 37
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Altus Global Trade Solutions Inc		(800)-509-6060	
2	Berchem & Moses, P.C.		(203)-783-1200	
3	Treasurer State of Connecticut			
4	State Marshall			
5	Goldman Gruber & Wood		(203)-899-8900	
6	Jackson Lewis PC		(631)-247-0404	
7	Rogin Nassau, LLC		(860)-256-6300	
Address (No. & Street, City, State, Zip Code)				
1	2400 Venterans Blvd, Suite 300, Kenner, LA 80062			
2	75 Broad Street Milford, CT. 06460			
3	Hartford, CT 06106			
4				
5	200 Connecticut Avenue, Norwalk, CT 06854			
6	58 South Service Rd Suite Melville, NY 11747			
7	185 Asylym Street - 22nd Floor Hartford, CT 06103-3460			
Services Provided by This Firm (describe fully)				
1	Collections		\$	352
2	Labor		\$	4,904
3	Conservator		\$	750
4	Conservator		\$	190
5	Collections		\$	22,536
6	Labor		\$	4,469
7	Disallowed		\$	1,324
			Charge for Services Provided	
			\$	34,525
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 <span style="float: right;">Page 15 line 1e</span>				

### Schedule of Resident Statistics

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-C		Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
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	98	98			98	98			101	101		
B. As of midnight of THIS report period	102	102			98	98			102	102		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,663	4,663			3,759	3,759			904	904		
B. Medicaid (Conn.)	29,321	29,321			21,125	21,125			8,196	8,196		
C. Medicaid (other states)												
D. Private Pay	848	848			736	736			112	112		
E. State SSI for RCH												
F. Other (Specify)	560	560			392	392			168	168		
G. Total Care Days During Period (3A thru F)	35,392	35,392			26,012	26,012			9,380	9,380		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	5	5			5	5						
5. <b>Total Resident Days (3G + 4A + 4B)</b>	35,397	35,397			26,017	26,017			9,380	9,380		

**\*\*\*OTHER DAYS BREAKOUT:**

Bloomfield Health Care Center of CT, LLC  
2016 Cost Report - Page 8 attachment

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

Managed Care	<u>248</u>
Hospice	<u>317</u>
VA	<u>-</u>

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

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

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	10		87		5								
Per Diem Rate													
a. One bed rm.	PPS		246.46		404.00								
b. Two bed rms.	PPS		246.46		375.00								
c. Three or more bed rms.	PPS		246.46		N/A								
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,042	2,042			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,456	1,456			
C. Other									10,157	10,157			
D. <b>Total Physical Therapy Treatments</b>									13,655	13,655			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									391	391			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									158	158			
C. Other									1,113	1,113			
D. <b>Total Speech Therapy Treatments</b>									1,662	1,662			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,069	2,069			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,614	1,614			
C. Other									12,136	12,136			
D. <b>Total Occupational Therapy Treatments</b>									15,819	15,819			

## Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bloomfield Health Care Center of CT, LLC	913-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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	144,608	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	183,519	8,762				
5. Dietary Service						
a. Head Dietitian	30,172	867				
b. Food Service Supervisor	56,208	2,175				
c. Dietary Workers	358,707	20,865				
6. Housekeeping Service						
a. Head Housekeeper	57,286	2,091				
b. Other Housekeeping Workers	209,639	13,570				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	65,213	2,057				
b. Other Maintenance Workers	25,950	2,158				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	142,323	8,071				
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	196,995	4,209				
b. RN						
1. Direct Care	541,126	13,837				
2. Administrative**	181,060	4,541				
c. LPN						
1. Direct Care	883,859	30,980				
2. Administrative**						
d. Aides and Attendants	1,632,994	94,430				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	114,646	5,164				
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	141,777	4,712				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,966,082	220,569				

\* 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
Bloomfield Health Care Center of CT, LLC				913-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	(Specify)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				same as employees	Supervises operations, deals with DNS & financial management	64	p.16/ m13 - \$21,200	See attached		
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** employment worked during the cost year.





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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bloomfield Health Care Center of CT, LLC				913-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)							
<b>Section III - Administrators***</b>										
Karen Chadderton (10/1/2015-9/16/2016)	139,924			same as employees	Management and Supervision of a healthcare facility	2,018	a2			
Carol Green (9/17/2016-9/30/2016)	4,684			same as employees	Management and Supervision of a healthcare facility	62	a2			
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	8,210	Disallowed				
3. Pharmacist	10,767	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	256,560	4,531				
b. Other						
6. Social Worker	21,951	394				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,300	84				
b. Utilization Review (Title 18 and 19 only) monthly meeting	650	2				
c. Resident Care**	200	Disallowed				
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	68,171	1,119				
b. Other						
10. Occupational Therapist						
a. Resident Care	304,837	6,417				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	25,241	267				
2. Administrative***						
b. LPN						
1. Direct Care	13,875	149				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	35,304	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>782,066</b>	<b>12,963</b>				

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

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

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

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

Name of Facility Bloomfield Health Care Center of CT, LLC		License No. 913-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						
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>						
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / Consulting Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Preferred Therapy Solutions, 809 Main St., E. Hartford, CT, 06108	PT, OT, ST / Consulting Rehab	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Dr Santo Buccheri, 357 Franklin Ave, Hartford, CT 06114	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
Arhim Akwasi, MD, 35 Jolley Drive, Suite 201, Bloomfield CT 06002	Medical Staff Meetings	<input type="radio"/>	<input checked="" type="radio"/>						
Swallowing Diagnostics - PO Box 484, Avon, CT 06001	ST	<input type="radio"/>	<input checked="" type="radio"/>						
Ready Nurse, 2602 Highland Blvd, N.Palm Harbor, FL 34684	RN	<input type="radio"/>	<input checked="" type="radio"/>						
The Nurse Network, 653 Main St, Plantsville, CT 06479	RN	<input type="radio"/>	<input checked="" type="radio"/>						
Milford Health & Rehabilitation Center, 195 Platt Street Milford, CT 06460	Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Entity					
Valley Psychiatry, 558 Hopmeadow Street Simsbury, CT 06070	Medical Staff Meetings	<input type="radio"/>	<input checked="" type="radio"/>						
Bloomfield Foot Specialists, LLC, One Northwestern Drive Bloomfield CT 0600-3062	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>						
MassTex Imaging LLC, 3 Electronics Avenue Suite # 201 Danvers, MA 01923-1099	PT, OT, ST / Consulting Rehab	<input type="radio"/>	<input checked="" type="radio"/>						
Clinical Resources, LLC, 3338 Peachtree Road NE, Suite 102, Atlanta, GA, 30326	LPN	<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						

\* 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
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 251,607	251,607		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 92,871	92,871		
4. Social Security (F.I.C.A.)	\$ 367,085	367,085		
5. Health Insurance	\$ 522,502	522,502		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 20,908	20,908		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 24,000	24,000		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 34,525	34,525		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 27,918	27,918		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,253	20,253		
2. Cellular Phones	\$ 2,355	2,355		
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	\$ 646,033	646,033		
<b>Subtotal</b>	\$ 2,010,057	2,010,057		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,010,057	2,010,057		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 4,269	4,269			
3. Gifts to Staff and Residents	\$ 2,773	2,773			
4. Employee Travel	\$ 2,431	2,431			
5. Education Expenses Related to Seminars and Conventions	\$ 5,531	5,531			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 110	110			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 8,939	8,939			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 27,891	27,891			
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	\$ 4,853	4,853			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,539	8,539			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 375	375			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 50	50			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 486,559	486,559			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 129,079	129,079			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,691,456	2,691,456			

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional Advertising	\$ 27,891		
<b>Total Other Advertising</b>	\$ 27,891	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,539		
<b>Total Dues</b>	\$ 8,539	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Donations	\$ 50		
<b>Total Contributions</b>	\$ 50	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Bank charges - disallowed	\$ 23,509		
Licenses & permits	\$ 1,990		
Miscellaneous expenses - disallowed	\$ (1,500)		
Financial Management	\$ 21,200		
Sales Tax	\$ 1,600		
Consulting Fees - Fiscal	\$ 25,815		
Background Check - Security	\$ 175		
Crime Insurance - disallowed	\$ 370		
Purchased Services - Fiscal Operations	\$ 22,455		
Background Check - Admin	\$ 1,173		
IT Services - Administration	\$ 27,431		
Consulting - Administration	\$ 4,861		
<b>Total Other Administrative and General</b>	\$ 129,079	\$ -	\$ -



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

Name of Facility Bloomfield Health Care Center of CT, LL	License No. 913-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 #
National Healthcare Associates, Inc.	486,559	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.**



**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
Bloomfield Health Care Center of CT, LLC		913-C	9/30/2016	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 262,588	262,588		
2.	Non-Food Supplies	\$ 16,626	16,626		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 14,320	14,320		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 293,534</b>	<b>293,534</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bloomfield Health Care Center of CT, LLC		913-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. \$	7,406	7,406		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Diapers \$8,080, Supplies \$40,095		\$	48,175	48,175		
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	55,581	55,581		
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
Bloomfield Health Care Center of CT, LLC		913-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. \$	26,646	26,646		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$	1,185	1,185		
<b>4E.</b>	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	27,831	27,831		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from PCA	\$	256,415	256,415		
b.	Medicine Cabinet Drugs	\$	17,717	17,717		
c.	Medical and Therapeutic Supplies	\$	121,940	121,940		
d.	Ambulance/Limousine****	\$	11,146	11,146		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	19,163	19,163		
f.	X-rays and Related Radiological Procedures****	\$	10,687	10,687		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory****	\$	17,130	17,130		
i.	Recreation	\$	30,507	30,507		
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	65,061	65,061		
<b>5K.</b>	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	549,766	549,766		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Equipment Rental - Nursing	\$ 25,529		
Equip Rental - Rehab/Therapy	\$ 16,513		
Flu Vaccine	\$ 8,247		
IV Thy Supplies - Rehab Therapy and Ancillary	\$ 11,564		
Nursing Purchased Services	\$ 3,208		
<b>Total Other Resident Care</b>	\$ 65,061	\$ -	\$ -

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

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-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	(Specify)	Pg	Line
ADM Environmental Group	Avenue, Brooklyn, Ny 11230	<input type="radio"/>	<input checked="" type="radio"/>	Waste Service/ Monthly Recycling Service		24,518			22	6f
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	Payroll Processing		11,282			16	m13
MJ Daly & Sons	110 Mattatuck HTS, Waterbury CT 06705	<input type="radio"/>	<input checked="" type="radio"/>	HVAC		20,747			22	6A
AMSGG, LLC	P.O Box 114 Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>	Plumbing Services		12,758			22	6A
Eagle Rivet Roof Service	15 Britton Drive Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>	Roof Repair		15,121			22	6A
Otis Elevator	P.O Box 13716 Newark, NJ 07188-0716	<input type="radio"/>	<input checked="" type="radio"/>	Elevator Repair		12,086			22	6A
Omni Property Services, Inc.	8001 Castor Ave #115 Philadelphia, PA 19152	<input type="radio"/>	<input checked="" type="radio"/>	Landscaping/ Snow Removal		10,600			22	6F
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* 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
Bloomfield Health Care Center of CT, LLC	913-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 111,609	111,609				
b. Heat	\$ 54,858	54,858				
c. Light & Power	\$ 119,863	119,863				
d. Water	\$ 22,289	22,289				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 32,415	32,415				
f. Other ( <i>itemize</i> )	\$ 64,996	64,996				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 406,030	406,030				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,155	1,155				
d. Movable Equipment	\$ 29,005	29,005				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 30,160	30,160				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 67,837	67,837				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 67,837	67,837				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 630,000	630,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 100,867	100,867				
c. Personal property taxes	\$ 8,302	8,302				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 837,166	837,166				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Pest Control	\$ 3,579		
Plowing/Landscaping	\$ 16,630		
Security	\$ 10,899		
Carting	\$ 27,058		
Consulting Fees - Maintenance	\$ 1,542		
IT Rentals	\$ 4,165		
Short Term Lease - Pitney Bowes Mailing Machine	\$ 771		
Short Term Lease - Neopost USA Inc. Mailing Machine	\$ 352		
<b>Total Other Repairs and Maintenance</b>	\$ 64,996	\$ -	\$ -

### Depreciation Schedule

Name of Facility Bloomfield Health Care Center of CT, LLC			License No. 913-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			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			5,657,365		5,657,365								
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			60,024		60,024	53,773	SL	30	1,155				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										1,155			
		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								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,027,651		1,027,651	310,750	SL	Various	21,996	
b. Disposals (attach schedule)						(577,299)		(577,299)					
c. Acquired during this report period (attach schedule)						163,331		163,331		SL	Various	7,009	
D-3. Subtotal													29,005
<b>E. Total Depreciation</b>													30,160

Bloomfield Health Care Center of CT, LLC  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/30/2015	PC Equipment	\$ 206	5	\$ 38
11/30/2015	PC Equipment	\$ 206	5	\$ 38
11/30/2015	PC's	\$ 668	5	\$ 123
11/30/2015	PC'S	\$ 668	5	\$ 123
11/30/2015	Monitors	\$ 344	3	\$ 105
11/30/2015	Carpet Care System	\$ 4,207	5	\$ 771
12/31/2015	Scale	\$ 1,462	10	\$ 122
12/31/2015	Tv's	\$ 1,599	5	\$ 267
1/31/2016	Reclining Chair	\$ 954	10	\$ 72
2/29/2016	HyperSteam Convection	\$ 5,769	10	\$ 385
2/29/2016	Commercial Blender	\$ 3,952	10	\$ 263
4/30/2016	Furniture	\$ 124,280	15	\$ 4,143
4/30/2016	Bed-Electric Rexx	\$ 935	12	\$ 39
4/30/2016	Bed-Electric Rexx	\$ 809	12	\$ 34
5/31/2016	Tax & Shipping #409	\$ 113	12	\$ 4
5/31/2016	Rexx Hi/lo bed	\$ 920	12	\$ 32
5/31/2016	PC Equipment	\$ 688	5	\$ 57
5/31/2016	Chromebooks & Monitors	\$ 528	5	\$ 44
5/31/2016	Floor Lift	\$ 2,147	10	\$ 89
5/31/2016	Tri State - Bed	\$ 920	12	\$ 32
8/31/2016	MJ Daly and Sons	\$ 2,869	5	\$ 96
8/31/2016	Direct Supply - Measurement entrapment tool	\$ 1,443	5	\$ 48
9/30/2016	Mckesson - Lift	\$ 1,687	5	\$ 28
9/30/2016	Direct Supply - Headboard	\$ 481	10	\$ 4
9/30/2016	Tri State - 2 Beds	\$ 1,840	12	\$ 13
9/30/2016	600 pound scale	\$ 1,477	10	\$ 12
9/30/2016	Direct Supply - Measurement entrapment tool	\$ 1,238	5	\$ 21
9/30/2016	Tri State - Bed	\$ 921	12	\$ 6
<b>Total additions for Movable Equipmen</b>		\$ 163,331		\$ 7,009 *
<b>Deletions:</b>				
9/30/2016	Disposal of fully depreciated moveable equipment for equity purposes	\$ (577,299)		
<b>Total deletions for Movable Equipmen</b>		\$ (577,299)		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2015	Condenser Fans	\$ 1,163	15	\$ 78
10/31/2015	Building Paving	\$ 10,007	10	\$ 1,001
11/30/2015	Sidewalk	\$ 2,500	15	\$ 153
12/31/2015	Shower Room Lights	\$ 1,022	10	\$ 85
12/31/2015	Driveway Lighting	\$ 1,459	10	\$ 122
1/31/2016	Building Paving	\$ 14,413	10	\$ 1,081
3/31/2016	Eye Wash Station	\$ 1,079	10	\$ 63
3/31/2016	Bathroom Painting	\$ 8,925	5	\$ 1,041
3/31/2016	HVAC Chassis	\$ 2,552	15	\$ 99
3/31/2016	Heat Exchanger	\$ 6,375	15	\$ 248
3/31/2016	Toilet	\$ 1,015	10	\$ 59
4/30/2016	Roof Resoration	\$ 44,555	10	\$ 2,228
7/31/2016	C Mather - Fabricate and install three countertops	\$ 4,470	10	\$ 112
8/31/2016	Eagle - Roof repair	\$ 2,310	10	\$ 39
8/31/2016	Otis - Dumb Waiter	\$ 7,718	10	\$ 129
<b>Total additions for Leasehold Improvermer</b>		\$ 109,563		\$ 6,538 *
<b>Deletions:</b>				

<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ -

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\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Bloomfield Health Care Center of CT, LLC			913-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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period			5-20	760,401	300,005	SL		61,299	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)			5-20	109,563		SL		6,538	
C-4. Subtotal									67,837
<b>D. Total Amortization</b>									67,837

\* 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 Bloomfield Health Care Center of CT,	License No. 913-C	Report for Year Ended 9/30/2016	Page 25	of 37				
<b>11. Property Questionnaire</b>								
<b>Part A</b>								
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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								
3. If <b>NOT</b> Original Owner, Date of Purchase								
4. Date of Initial Licensure								
5. Total Licensed Bed Capacity	120							
6. Square Footage								
7. Acquisition Cost								
a. Land								
b. Building								
<b>Part B - Owner and Related Parties</b>					1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing								
a. Type of Financing (e.g., fixed, variable)	Fixed							
b. Date Mortgage Obtained	07/01/02							
c. Interest Rate for the Cost Year	7.33%							
d. Term of Mortgage (number of years)	15							
e. Amount of Principal Borrowed	8,226,480							
f. Principal balance outstanding as of 9/30/16	3,400,358							
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>								
g. Type of Financing (e.g., fixed, variable)								
h. Date of Refinancing								
i. New Interest Rate								
j. Term of Mortgage (number of years)								
k. Amount of Principal Borrowed								
l. Principal Outstanding on Note Paid-Off								
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>								
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease				

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bloomfield Health Care Center of CT		913-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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

*(Carry Subtotals forward to next page)*



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

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of C	913-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)	\$	10,186	10,186	
A. Item	Rate	Amount		
Equipment Loan - Multiple	4%-5%	10,186		
Lender				
M & T Bank				
Address of Lender				
PO Box 62176, Baltimore, MD, 21264				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$	10,186	10,186	
12. D. Other Interest Expense (Specify)	\$	3,280	3,280	
Admin. Interest \$3,292; Liability Insurance Financing \$575				
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	13,466	13,466	
14. Insurance				
a. Insurance on Property (buildings only)	\$	9,640	9,640	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	8,570	8,570	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$	33,108	33,108	
Liability Insurance \$32,155; Boiler Insurance \$953				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	51,318	51,318	
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	10,674,296	10,674,296	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, LLC				913-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12M	Salaries not related to Resident Care	\$ 14,348	14,348		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 200	200		
6.	13	B10a	Occupational Therapy	\$ 304,837	304,837		
7.			Other - See attached Schedule	\$ 77,009	77,009		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 34,525	34,525		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,275	1,275		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 110	110		
18.	16	m3	Unallowable Advertising *	\$ 27,891	27,891		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 50	50		
21.	16	m12	Unallowable Management Fees	\$ 243,471	243,471		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 29,153	29,153		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 732,869	732,869		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 8,210		
13	B3	Pharmacist	\$ 10,767		
13	B12	Therapy Consulting - Nursing	\$ 26,396		
13	B12	Therapy Consulting - Rehab Therapy and Ancillary	\$ 8,908		
13	B8a	Excess Disallowed of Medical Director Salary	\$ 22,728		
<b>Total Other Fees Adjustments</b>			\$ 77,009	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15		Benefits on Salaries not Related to Resident Care	\$ 3,626		
16	M13	Misc. Exp	\$ (1,500)		
16	M13	Bank Charge	\$ 23,509		
16	M13	Crime Insurance	\$ 370		
16	M8	Chamber of Commerce Dues	\$ 375		
16	L3	Gifts to Staff and Residents	\$ 2,773		
<b>Total Other A&amp;G Adjustments</b>			\$ 29,153	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, LLC				913-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 732,869	732,869		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 256,415	256,415		
28.	20	5d	Ambulance/Limousine	\$ 11,146	11,146		
29.	20	5f	X-rays, etc	\$ 10,687	10,687		
30.	20	5h	Laboratory	\$ 17,130	17,130		
31.	20	5c	Medical Supplies	\$ 2,604	2,604		
32.	20	5e2	Oxygen (non emergency)	\$ 19,163	19,163		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 72,657	72,657		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,203	1,203		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 4,263	4,263		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			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	\$ 5,015	5,015		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,133,152	1,133,152		

\*\*\* 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.

Bloomfield Health Care Center of CT, LLC  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J	Equipment Rental - Nursing	\$ 25,529		
20	5J	Equip Rental - Rehab/Therapy	\$ 16,513		
20	5J	Flu Vaccine	\$ 8,247		
20	5J	IV Thy Supplies - Rehab Therapy and Ancillary	\$ 11,564		
20	5a2 / b	Procure Disallowance Price Markup	\$ 1,039		
20	5i	Cable TV Expense - Resident Rooms	\$ 9,765		
<b>Total Other Ancillary Costs</b>			\$ 72,657	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	2a	TV and Mattress Disallowed Depreciation Expense	\$ 1,203		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 1,203	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Auto Lease	\$ 4,263		
<b>Total Other Property Adjustments</b>			\$ 4,263	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest Expense	\$ 3,280		
30	IV5	Interest Income	\$ 66		
30	8	Misc income - other	\$ 1,669		
<b>Total Other Adjustments</b>			\$ 5,015	\$ -	\$ -

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bloomfield Health Care Center of CT, LL 913-C		9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 10,868,725	10,868,725			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,727,099)	(3,727,099)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,712,573	1,712,573			
b. Medicare Room and Board Contractual Allowance **	\$ 602,465	602,465			
4. a. Private-Pay Residents and Other	\$ 498,331	498,331			
b. Private-Pay Room and Board Contractual Allowance **	\$ (152,209)	(152,209)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 131,335	131,335			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (131,335)	(131,335)			
c. Prescription Drugs - Non-Medicare	\$ 123,600	123,600			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (123,005)	(123,005)			
2. a. Medical Supplies - Medicare	\$ 930	930			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (930)	(930)			
c. Medical Supplies - Non-Medicare	\$ (299)	(299)			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 287,348	287,348			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (235,472)	(235,472)			
c. Physical Therapy - Non-Medicare	\$ 195,112	195,112			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (155,304)	(155,304)			
4. a. Speech Therapy - Medicare	\$ 71,413	71,413			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (47,467)	(47,467)			
c. Speech Therapy - Non-Medicare	\$ 72,749	72,749			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (40,319)	(40,319)			
5. a. Occupational Therapy - Medicare	\$ 357,313	357,313			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (310,773)	(310,773)			
c. Occupational Therapy - Non-Medicare	\$ 244,783	244,783			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (176,201)	(176,201)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (4,345)	(4,345)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 80	80			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,061,999	10,061,999			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 66	66			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 51,206	51,206			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 51,272	51,272			
<b>VI. Total All Revenue</b> (III +V)	\$ 10,113,271	10,113,271			

\* 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.





### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, I	913-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	205,117
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,541,550
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	34,052
5. Prepaid Expenses			\$	132,599
a. Workers Compensation	41,051			
b. Taxes (personal property & real estate)	33,535			
c. Management Fees	55,651			
d. Other	2,362			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	142,457
Patient Funds	32,614			
Due from Related	109,843			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,055,775</b>
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 <u>892,303</u>		\$	524,461
	Accum. Depreciation <u>367,842</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>60,024</u>		\$	5,096
	Accum. Depreciation <u>54,928</u>	Net		
6. Movable Equipment	*Historical Cost <u>591,344</u>		\$	251,589
	Accum. Depreciation <u>339,755</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>781,146</b>

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

(Carry Total forward to next page)

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

Name of Facility Bloomfield Health Care Center of CT, I	License No. 913-C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,836,921
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	5,657,365		
	Accum. Depreciation	_____	Net	\$ 5,657,365
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	<b>5,657,365</b>
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> )			\$	11,500
Security Deposits		11,500		
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$</b>	<b>11,500</b>
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$</b>	<b>9,505,786</b>

\* 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
Bloomfield Health Care Center of CT, LLC		913-C	9/30/2016	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,543,454
2. Notes Payable ( <i>itemize</i> )				\$	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	69,450
Name of Lender		Purpose	Amount	Date Due	
M&T Bank		Equipment	69,450		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	325,435
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> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	2,395,581
Accrued expenses		67,091			
Revenue assessment		177,787			
Patient personal funds		32,614			
Due to related party		2,118,089			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	5,333,920

\* 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 Bloomfield Health Care Center of CT, LLC		License No. 913-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,333,920	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	215,486
Name of Lender	Purpose	Amount	Date Due		
M&T Bank	Equipment	215,486			
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> )				\$	1,078,034
Due to related party		1,078,034			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	1,293,520
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	6,627,440

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT,	913-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	5,657,365
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	5,657,365
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,217,994)
6. Gain or Loss for Period			\$	(561,025)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(2,779,019)
<b>C. Total Reserves and Net Worth</b>			\$	2,878,346
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	9,505,786

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bloomfield Health Care Center of CT, L	913-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(2,217,994)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,113,271
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,674,296
D. Net Income or Deficit			\$	(561,025)
E. Balance			\$	(2,779,019)
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. <b>Balance at End of Period</b>			\$	(2,779,019)
				09/30/16

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

Name of Facility Bloomfield Health Care Center of CT, LLC	License No. 913-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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum Shapiro & Company, P.C.				
Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484			(203) 944-2100	