#### **State of Connecticut**



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

Name of Facility (as	licensed)						
Bristol CCH Group I			side Manor of E	Bristol			
Address (No. & Stree	et, City, State, Z	Cip Code)					
1660 Stafford Avenu	e Bristol, CT	06010					
Type of Facility							
Chronic and C Nursing Home	Convalescent e only (CCNH)		Rest Home Supervision		_		(Specify)
Report for Year Begi	nning		Report for Yea	r Ending			
10/1/2015	S		9/30/2016	<i>8</i>			•
License Numbers:		CCNH 2285	RHNS		(Spec	ify) N	Medicare Provider No. 07-5415001
Medicaid Provider N	umbers:		CNH 285	RHN	<u>S</u>	ICF-MR	
For Department Use	e Only						
Sequence Number	Signed and	Date	Sequence N		Sim	ned and Notarized	Date Received
Assigned	Notarized	Received	Assign	ed	Sigi	and initialized	Date Received
***************************************	-						



December 11, 2013

Mr. Michael E. Mosier Chief Financial Officer Athena Health Care Systems 135 South Road Farmington, CT 06032

Subject:

Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA

CC: Chris Lavigne

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-	General 3	Informatio	n			
Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a	License No.		Report for Year Ended	Page	of	
Countryside Manor of Bristol	2285		9/30/2016	1	37	
Adn	ninistrator's/C	Owner's Cert	ification			
MISREPRESENTATION OR F THIS COST REPORT MAY BI UNDER STATE OR FEDERAL	E PUNISHABI				· IN	
I HEREBY CERTIFY that I hav accompanying Cost Report and Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol  October 01, 2015  my knowledge and belief, it is a and records of the provider(s) in I hereby certify that I have direct Questionnaires, Schedule of Resof Revenues and the related Bala Requirements of the State of Co	supporting school [facility rand ending true, correct, and accordance witted the preparate sident Statistics ance Sheet of the content of the	edules prepar name] for the September 30 and complete ith applicable tion of the att s, Statements his Facility in	ed for cost report period beging the cost report period beging the cost report period beging the cost report period and that the cost report period begins reported from the cost report period begins reported by the cost report period begins reported by the cost report period begins report period by the cost report period begins report period by the cost report period begins report per	nning to the bes m the boo	ks	
I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalities 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 コー15-17	Signed (Owner		Date	- 17	
Printed Name (Administrator)		Printed Name (		<u> </u>	1/	
Brett Stewart		Lawrence San	tilli			
to before me:	Date	Signed (Notary	Public) (	Comm. Exp 3 81		
Address of Notary Public		) 41°	Illiau Ln stol Ct 060			

(Notary Seal)

# State of Connecticut **Department of Social Services**

#### 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustn	ient		Page	of
			1A	37
Name of Facility	Period Cover	ed:	From	То
   Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			10/1/2015	9/30/2016
Address of Facility				
1660 Stafford Avenue Bristol, CT 06010				
Report Prepared By	Phone Numb	er	Date	
Athena Health Care Associates, Inc	(860) 751-39	00	2/15/	2017
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid\$				
2. Laundry wages paid\$				
3. Housekeeping wages paid\$				
4. Nursing wages paid\$				
5. All other wages paid\$				
6. Total Wages Paid\$				
7. Total salaries paid\$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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

		Phone No. of Facili	•	Report for Year E		Page	of
	********	860-583-848		09/30/1		2	37
Name of Facility (as shown on license) Bristol CCH Group LLC of Bristol, d/b/a Cou	ntweide Maney		0. & S	Street, City, State	e, Zip)		
Bristol	atryside Manor	1660 Stafford	d Aven	ue Bristol, CT 0	6010		
	CCNH	RHNS	1	(Specify)		Medicare Pr	ovider No.
License Numbers:	2285					07-541	5001
Type of Facility (Check appropriate box(	es))	. , , , , , , , , , , , , , , , , , , ,					
Chronic and Convalescent		Rest Home with	Nursi	ing —	a.		
Nursing Home only (CCNH)		Supervision only			(Specify)	)	
Type of Ownership (Check appropriate be	ox)	***************************************					
	PARTNERSHIP	PROFIT CORP.		NON-PROFIT CORP.		GOVERNMENT	☐ TRUST
— FROFRIETORSHIP — LLC —	PARTNERSHIP	— PROFII CORP.	<del></del>		Date Clo		□ IRUSI
If this facility opened or closed during rep	oort vear provi	ide:	Duit	Opened	Daile Cit	.sea	
Has there been any change in ownership				***************************************			
or operation during this report year?		☐ Yes	7	No If "Y	es," expl	ain fully.	
	· · · · · · · · · · · · · · · · · · ·		~~~				
Administrator							
Name of Administrator					ng Home		
Brett Stewart				i	istrator's	0017	<sup>1</sup> 06
		(0.11		L	nse No.:		
Other Operators/Owners who are assistan	t administrator	rs (full or part tim	ne) of	·····	- <del></del>		
Name				Lice	nse No.:		
	· · · · · · · · · · · · · · · · · · ·			***************************************			
Not Applicable				***************************************			
				***************************************		T-V-C-MANAGEMENT	

#### General Information and Questionnaire Partners/Members

Name of Facility Bristol CCH Group LLC of Bristo	ol. d/b/a Countryside	License No.	Report for Y	ear Ended	Page	of
Manor of Bristol	i, ar bra Country state	2285	9/3	30/2016	3	37
Legal Name of Parti	nership/LLC	Business A	***************************************	State(s) and/o Which R	Registered	
Bristol CCH Group, LLC		1660 Stafford A CT 06010	.ve, Bristol,	C	CT	
Name of Partners/Members	Business A	Address	7	Title	% Ov	wned
	See Atta	ched				

#### Bristol CCH Group LLC d/b/a Countryside Manor of Bristol

Lawrence G. Santilli, Managing Member	52.7499%
Guardians for Lawrence E. Santilli	18.2501%
Valerie Santilli	1.0000%
Mahaney Family Limited Partnership	2.0000%
John B. Nocera, Jr.	5.0000%
William S. Thomas	10.0000%
Russell C. Schwartz	1.0000%
Michael E. Mosier	2.0000%
Marybeth Hauser	1.0000%
Debra M. Soucey	1.0000%
Christine Ward	1.0000%
Karyn lannaccone	2.0000%
Dorothy Rossetti	1.0000%
Theresa Skinner	2.0000%

100.0000%

#### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Ende	d	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/201	16	3A	37
If this facility is owned or operated as a corp	<u> </u>	I			
Legal Name of Corporation		ss Address	State(s) in Whi	ch Incom	oorated
J A					
Name of Directors, Officers	Busines	ss Address	Title	No. SI Held by	
Not Applicable					
			:		
Names of Stockholders Owning at Least 10% of Shares					
-					
				M	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

#### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2016	3B	37
If this facility is owned or operated as an individual p	proprietorship, prov		n:	
Owner(s) of Facility				
Not Applicable				
			<u> </u>	
	***************************************		***************************************	
			<del>VII</del>	
			<u>•••••••••••••••••••••••••••••••••••••</u>	
		· ·		

State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

# General Information and Questionnaire Related Parties\*

Nome of Docility			71.0		D F. W D. J. J.		4	
Bristol CCH Group LLC o	Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	Ficelise	ISC INO.		Report for Year Ended		rage _	10
of Bristol		2285			9/30/2016		4	37
Are any individuals rece	Are any individuals receiving compensation from the facility	cility re	related through	rough		If "Yes," provide the Name/Address and	e Name/Add	ress and
marriage, ability to cont	marriage, ability to control, ownership, family or business association?	ess asso	iation?		☐ Yes ☑ No	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
Are any individuals or c	Are any individuals or companies which provide goods or services,	or servi	ces,					
including the rental of prelated through family a	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	to this fa	cility,	iness				
association to any of the	association to any of the owners, operators, or officials of this facility?	of this f	acility?		✓ Yes □ No	If "Yes," provide the following information:	e following	nformation:
		Al	Also Provides	ides		Indicate Where		
		Goo	Goods/Services to	ces to		Costs are Included	<del></del>	Actual Cost to the
Name of Related	Business	Non-I	Non-Related Parties	Parties	Description of Goods/Services	in Annual Report	Cost	Related
Individual or Company	Address	Yes	No	**%	Provided	Page # / Line #	Reported	Party
O 1 1 7 6 33 - 73 0 7 7 1	1660 Stafford Ave, Bristol, CT		E			Pg 22, 9 and 10b, Pg		
-1:			2]		Lease of Real Property	27,ln 14a	\$516,460	\$516,460
Laurei Kidge Healtn Care Center		2		%86<	Bank fees	Pg 16 Ln m13	\$6,295	\$6,295
Litchfield Woods	255 Robert Street, Torrington, CT	7		%86<	Legal Fees	Pg 26, Ln 12A1	\$2,685	\$2,685
Athena Health Care	135 South Road, Farmington, CT		5		Workers Comp Captive	Pg 15, ln 1a	\$354,222	\$354,222
Athena Health Care	135 South Road, Farmington, CT	2		%0\$<	see attached			
Bayview Health Care	301 Rope Ferry Rd, Waterford, CT	Ō		%86<	Software Settlement	Pg 16m13	\$1,511	115,118
Miscellaneous Facilities	various	5		%86<	Interfacility Loans	Pg 33, A2		
								a man sing the first factor
			1				T	

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

Cost year 2016

Countryside Manor RELATED PARTIES QUESTIONNAIRE PAGE 4

FACILITY	ADDRESS	Also Provided Goods/Services to Non-Related Parties Yes No %**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page#/Line#	Costs Reported	Actual Cost to the Related Party
Athena Health Care Associates	135 South Road Farmington, CT 06032	× >50%	Management, Bank Fees, Legal Marketing, Insurance, Lobbying, Compliance Giff Certificates, mortgage fees, and interest Nursing consulting	Pg 17, Pg 13, Pg 15,1d,1e & 1g pg 16, m3 7 & M13, Pg 27, 12D & 14a, Pg16, L2, pg 27, 12D pg 13, B5 & B11	\$554,655	\$324,310
Athena Health Care Insurance	135 South Road Farmington, CT 06032	×	Health Insurance	Pg 15, Line 1a5	\$804,476	\$804,476
Athena Health Care Systems 401(k) plan	135 South Road Farmington, CT 06032	×	Facility Participates in a mutti-facility 401 (k) plan			

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

Name of Facility	License No	).	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2205		0/20/2016	ا ہے ا	27
	2285		9/30/2016	5	37
If the facility is licensed as CDH and/or RCH of		AIDS or TBI	services with special Medicai	d rates,	costs
must be allocated to CCNH and RHNS as follo	)WS:				
Item			Method of Allocation		
Dietary	• • • • • • • • • • • • • • • • • • • •		meals served to residents	***************************************	
Laundry			pounds processed		
Housekeeping.			square feet serviced		
		Number of	hours of routine care provided	by EAC	CH
Nursing		employee c	lassification, i.e., Director (or	Charge 1	Nurse),
		Registered	Nurses, Licensed Practical Nu	rses, Aid	les and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided	by EA	CH
		specialist (	See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)					
Employee health and welfare		Gross salar			
Management services		Appropriate	e cost center involved		
All other General Administrative expenses					
The preparer of this report must answer the fol	lowing quest	ions applica	able to the cost information pro	vided.	
1. In the preparation of this Report, were all			If "No," explain fully why suc	*******	ion was
costs allocated as required?  Yes Vo No not made.					
	·····		**************************************		····
Not Applicable		***************************************		***************************************	
		***************************************			
			· · · · · · · · · · · · · · · · · · ·		
2. Explain the allocation of related company ex	xnenses and	attach conv	of appropriate supporting data		
	aponoco una	accaon copy	or appropriate supporting data	•	
Not Applicable					
				<del></del>	
3. Did the Facility appropriately allocate and s	elf dicallow	direct and is	ndirect costs to non nursing ho	me oost	aantara?
(e.g., Assisted Living, Home Health, Outpat			•	ine cost	Centers?
(c.g., Assisted Living, Home Health, Outpat	icili Scivices		•		
	☐ Yes	□ 1 <b>10</b>	If "No," explain fully why such not made.	n allocat	ion was
	·····				
Not Applicable:No Non-Nursing Home Cost	Centers				

Annual Report of Long-Term Care Facility State of Connecticut CSP-6 Rev. 9/2002

# 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.

should not be included in these amounts.								
Name of Facility  Bristol CCH Group LLC of Bristol. d/b/a Countryside Manor of	side Mano	r of	License No.	Report for	Report for Year Ended		Page	Jo
Bristol			2285		9/30/2016	9	9	37
	Related * to	d * to						
***************************************	Owners,	iers,						
	Operators,	ators,				Annual		
	Officers	cers		Date of	Term of	Amount	Amount	Ħ
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed	- 
Pitney Bowes		১	postal equipment	07/24/12	36 months	\$436		\$436
Ge Capital, 855 Winding Brook Dr, Glastonbury, CT		7	Copier	12/09/13	36 months	\$12,146	59	\$12,146
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA		<b></b>	PCC Equipment	08/09/13	60 months	\$3,980		\$3,980
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA		2	PCC Equipment	12/09/14	60 months	\$1,751		\$1,459

Is a Mileage Log Book Maintained for All Leased Vehicles?

Not Applicable - No Vehicles

Yes

\$18,021

Total \*\*\*

ς N

Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2205	-		27
	2285	9/30/2016 were maintained on the following basis:		37
The records of this facility for the p	period covered by this report	were maintained on the following basis:		
☑ Accrual ☐ Cash ☐	Modified Cash			
Is the accounting basis for this				
<u> </u>	Yes □	No If "No," explain.		
previous period?				
			******	
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	***************************************	<del></del>
1 DHL&S		4 Corporate Drive, Shelton, CT 06484		
2 Marcum LLP 3 Dopkins & Co.		555 Long Wharf Drive, New Haven, C	Г 06511	
		200 International Dr, Buffalo, NY		
4 Services Provided by This Firm (de	· · · · · · · · · · · · · · · · · · ·			
Services Provided by This Firm (ae	escribe jully )			
1 Audit &Year End Financials:\$14,0	000 allowed & Pension audit:\$13,	500 allowed	\$ 27,50	0
2 Medicare cost report Preparation:	Allowed		\$ 2,65	0
3 Key Bank Audit:Disallowed			\$ 4,17	3
4			<u>s</u> -	
			Charge for Services	Provided
			\$34,32	3
	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		
Are These Charges Reflected in the Expen  Yes No	nditure Portion of This Report? If Y Pg 15, Line1d	es, Specify Expense Classification and Line No.		
<ul><li>✓ Yes ☐ No</li><li>Legal Services Information</li></ul>	Pg 15, Line1d	es, Specify Expense Classification and Line No.		
✓ Yes ☐ No <b>Legal Services Information</b> Name of Legal Firm or Independen	Pg 15, Line1d	es, Specify Expense Classification and Line No.	Telephone Number	
✓ Yes ☐ No  Legal Services Information  Name of Legal Firm or Independen  1 Goldman Gruder & Woods	Pg 15, Line1d		203-899-8900	
<ul> <li>✓ Yes ☐ No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>1 Goldman Gruder &amp; Woods</li> <li>2 State of CT Probate</li> </ul>	Pg 15, Line1d		-	
<ul> <li>✓ Yes ☐ No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>1 Goldman Gruder &amp; Woods</li> <li>2 State of CT Probate</li> <li>3 Schiff Harding</li> </ul>	Pg 15, Line1d		203-899-8900 860-584-6230	
<ul> <li>✓ Yes</li> <li>No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> </ul>	Pg 15, Line1d		203-899-8900 860-584-6230 860-251-5000	
<ul> <li>✓ Yes</li> <li>No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> </ul>	Pg 15, Line1d		203-899-8900 860-584-6230	was a sana a
✓ Yes ☐ No  Legal Services Information  Name of Legal Firm or Independen  1 Goldman Gruder & Woods  2 State of CT Probate  3 Schiff Harding  4 Shipman & Goodwin  5 Murtha Cullina  Address (No. & Street, City, State, John State, John State)	Pg 15, Line1d  at Attorney  Zip Code)		203-899-8900 860-584-6230 860-251-5000	
✓ Yes ☐ No  Legal Services Information  Name of Legal Firm or Independen  1 Goldman Gruder & Woods  2 State of CT Probate  3 Schiff Harding  4 Shipman & Goodwin  5 Murtha Cullina  Address (No. & Street, City, State, 1)  1 200 Connecticut Avenue, No.  2 111 N. Main Street, Bristol, Company of the street of th	Pg 15, Line1d  at Attorney  Zip Code )  rwalk, CT		203-899-8900 860-584-6230 860-251-5000	
<ul> <li>✓ Yes ☐ No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>1 Goldman Gruder &amp; Woods</li> <li>2 State of CT Probate</li> <li>3 Schiff Harding</li> <li>4 Shipman &amp; Goodwin</li> <li>5 Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>2 111 N. Main Street, Bristol, C.</li> </ul>	Pg 15, Line1d  at Attorney  Zip Code )  rwalk, CT		203-899-8900 860-584-6230 860-251-5000	
<ul> <li>✓ Yes</li> <li>No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>111 N. Main Street, Bristol, 0</li> <li>One constitution Plaza, Hart</li> </ul>	Pg 15, Line1d  It Attorney  Zip Code )  rwalk, CT  CT  ford, CT		203-899-8900 860-584-6230 860-251-5000	
<ul> <li>✓ Yes</li> <li>No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>111 N. Main Street, Bristol, C</li> <li>One constitution Plaza, Hart</li> <li>185 Asylum Street, Hartford</li> </ul>	Pg 15, Line1d  It Attorney  Zip Code )  rwalk, CT  CT  ford, CT		203-899-8900 860-584-6230 860-251-5000	
<ul> <li>✓ Yes</li> <li>No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>111 N. Main Street, Bristol, 0</li> <li>One constitution Plaza, Hart</li> </ul>	Pg 15, Line1d  It Attorney  Zip Code )  rwalk, CT  CT  ford, CT		203-899-8900 860-584-6230 860-251-5000	
<ul> <li>✓ Yes</li> <li>No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>111 N. Main Street, Bristol, C</li> <li>One constitution Plaza, Hart</li> <li>185 Asylum Street, Hartford</li> </ul>	Pg 15, Line1d  It Attorney  Zip Code )  rwalk, CT  CT  ford, CT		203-899-8900 860-584-6230 860-251-5000	7
<ul> <li>✓ Yes</li> <li>No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>111 N. Main Street, Bristol, C</li> <li>One constitution Plaza, Hart</li> <li>185 Asylum Street, Hartford</li> <li>Services Provided by This Firm (de</li> </ul>	Pg 15, Line1d  Zip Code) rwalk, CT CT  ford, CT cscribe fully)		203-899-8900 860-584-6230 860-251-5000 860-240-6000	
<ul> <li>✓ Yes ☐ No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>111 N. Main Street, Bristol, C</li> <li>One constitution Plaza, Hart</li> <li>185 Asylum Street, Hartford</li> <li>Services Provided by This Firm (de</li> <li>A/R Collections: Disallowed</li> <li>Conservatorship hearing: Disallowed</li> <li>Key Bank Loan Modification: Disa</li> </ul>	Pg 15, Line1d  At Attorney  Zip Code)  rwalk, CT  CT  ford, CT  escribe fully)		203-899-8900 860-584-6230 860-251-5000 860-240-6000 \$ 21,61	7
<ul> <li>✓ Yes</li> <li>☐ No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independenth</li> <li>1 Goldman Gruder &amp; Woods</li> <li>2 State of CT Probate</li> <li>3 Schiff Harding</li> <li>4 Shipman &amp; Goodwin</li> <li>5 Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1)</li> <li>200 Connecticut Avenue, No.</li> <li>2 111 N. Main Street, Bristol, Company of the constitution Plaza, Hart</li> <li>5 185 Asylum Street, Hartford</li> <li>5 Services Provided by This Firm (de</li> <li>1 A/R Collections: Disallowed</li> <li>2 Conservatorship hearing: Disallowed</li> </ul>	Pg 15, Line1d  At Attorney  Zip Code)  rwalk, CT  CT  ford, CT  escribe fully)		\$ 21,61° \$ 77°	7 5
<ul> <li>✓ Yes ☐ No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>111 N. Main Street, Bristol, C</li> <li>One constitution Plaza, Hart</li> <li>185 Asylum Street, Hartford</li> <li>Services Provided by This Firm (de</li> <li>A/R Collections: Disallowed</li> <li>Conservatorship hearing: Disallowed</li> <li>Key Bank Loan Modification: Disa</li> </ul>	Pg 15, Line1d  At Attorney  Zip Code)  rwalk, CT  CT  ford, CT  escribe fully)		\$ 21,61° \$ 77° \$ 2,68° \$ 3,82°	7 5 9 3
<ul> <li>Yes □ No</li> <li>Legal Services Information</li> <li>Name of Legal Firm or Independen</li> <li>Goldman Gruder &amp; Woods</li> <li>State of CT Probate</li> <li>Schiff Harding</li> <li>Shipman &amp; Goodwin</li> <li>Murtha Cullina</li> <li>Address (No. &amp; Street, City, State, 1</li> <li>200 Connecticut Avenue, No.</li> <li>111 N. Main Street, Bristol, C.</li> <li>One constitution Plaza, Hart</li> <li>185 Asylum Street, Hartford</li> <li>Services Provided by This Firm (de.</li> <li>A/R Collections: Disallowed</li> <li>Conservatorship hearing: Disallowed</li> <li>Key Bank Loan Modification: Disallowed</li> <li>General matters: Disallowed</li> </ul>	Pg 15, Line1d  At Attorney  Zip Code)  rwalk, CT  CT  ford, CT  escribe fully)		\$ 21,61° \$ 2,68° \$ 5,96°	7 5 9 3
Egal Services Information Name of Legal Firm or Independen 1 Goldman Gruder & Woods 2 State of CT Probate 3 Schiff Harding 4 Shipman & Goodwin 5 Murtha Cullina Address (No. & Street, City, State, 1 200 Connecticut Avenue, No. 2 111 N. Main Street, Bristol, C 3 4 One constitution Plaza, Hart 5 185 Asylum Street, Hartford Services Provided by This Firm (de 1 A/R Collections: Disallowed 2 Conservatorship hearing: Disallowed 3 Key Bank Loan Modification: Disa 4 General matters: Disallowed 5 General matters: Disallowed	Pg 15, Line1d  At Attorney  Zip Code)  rwalk, CT  CT  ford, CT  , CT  escribe fully)  ed  allowed		\$ 21,61° \$ 77° \$ 2,68° \$ 3,82°	7 5 9 3 Provided
Egal Services Information Name of Legal Firm or Independen 1 Goldman Gruder & Woods 2 State of CT Probate 3 Schiff Harding 4 Shipman & Goodwin 5 Murtha Cullina Address (No. & Street, City, State, 1 200 Connecticut Avenue, No. 2 111 N. Main Street, Bristol, C 3 4 One constitution Plaza, Hart 5 185 Asylum Street, Hartford Services Provided by This Firm (de 1 A/R Collections: Disallowed 2 Conservatorship hearing: Disallowed 3 Key Bank Loan Modification: Disa 4 General matters: Disallowed 5 General matters: Disallowed	Pg 15, Line1d  At Attorney  Zip Code)  rwalk, CT  CT  ford, CT  , CT  escribe fully)  ed  allowed		203-899-8900 860-584-6230 860-251-5000 860-240-6000 \$ 21,61 \$ 77 \$ 2,68 \$ 5,96 \$ 3,82 Charge for Services	7 5 9 3 Provided

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

# Schedule of Resident Statistics

Name of Facility			License No.	ço.			Report	Report for Year Ended	Suded		Page	Jo
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	anor of Brist	lo		2285			•	09/30/16	16		8	37
					Per	od 10/	Period 10/1 Thru 6/30	5/30	Pe	Period 7/1 Thru 9/30	Thru 9	/30
	  Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHINS	(Specify)
<ol> <li>Certified Bed Capacity</li> <li>A. On last day of PREVIOUS report period</li> </ol>		06			8	06			96	8		
B. On last day of THIS report period	90	90			06	96			96	98		
2. Number of Residents A. As of midnight of PREVIOUS report period	87	87			06	06			87	87		
B. As of midnight of THIS report period		85			8	8			85	85		
3. Total Number of Days Care Provided During Period	q											
A. Medicare	2,553	2,553			2,101	2,101			452	452		
B. Medicaid (Conn.).	27,314	27,314		7	20,234	20,234			7,080	7,080		
C. Medicaid (other states)	:											
D. Private Pay	1,938	1,938			1,652	1,652			286	286		
E. State SSI for RCH	•											
F. Other (Specify) Managed Care	12	12							12	12		
G. Total Care Days During Period (3A thru F)	31,817	31,817		2	23,987	23,987			7,830	7,830		
<ol> <li>Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved</li> </ol>	<del>ن</del>											
Beds					.,,					-		
A. Medicaid Bed Reserve Days	68	89			49	49			19	19		
B. Other Bed Reserve Days	11	11			11	11						
5. Total Resident Days (3G + 4A + 4B)	31,896	31,896		2	24,047	24,047			7,849	7,849		

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

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facil				Licer	ise No.				Report	for Year	r Ended		Page	of
			of Bristol, d/b/a											
Countryside	Manoi	oi Bri	Stoi	<u> </u>	2285						9/30	/2016	9	37
i .		-	s in the certified b		pacity dur	ring tl	не героі	rt year	?			YES 🗸	NO	
			of Change		C	hange	in Bed	s		С	apacity A	After Change	T T	
			(Specify)		Lost			Gaine	d		<u></u>	T Change	1	
Date of	I CCNIH	RHNS			2001	Γ				1				
Change	ı			(1)	(2)	(2)	(1)		(2)	CONT	DIDIO	(0 (0)	, ,	
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason in	or Change
							<u> </u>							
							ļ		····	-			<b></b>	######################################
														***************************************
						L	L	L		!			<u> </u>	·
5. If there v	vas any	change	in certified bed	apaci	ty during	the re	eport ye	ar (as	reporte	d in iten	ı 4 above	e) provide the num	ber of	
			r 90 days followir									-, p		
			. , , , , , , , , , , , , , , , , , , ,	-B		·····				T		T	T	
			Change in R	acidar	at Dave					CC	NH	RHNS	(Snc	ecify)
lst chanc	ye.				-					<u> </u>	INIT	KIINS	(Spe	.ciry)
										<del> </del>				
3rd chan	ge					····				t			·····	
4th chan	ge									1				
			nd Rates on Septe			st Yea	ar			<del></del>		1	L	
			Medicare		Medi	caid				S	elf-Pay		Other Star	te Assisted
	Item		CCNH	С	CNH	RI	HNS	C	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR
No. of R		s	4		75		11 (0		3	<del>                                     </del>	1110	(Specify)	10.0.11.	ICI -IVIIC
Per Dien	Rate													
a. One b	ed rm.		506.80		232.43			47	7.00			457.20		
b. Two l	ed rms	ì.	506.80								457.20			
c. Three												457120		
bed r		`												
		f Physic	al Therapy Treat	nents	. ,,,,,,,,,				*******	ТО	TAL	CCNH	RHNS	(Specify)
		are - Pa								4,616 4,616				(5)
			clusive of Part B)			·····								
			ce Treatments							424 424			200-200-200-200-200-200-200-200-200-200	
		torative	Treatments							424 424				
	Other										5,724	5,724		
			l Therapy Treatn			٠					10,764	10,764		
			h Therapy Treatm	ents										
		are - Pa	clusive of Part B)								765	765		
			ce Treatments								58	50		
			Treatments								30	58		
	Other				***************************************						759	759		
		Speech	Therapy Treatme	ents		*******					1,582	1,582		
			ational Therapy 7		ents			······································				,		
		are - Pa									4,770	4,770	Procedures of the Company of the Com	CALLESCO POR AND
			clusive of Part B)											
			ce Treatments		·						498	498		
		torative	Treatments											
	Other	<u> </u>									5,722	5,722		
D.	i otal (	эссира	tional Therapy T	reatm	ents						10,990	10,990		

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

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	223	35	9/30/2	2016	10	37
Are time records maintained by all individuals receiving co		✓ Yes	□ No		L	<u> </u>
	1		Total Cost a	nd Hours	**************************************	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	115,460	2,055				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone	144.200	6 141	and the second second			
operator, clerks, receptionists, etc.)  5. Dietary Service	144,206	6,141				
a. Head Dietitian						
b. Food Service Supervisor	53,238	2,109		<del> </del>		
c. Dietary Workers	311,335					
6. Housekeeping Service						
a. Head Housekeeper	53,018					
b. Other Housekeeping Workers	173,279	15,290				
7. Repairs & Maintenance Services	=					
a. Engineer or Chief of Maintenance	53,843					
b. Other Maintenance Workers     8. Laundry Service	30,562	1,918				
a. Supervisor	Service and the service of the servi					
b. Other Laundry Workers	68,177	4,891				
Barber and Beautician Services	00,177	1,021				<u> </u>
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	169,246	2,577				
b. RN	424.571	11 220				
Direct Care     Administrative**	424,571 305,985	11,220 10,233				
c. LPN	303,983	10,233				
1. Direct Care	782,082	28,279				
2. Administrative**		- 3- 1				
d. Aides and Attendants	1,496,777	85,106				
e. Physical Therapists	417,890	12,982				
f. Speech Therapists	39,195					
g. Occupational Therapists	199,185	5,221				
h. Recreation Workers i. Physicians	162,803	7,440				
Physicians     Medical Director						
2. Utilization Review						
3. Resident Care***						·
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
Podiatrists						
m. Social Workers/Case Management	116,742	4,179				
n. Marketing					****	
o. Other (Specify)						
A-13. Total Salary Expenditures	5,117,594	227,058				
21-13, Ioun baidly Expellentiales	3,117,334	221,030		l		

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

Schedule of Other	Salaries	and Wages	(Page 10)
-------------------	----------	-----------	-----------

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
		8.00				
Ald the second s						
Total	S -		S -	<u> </u>	S -	

#### Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
					(Special)	(Specially)
				-		
			<del>                                     </del>			
			-	-	-	
			-		-	
Total	\$ -	-	\$ -		S -	-

#### Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
					T i	
					100 000 000	
					<del>                                     </del>	
Total	S -	-	\$ -	-	\$ -	-

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

Name of Facility	-		CL	License No.	License No.   Report for Year Ended	Report for	Report for Year Ended	alues	Page	Jo
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	ristol, d/b/a	1 Countrys	ide Manor			•			,	
of Bristol					2285		6/6	9/30/2016	11	37
		Salary Paid								
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
Not Applicable										. 7-11001 00
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).										
Not Applicable										- 11 FAM PART & 12 TA 11 TA
			***************************************							
*** ** ** **	:		.;;	, , ,		1	4	The state of the s	T	

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

<sup>\*\*</sup> Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

				A	Administrators and Other Related Farties		er Kelale	d Farties.		
Name of Facility (as licensed)  Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	tol, d/b/a C	Countrysid	le Manor	License No.		Report for	Report for Year Ended		Page	Jo
of Bristol		•			2285		9/30	9/30/2016	12	37
		Salary Paid	p							
				Fringe Benefits						
				and/or Other		Total	Line Where		Total	
Name				Payments	Full Description of	Hours	Claimed on	Name and Address of All	Hours	Compensation
	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
				Health & life	Day to day operations					
Joseph Colaci (10/1/15-12/4/15)	29,574			insurances, Payroll Taxes	of the nursing home facility.	194	A2			
				Health & life	Day to day operations					
					of the nursing home					
david fife (12/5/156/5/16)	48,471			es	facility.	1,120	A2	A2 See Attached		
				Health & life	Day to day operations					
				insurances,	of the nursing home					
Brett Stewart (6/6/16-9/30/16)	37,415			Payroll Taxes	facility.	741	A2			
Section IV - Assistant										
Administrators										
			****							
		:								
***************************************										

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

<sup>\*\*</sup> Include all other employment worked during the cost year.

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

Countryside Manor David Fife

Facility

Abbott Terrace 44 Abbott Terrace Waterbury, CT 06703

Hours Worked Compensation Received

Maefair Health Care 21 Maefair Court Trumbull, CT 06611

Laurel Ridge 642 Danbury RD Ridgefield CT 06877

\$10,517.00

249

\$1,523.00

48

\$17,420.00

403

		۰									

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

CSP-13 Rev. 9/2002

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

Name of Facility	License No. Report for Year Ende				Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	22:	02	9/30//	2016	13	37
Manot of Distor	22	95	Total Cost a		13	] 31
		<u> </u>	Total Cost a	na riouis	1	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,960	60				
3. Pharmacist	7,281	138				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	13,381	197				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	22				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee						· · · · · · · · · · · · · · · · · · ·
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	4,680	13				# ####################################
b. Other				1		
10. Occupational Therapist						1
a. Resident Care	9,243	113				
b. Other						<del></del>
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	4,484	144				
b. LPN						100
Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						12 (14 (14 (14 (14 (14 (14 (14 (14 (14 (14
B-13 Total Fees Paid in Lieu of Salaries	72,029	687				
* Do not include in this section management consultants or services which						

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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 Bristol CCH Group LLC of Bristol, d/b/a Coun	trysida Manar	License No.	o. Report for Year Ended		Page	of	
of Bristol	d yside Manor	2285		9/30/2016		14	37
Name & Address of Individual	Full Expla	anation of Service	1	to Owners, rs, Officers No	Explanation of Relationsh		elationship
Health Drive, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dent	al Consulting					
Omnicare, Knotter Drive, Cheshire, CT 06410	Pharm	acy Consultant		Ø			***************************************
Dr. Steven Zebrowski, 120 West Main Street, Plainville, CT	Med	lical Director		Ø		***************************************	
Vista Behavioral Health, LLC, 152 Simsbury Road, Avon, CT 06001	Psych	iatric Services		Ø			***************************************
Swallowing Diagnostics, 21 Waterbille Road, Avon, CT		ech Therapy		V			
Athena Health Care, 135 South Road, Farmington, CT 06032		IDS Fill-in	Ø		Common Own	ers	
Pinnacle Rehab Staffing LLC, PO Box 8317, Clearwater, FLA		Therapy Placement Fee		V			
Onward Healthcare, PO Box 27421, New York, NY	Spe	ech Therapy		Q			
				П			
	***************************************						
	-						
							i

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside  Licens	e No.	Report for Year Ended		Page	of
Manor of Bristol 2285		9/30/2016		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					100
Workmen's Compensation	\$	354,246	354,246		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	90,369	90,369		
4. Social Security (F.I.C.A.)	\$	370,561	370,561		
5. Health Insurance	\$	732,229	732,229		·
6. Life Insurance (employees only)				1 m	
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	60,907	60,907		
(not-owners and not-operators)		1478			
8. Uniform Allowance	\$				
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*	\$	95,653	95,653		
d. Accounting and Auditing	\$	34,323	34,323	<del></del>	
e. Legal (Services should be fully described on Page 7,	) \$	34,871	34,871	***************************************	
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
Operators ( <i>Specify</i> )*g. Office Supplies	\$	51,153	51,153		
h. Telephone and Cellular Phones					F 100 100
1. Telephone & Pagers	\$	41,575	41,575		
2. Cellular Phones	\$	1,068	1,068		
i. Appraisal (Specify purpose and	\$			***************************************	
attach copy)*					
j. Corporation Business Taxes (franchise tax).	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					
3. Resident Day User Fee	\$	616,790	616,790		
Subtotal	\$	2,483,745	2,483,745		

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

Attachment Page 15

9/30/2016

#### **Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	The British Control		
Total	\$ -	\$ -	\$ -

**Schedule of Other Taxes** 

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

......

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside	License No.		Report for	Year Ended	Page	of
Manor of Bristol	2285		9/30/2016		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forwa	rd:	2,483,745	2,483,745		<u> </u>
Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	3,775	3,775		
3. Gifts to Staff and Residents	*****	\$	6,037	6,037		
4. Employee Travel		\$	1,086	1,086		
5. Education Expenses Related to Seminars at		\$	6,707	6,707	***************************************	
6. Automobile Expense (not purchase or depr	eciation)	\$				
7. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
m. Other Administrative and General Expenses		***************************************				
1. Advertising Help Wanted (all such expense	s )	\$	4,168	4,168	200.00 may 200.00 200.00 may 200.	34-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
2. Advertising Telephone Directory (all such	expenses )***	\$				
3. Advertising Other (Specify)***		\$	28,895	28,895		
See Attached Schedule						
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	ce)***					
7. Postage		\$	5,436	5,436		
* 8. Dues and Membership Fees to Professional		\$	6,090	6,090		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$	103	103		
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	•	\$				
Schedule C-2, Page 21 for each firm or ind						
12. Administrative Management Services**		\$	271,162	271,162		
13. Other (Specify)		\$	122,251	122,251		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	2,939,455	2,939,455		

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

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

#### Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	100		
Total Other Travel and Entertainment	S -	· §	\$ -

#### Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 28,895		
	10.0		
Total Other Advertising	\$ 28,895	S -	\$ -

#### Schedule of Dues

<b>Description</b>	CCNH	RHNS	(Specify)
			T
CT ACHCA	\$ 5,980		
AANAC	<b>S</b> 110		
	A PROPERTY OF THE PROPERTY OF		
Total Dues	\$ 6,090	\$ -	\$ -

#### **Schedule of Contributions**

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

#### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 3,014		
Licenses	\$ 472	and the second	
Bank Charges	\$ 9,949		
Payroll Processing Fees	\$ 20,130		
Employee Physicals and Background checks	\$ 19,104		
Interpreter	\$ 165		
compliance consulting \$12,371 & energy audit \$462	\$ 12,833		
Temp Help - Bookkeeping	\$ 3,627		
Data Processing Fees	\$ 38,537	100	
CMS #2016-01-LTC-151:\$5850, CMS \$4,550	\$ 10,400		
State of CT Citation #2016-70:\$3,000 & #2015-120:\$1,020	\$ 4,020		
Total Other Administrative and General	\$ 122,251	\$ -	\$ -

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No.	Report for Year Ended	Page of
Countryside Manor of Bristol	2285	9/30/2016	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc			
135 South Road	\$371,633	Contract Attached to a	
Farmington, CT 06032		Prior Year	See Below
Allocation of Above	\$245,278	Admin/Gen 66%	Pg 16, Line 12
	\$59,461	Indirect 16%	Pg 18, Line 2C
	\$66,894	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc			***************************************
135 South Road	\$25,884	Admin/Gen - Other Exp	Pg 16, Line 12
Farmington, CT 06032			
·			
		,	

<sup>\*</sup> 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.

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

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

Brist	ne of Facility fol CCH Group LLC of Bristol, d/b/a Countryside or of Bristol	License		Report for Y		Page of
Man			2285		/2016	18   37
	Item		Total	CCNH	RHNS	(Specify)
2.	Dietary					
	a. In-House Preparation & Service					
	1. Raw Food	\$	194,976	194,976		
	2. Non-Food Supplies		20,790	20,790		
	3. Other (Specify)	\$	61	61		
	<b>Dishes = \$61</b>					
	b. Purchased Services (by contract other	\$				
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)			Programme and the second		
	c. Management Services**	\$	59,461	59,461		
	d. Other (Specify)	\$				
2E.	Total Dietary Expenditures $(2a + b + c + d)$	\$	275,288	275,288		
2F.	Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per	day:*	261	261		
H.	Is cost of employee meals included in 2E?		☑ Yes	□ No		
I.	Did you receive revenue from employees?		☐ Yes	☑ No	If yes, specif	y amount.
J.	Where is the revenue received reported in the	Cost Re	port? (Page/L	ine Item)		
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	ı	√ Yes	□ No	If yes, specif	y cost. = \$33411
L.	Is any revenue collected from these people?		☐ Yes	☑ No	If yes, specif	y amount.
M.	Where is the revenue received reported in the	Cost Re	port? (Page/L	ine Item)		
N.	Is cost of food (other than meals, e.g., snacks a monthly staff meetings, board meetings) proviemployees included in 2E?		Yes	√ No	If yes, specif	y cost.
Ο.	Is any revenue collected from employees?		☐ Yes	☑ No	If yes, specify	y amount.
P.	Where is the revenue received reported in the	Cost Re	port? (Page/L	ine Item)		

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

<sup>\*\*</sup> 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)

Brist	ne of Facility ol CCH Group LLC of Bristol, d/b/a Countryside	License		Report for Y		Page of
Man	or of Bristol		2285		/2016	19 37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				-
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
:	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	14,510	14,510	)	
	b. Purchased Services (by contract other	\$				
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)					
	c. Management Services**	\$				
	d. Other (Specify)	\$	5,080	5,080		
	Supplies = \$5,080					
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$	19,590	19,590		
3F.	Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?		☐ Yes	☑ No	If yes, speci	fy cost.
H.	Did you receive revenue from employees?		☐ Yes	☑ No	If yes, speci	fy amount.
I.	Where is the revenue received reported in the Co	ost Repor	t?	(Page/Line	Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	1	☐ Yes	☑ No	If yes, speci	fy cost.
K.	Did you receive revenue from these people?		☐ Yes	☑ No	If yes, speci	fy amount.
L.	Where is the revenue received reported in the Co	ost Repor	t?	(Page/Line	Item)	

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> 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.	Repo	ort for Year E	nded	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285		9/30/2	2016	20	37
Item		<u> </u>	Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning ( <i>Mops</i> ,	Amt.	\$	20,094	20,094		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$				
d. Other (Specify)		\$				
						200
						100
4E. Total Housekeeping Expenditures (4a +	b+c+d)	. \$	20,094	20,094		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	153,114	153,114		
Omni Care						
b. Medicine Cabinet Drugs		\$	22,390	22,390		
c. Medical and Therapeutic Supplies		\$	182,476	182,476		
d. Ambulance/Limousine***		\$	120	120		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	38,933	38,933		
f. X-rays and Related Radiological		\$	14,806	14,806		
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***	\$	10,162	10,162			
i. Recreation		. \$	13,084	13,084		
j. Other (Specify)****		\$	153,743	153,743		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	jj)	\$	588,828	588,828		

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

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

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

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

### Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol 9/30/2016

Attachment Page 20

#### **Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 66,894		
Oxygen Concentrator Rentals	\$ 10,795		
Cable TV Fees	\$ 7,794		10000000
Medical Equipment Rental-Other	\$ 11,439		
Physical Therapy Supplies	\$ 32,835		
Occupational Therapy Supplies	\$ 9,035		
Medical Equipment Rental-Medicaid	\$ 14,951		
		100 100 100 100 100 100 100 100 100 100	1987.4
		200	
	UP the state of th		
Total Other Resident Care	\$ 153,743	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
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# Schedule C-2 - Individuals or Firms Providing Services by Contract \* Report of Expenditures

of	37					Line	ef	5a2	lm13	ef.	ef.	m13					
Page			****		-	Pg   L		4,	=				al telephological design	 	 		 
Pa	21			* * *			22	20	16	22	22	16				<u> </u>	
				/Page Ref		(Specify)											
				Total Cost/Page Ref.***		RHNS											
	9116					CCNH	17,378	179,605	12,646	21,831	11,293	34,293					
Report for Year Ended	9/30/2016				Full Explanation of	Service Provided*	Rubbish Removal	Pharmacy Supplies & Services	Payroll services	Snow removal	Landscaping	Compliance consulting					
License No.	2285				Explanation of	Relationship											
		1 ** to	Operators,	sers		No	5	ি	5	5	7	ত	О				
	r of Bristol	Related ** to	Owners, C	Officers		Yes											
	l, d/b/a Countryside Mano					Address	25 Norton Place, Plainville, CT 06062	P.O.Box 31513, Hartford, CT 06150	Philadelphia, PA 19170- 0351	89 Birch Street, Southington, CT	2070 West Street, Southington, CT	430 Boston Street, Suite 104, Topsfield, MA 01983					
Name of Facility	Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				Name of Individual or	Company	CT Waste Processing	Omnicare/Value Health	ADP	Compass Enterprises	Winterberry Gardens	Harmony Health					

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 Bristol CCH Group LLC of Bristol, d/b/a	License No.	Report for You	Page	of		
Countryside Manor of Bristol	2285		9/30/2016		22	37
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant				***************************************		
a. Repairs & Maintenance	\$	86,066	86,066			
b. Heat	\$	67,369	67,369			
c. Light & Power	\$	82,416	82,416			
d. Water		20,198	20,198			
e. Equipment Lease (Provide detail on p	age 6)\$	18,021	18,021			
f. Other (itemize)	\$	119,522	119,522			
See Attached Schedule			40.003			
6g. Total Maint. & Operating Expense (6a -	· 6f)\$	393,592	393,592			
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	21,491	21,491			
d. Movable Equipment	\$	53,518	53,518			
*7e. Total Depreciation Costs $(7a + b + c + d)$	)\$	75,009	75,009			
8. Amortization (Complete att. Schedule Page	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	69,279	69,279			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d	)\$	69,279	69,279			
9. Rental payments on leased real property leads to the second of the se	ess					
real estate taxes included in item 10b	\$	352,802	352,802			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	102,809	102,809			
c. Personal property taxes	\$	26,501	26,501			
11. Total Property Expenses (7e + 8e + 9 +	10)\$	626,400	626,400			

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

### Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol 9/30/2016

Attachment Page 22

#### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)	
Groundskeeping	\$ 11,998			
Rubbish Removal	\$ 21,268	agrando.		
Snow Removal	\$ 12,348			
Supplies	\$ 73,432			
Exterminating	\$ 476			
		100		
			6.7	
Total Other Repairs and Maintenance	\$ 119,522	\$ -	\$ -	

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Depreciation Schedule

Packed CCI Group LLG of Prictol, 40th Countrylet Minor of Backed   Leaned   Leaned	NI 6 P - 112-					200				4	
Accompt LLC of British, 4th a Countryside Manor of British   Projecty Hem	realie of Facinity			License No.			Keport for Year E	nded		Page	10
Frogety fiese   Frogety fies	Bristol CCH Group LLC of Bristol, d/b/a Countryside	Manor of Bri	stol		2285		/6	30/2016		23	37
Land Improvements				Historical	,		Accumulated				
Land Improvements   Property item   Land Improvements	,			Cost Exclusive of	Less	Cost to Be	Deprectation to Beginning of		Useful	Depreciation	
And processes (statesh schedule)	ı			Land	Value	Depreciated	Year's Operations		Life	for This Year	Totals
Acquired during this report period (attach schedule)	L										
2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  4. Subordal.  4. Subordal.  5. Disposals (attach schedule)  5. Disposals (attach schedule)  6. Acquired during this report period (attach schedule)  7. Subordal.  6. Acquired during this report period (attach schedule)  7. Subordal.  6. Acquired during this report period (attach schedule)  7. Subordal.  8. Acquired during this report period (attach schedule)  8. Acquired during this report period (attach schedule)  9. Acquired prior to this report period (attach schedule)  9. Acquired further actach vehicle)  9. Acquired further to this report period (attach schedule)  9. Acquired further schedule)  9. Acquired further this report period (attach schedule)  9. Acquired further actach vehicles (	<ol> <li>Acquired prior to this report period</li> </ol>										
3. Acquired during this report period (attach schedule)	<ol><li>Disposals (attach schedule)</li></ol>										
Building Improvements		chedule)									
Parlithing and Building Improvements	A-4. Subtotal.										
1. Acquired prior to this report period											
2. Disposals (attach schedule)         2. Acquired during this report period (attach schedule)         273,118         273,118         123,004         S/L         Various         21,491           Non-Movable Equipment         1. Acquired during this report period (attach schedule)         2. Disposals (attach schedule)         S/L         Various         21,491           3. Acquired during this report period (attach schedule)         Is a mileage in a mileage in the period (attach schedule)         Imaintained? Acquisition in maintained? Acquisition in the period (attach schedule)         Acquired during this report period (attach schedule) </td <td><ol> <li>Acquired prior to this report period</li> </ol></td> <td></td>	<ol> <li>Acquired prior to this report period</li> </ol>										
3. Acquired during this report period (attach schedule)  2. Disposals (attach schedule)  2. Disposals (attach schedule)  3. Acquired prior to this report period (attach schedule)  4. Subtoral	2. Disposals (attach schedule)										
Non-Movable Equipment		chedule)									
Non-Movable Equipment   Non-	B-4. Subtotal.										
1. Acquired prior to this report period (attach schedule)   2. Disposals (attach schedule)   3. Acquired during this report period (attach schedule)   4. Subtoral	le Equipment										
2. Disposals (attach schedule)           3. Acquired during this report period (attach schedule)         1s a mileage with the period (attach schedule)         Is a period (attach schedule)	1. Acquired prior to this report period			273,118		273,118	123,004	S/L	Varions	21,491	
3. Acquired during this report period (attach schedule)         S. Acquired during this report period (attach schedule)         S. Acquired during this report period (attach schedule)         S. anileage logbook         Historical Less         Less         Accumulated Depreciation to Method of Salvage Cost to Be Beginning of Computing Useful Depreciation         Computing Useful Depreciation         Depreciation Life for This Year         To This Year	2. Disposals (attach schedule)										
1   2   2   2   2   2   3   3   3   3   3	3. Acquired during this report period (attach sc.	chedule)						S/L	Varions		
Is a mileage   logbook   Date of   Historical   Accumulated   Accumula	C-4. Subtotal	****									21,491
Movable Equipment         Yes         No         Month         Year         Loss         Cost to Be and year of each vehicle)         Depreciation to Method of Aguage Cost to Be and year of each vehicle)         Cost to Be and year of each vehicle)         Reclusive of Salvage and year of each vehicle)         Cost to Be and year of each vehicle)         Reclusive of Salvage and year of each vehicle)         Cost to Be and year of each vehicle)         Reclusive of Salvage and year of each vehicle)         Cost to Be and year of each vehicle)         Reclusive of Salvage and Year of Equipment and Acquired prior to this report period attach schedule)         Reclusive of Salvage and Year of Equipment and Acquired during this report period attach schedule)         Reclusive of Salvage and Year of Equipment and Year of Salvage and Year of Year of Salvage and Year of Ye		Is a mileage logbook	Date of	Historical			Accumulated				
Movable Equipment         Yes         No         Month         Year         Land         Value         Cost to Be Depreciation         Depreciated Jeeful Depreciation         Computing Life         Life         for This Year         To           1. Motor Vehicles (Specify name, model and year of each vehicle)         2. Movable Equipment         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, model and year of each vehicle)         1. Motor Vehicles (Specify name, na	u	maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
Movable Equipment         Motor Vehicles (Specify name, model and year of each vehicle)         Acron of each vehicle)				Exclusive of Land	Salvage	Cost to Be Depreciated	Beginning of Year's Onerations	Computing Depreciation	Useful	Depreciation for This Year	Totale
cles (Specify name, model         clear (Specify name, mod	Movable Equipment		5625355555			1					
each vehicle)         each vehicle)         49,292           luipment         9 2015         687,921         595,150         S/L         Various         49,292           during this report period         9 2016         67,315         67,315         S/L         Various         49,292           chedule)         9 2016         67,315         S/L         Various         4,226           chedule)         9 2016         67,315         S/L         Various         4,226	1. Motor Vehicles (Specify name, model										
Prior to this report period   Prior this report period	and year of each vehicle)										
Purpment	b.										
Inipment	C.										
Inipment	d,										
d prior to this report period         9         2015         687,921         687,921         595,150         S/L         Various         49,292           Is (attach schedule)         4         2016         67,315         67,315         8/L         Various         4,226           Ition         4,226         4,226         4,226         4,226         4,226											
is (attach schedule)       4,226         d during this report period       9       2016       67,315       67,315       S/L       Various       4,226         tion						687.921	595.150	S/L	Varions	49.292	
d during this report period         9         2016         67,315         67,315         S/L         Various         4,226           tion         Hon	:										
chedule)         9         2016         67,315         67,315         S/L         Various         4,226           tion         Tion											
tion						67.315		3/1	Varions	4226	
tion	D-3. Subtotal										53,518
	E. Total Depreciation										75 009

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

<del>.</del>			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
656 A 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Total additions for Land Impr	ovements	\$ -		S -
Deletions:				
Total deletions for Land Impr	ovements	S -		\$ -

<sup>\*</sup>Ties to Page 23, Line A3

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
100 miles (100 miles)				
				-
Total additions for Building I	l mprovements	\$ -		\$ -
Deletions:				
Total deletions for Building L	mprovements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line B3
\*\*Ties to Page 23, Line B2

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	12.00			
Total additions for Non-Mova	ible Equipment	\$ -		\$ -
Deletions:				
Total deletions for Non-Mova	ble Equipment	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-15	artwork	\$ 1,603	10	\$ 80
Nov-15	hoyer lift	\$ 36,671	10	\$ 1,834
Nov-15	Vitascan	\$ 9,349	7	\$ 668
Nov-15	tv's - resident rooms	\$ 819	5	\$ 82
Dec-15	label maker	\$ 1,964	10	\$ 98
lan-16	adult transmitters	\$ 1,358	5	\$ 136
Jan-16	gas griddle	\$ 3,107	10	\$ 155
Jan-16	disposer	\$ 1,385	5	\$ 139
lan-16	ice machine	\$ 1,141	10	\$ 57
Jan-16	laptops	\$ 1,264	3	\$ 211
Jan-16	tv's - resident rooms	\$ 801	5	\$ 80
Feb-16	tv's - resident rooms	\$ 886	5	\$ 89
Mar-16	laptops	\$ 1,287	3	S 215
Apr-16	office chairs	\$ 1,000	10	<b>\$</b> 50
Apr-16	tv's - resident rooms	\$ 625	5	\$ 63
May-16	tv's - resident rooms	\$ 1,097	. 5	\$ 110
May-16	office furniture	\$ 678	10	\$ 34
Jun-16	refrigerator	<b>\$</b> 659	10	\$ 33
Aug-16	air conditioner	\$ 610	5	\$ 61
Aug-16	office chairs	\$ 1,010	15	\$ 34
Total additions for Mo	yahla Fayrinman)	\$ 67,314	100	\$ 4,226
	ranc Equipment	9 07,314		9 9,220
Deletions:				
				2.00

Total deletions for Movable Equipment
\*Ties to Page 23, Line D2c

<sup>\*\*</sup>Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Dec-15	HVAC	\$ 3,437	10	\$ 172
Dec-15	vinyl floorin	\$ 925	10	\$ 46
Dec-15	drywall	\$ (3,159)	20	\$ (79)
Jan-16	ceramic tile	\$ 1,885	20	\$ 47
Feb-16	sprinkler heads	\$ 2,272	25	\$ 45
Mar-16	boiler pump	\$ 4,498	20	\$ 112
Mar-16	electric circuits	\$ 1,132	20	\$ 28
Mar-16	electric circuits	\$ 850	20	\$ 21
May-16	roofin	\$ 1,276	10	\$ 64
May-16	flooring	\$ 2,054	10	\$ 103
Jun-16	fire panel	\$ 1,966	10	\$ 98
Jun-16	dishwasher motor	\$ 3,409	10	\$ 170
Jun-16	flooring	\$ 1,061	10	\$ 53
Jul-16	HVAC	\$ 8,141	10	\$ 407
Jul-16	electrical switches	\$ 1,267	10	\$ 63
Aug-16	flooring	\$ 2,130	10	\$ 107
Total additions for Leasehold	Improvements	\$ 33,144		\$ 1,459
Deletions:				
Total deletions for Leasehold	Improvements	S -		\$ -

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

# Amortization Schedule\*

Name of Facility			License No.		Report for Year Ended	ır Ended		Page	Jo
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	side Mano	ır of	22	2285		9/30/2016		24	37
					Accumulated				
	Dat	Date of			Amort. to				
	Acqu	Acquisition	٠		Beginning of	Basis for			
	Mont		Amortizatio	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Ч	Year	u	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense								J55150416	
2.									
3.									
B-4. Subtotal.									. 22.100
C. Leasehold Improvements and									
Other (Specify)									
1. Acquired prior to this report period	6	2015	Various	1,195,949	757,282	l/s	Var	67,820	
2. Disposals (attach schedule)									
3. Acquired during this report period									
(attach schedule)	6	2016	Various	33,144		s/I	Var	1,459	
C-4. Subtotal									69,279
D. Total Amortization									69,279
* Straight-line method must be used.									

<sup>\*</sup> 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.

State of Connecticut Annual Report of Long-Term Care Facility

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility Bristol CCH Groun L.C. of Bristol. 4/b/a Countryside Manor of	side Manor of	License No.		Report for Year Ended	ır Ended		Page	Jo
Bristol		2285	85		9/30/2016		24A	37
C. Leasehold Improvements								
(Specify)								
1. Acquired prior to this report period	9 2015	Various	1,195,949	757,282  s/l	s/I	varion	67,820	
2. Disposals (attach schedule)	·							
3. Acquired during this report period	9 2016	Various	33,144		s/l	varion	1,459	
C-4. Subtotal								69,279
C. Other (Specify)								
1.								
2.								
C-4. Subtotal	100							- 17.44
Total Acquired prior to this report period	9 2015	Various	1,195,949	757,282	s/I	Var	67,820	
Total Disposals								
Total Acquired during this report period	9 2016	Various	33,144		s/l	Var	1,459	

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

Part A   Is the property either owned by the Facility or leased from a Related Party*?   Yes   No   If "Yes," complete Part C. "If any owner or operator of this facility is related by family, marriage, ownership, ability to control or a related party parts. (A then it is considered a related party parts.)   Total   Date Land Purchased   Date of Initial Licensure   O827/03	Nam	e of Facility	License No.		Report for Year End	ded		Page	of
Part A   Is the property either owned by the Facility or leased from a Related Party*?			****			0.00.00.00		25	. 27
State property either owned by the Facility or leased from a Related Party*?	Counti	yside Manor of Bristol	2285			9/30/2016		] 25	37
Is the property either owned by the Facility or leased from a Related Party*?  *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**  **Description**  **Date Land Purchased**  2. Date Structure Completed**  3. If NOT Original Owner, Date of Purchase	11.	Property Questionnaire							
Is the property either owned by the Facility or leased from a Related Party*?		Part A		************					
If "No," complete Part C.  *If any owner or operator of this facility or leased by fine Pacility or leased Irom a Related Party* /  *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.  Description Total  1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 08/27/03 4. Date of Initial Licensure 08/27/03 5. Total Licensed Bed Capacity 90 6. Square Footage 7. Acquisition Cost a. Land 400,000 b. Building 2,320,000  Part B - Owner and Related Parties 1st Mortgage 2nd Mortgage 4th Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) HUD b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year 3,229% d. Term of Mortgage (number of years) 21 e. Amount of Principal Borrowed 2,976,000 f. Principal balance outstanding as of 9/30/2016 Complete if Mortgage was Refinanced During Current Cost Year 2, 505,180  Complete if Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Borrowed l. Principal Dutstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only						[7] X	[T] N.	If "Yes," comp	lete Part B.
business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.  Description Total  1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 08/27/03 5. Total Licensed Bed Capacity 90 6. Square Footage 7. Acquisition Cost a. Land 400,000 b. Building 2,320,000  Part B - Owner and Related Parties 1 st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016 Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only		Is the property either owned by the	ne Facility or lea	ased fro	om a Related Party*?	, 🖭 res	LJ 190	If "No," comple	ete Part C.
a related party transaction.  Description Total  1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 08/27/03 4. Date of Initial Licensure 08/27/03 5. Total Licensed Bed Capacity 90 6. Square Footage 7. Acquisition Cost a. Land 400,000 b. Building 2,320,000  Part B - Owner and Related Parties 1st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Borrowed l. Principal Dutstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only		*If any owner or operator of this fac	cility is related by	family, n	narriage, ownership, abili	ity to control or			
Description  1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 90 6. Square Footage 7. Acquisition Cost a. Land b. Building 2,320,000 Part B - Owner and Related Parties 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016 Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Dorrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			or organization from	m whom	buildings are leased, the	n it is considered			
1. Date Land Purchased 2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land 400,000 b. Building 2,320,000  Part B - Owner and Related Parties 1 st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding an Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only					T				
2. Date Structure Completed 3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 90 6. Square Footage 7. Acquisition Cost a. Land 400,000 b. Building 2,320,000  Part B - Owner and Related Parties 1st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year 4. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016 Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only		·			1 otai				
3. If NOT Original Owner, Date of Purchase 4. Date of Initial Licensure 5. Total Licensed Bed Capacity 6. Square Footage 7. Acquisition Cost a. Land b. Building 2,320,000  Part B - Owner and Related Parties 1 st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed During Current Cost Year g. Type of Financing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only	<b> </b>								
4. Date of Initial Licensure 08/27/03 5. Total Licensed Bed Capacity 90 6. Square Footage 7. Acquisition Cost a. Land 400,000 b. Building 2,320,000  Part B - Owner and Related Parties 1st Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) HUD b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year 3.22% d. Term of Mortgage (number of years) 21 e. Amount of Principal Borrowed 2,976,000 f. Principal balance outstanding as of 9/30/2016 2,505,180  Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed 1. Principal Dortowed 1. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			of Dunchese		00/05/03			182	
5. Total Licensed Bed Capacity 90 6. Square Footage 7. Acquisition Cost a. Land 400,000 b. Building 2,320,000  Part B - Owner and Related Parties 1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) HUD b. Date Mortgage Obtained 03/29/12 c. Interest Rate for the Cost Year 3.22% d. Term of Mortgage (number of years) 21 e. Amount of Principal Borrowed 2,976,000 f. Principal balance outstanding as of 9/30/2016 Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only			of Purchase		·····				
6. Square Footage 7. Acquisition Cost a. Land b. Building 2,320,000  Part B - Owner and Related Parties 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016  Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Dortsanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only									
7. Acquisition Cost a. Land b. Building c. 320,000  Part B - Owner and Related Parties 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016  Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Borrowed l. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only	<u> </u>	W-1011			90			46 (1) (6) (4) (4) (4)	
a. Land b. Building 2,320,000  Part B - Owner and Related Parties 1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage 1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year 3,22% d. Term of Mortgage (number of years) e. Amount of Principal Borrowed 7, Principal balance outstanding as of 9/30/2016 Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed 1. Principal Borrowed 1. Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property Improvements Only									
b. Building  Part B - Owner and Related Parties  1 st Mortgage  2 nd Mortgage  3 rd Mortgage  4 th Mortgage  1. Financing a. Type of Financing (e.g., fixed, variable)  b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016  Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only		-			400,000				
Part B - Owner and Related Parties  1. Financing a. Type of Financing (e.g., fixed, variable)  b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016  Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only	<b></b>								
1. Financing a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016  Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only			rtias				2rd Mortgage	4th Mor	tanan
a. Type of Financing (e.g., fixed, variable) b. Date Mortgage Obtained c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016 Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only			1 (162		1st Wortgage	Ziiu Morigage	ord Mortgage	401 10101	.gage
b. Date Mortgage Obtained  c. Interest Rate for the Cost Year  d. Term of Mortgage (number of years)  e. Amount of Principal Borrowed  f. Principal balance outstanding as of 9/30/2016  Complete if Mortgage was Refinanced  During Current Cost Year  g. Type of Financing (e.g., fixed, variable)  h. Date of Refinancing  i. New Interest Rate  j. Term of Mortgage (number of years)  k. Amount of Principal Borrowed  l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only		<u> </u>	ived variable)		шD				
c. Interest Rate for the Cost Year d. Term of Mortgage (number of years) e. Amount of Principal Borrowed 2,976,000 f. Principal balance outstanding as of 9/30/2016 2,505,180  Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only	<b></b>		ixed, variable)						
d. Term of Mortgage (number of years)  e. Amount of Principal Borrowed  f. Principal balance outstanding as of 9/30/2016  Complete if Mortgage was Refinanced     During Current Cost Year  g. Type of Financing (e.g., fixed, variable)  h. Date of Refinancing  i. New Interest Rate  j. Term of Mortgage (number of years)  k. Amount of Principal Borrowed  l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only			Year						<u> </u>
e. Amount of Principal Borrowed f. Principal balance outstanding as of 9/30/2016  Complete if Mortgage was Refinanced During Current Cost Year g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only	<b></b>								
f. Principal balance outstanding as of 9/30/2016 2,505,180  Complete if Mortgage was Refinanced			···········				***************************************		
Complete if Mortgage was Refinanced During Current Cost Year  g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only				2016					
During Current Cost Year  g. Type of Financing (e.g., fixed, variable)  h. Date of Refinancing  i. New Interest Rate  j. Term of Mortgage (number of years)  k. Amount of Principal Borrowed  l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only									
g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only					110				
h. Date of Refinancing i. New Interest Rate j. Term of Mortgage (number of years) k. Amount of Principal Borrowed l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only									
i. New Interest Rate  j. Term of Mortgage (number of years)  k. Amount of Principal Borrowed  l. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only									***************************************
k. Amount of Principal Borrowed  1. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only									
k. Amount of Principal Borrowed  1. Principal Outstanding on Note Paid-Off  Part C - Arms-Length Leases for Real Property Improvements Only		i. Term of Mortgage (number	er of years)						
Part C - Arms-Length Leases for Real Property Improvements Only									
• • •		l. Principal Outstanding on	Note Paid-Off						,
Name and Address of Lessor Property Leased Date of Lease Term of Lease Annual Amount of Lease		Part C - Arms-Length Leas	es for Real Pro	perty l	Improvements Only	7			
		Name and Address of L	essor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amou	nt of Lease
					A				
					***			***************************************	
								****	harden de servicio de la companya de

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	ar Ended		Page of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285			9/30/2016		26   37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improver	nent & 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	n			100	The second	
1. Original Loan Amour	ıt	\$			5	
2. Loan Origination Dat		•				
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expe						
12 B7. Total Building Interest Expe		\$				
La D a cont Describing Interest Dape		Ψ	1	01.1	Converd to n	1

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended	Manager & Destriction of the Control	Page o	of
Bristol CCH Group LLC of Bristol,							
d/b/a Countryside Manor of Bristol	2285	***************************************		9/30/2016		27   3	7
Item			Total	CCNH	RHNS	(Specify)	
	Subtotals Brought	t Forward:					
12. C. Movable Equipment	-4	φ.					
1. Automotive Equipment A. Item	Rate	\$	COLUMN TO THE PROPERTY OF THE				
A. item	Rate	Amount					
Lender							
Address of Lender							
2. Other (Specify)	<del></del>						
A. Item	Rate	Amount					
Lender		-	The state of the s				
Lender							
Address of Lender							
B. Item	Rate	Amount					
				1000			
Lender							
	· · · · · · · · · · · · · · · · · · ·						
Address of Lender							
12. C. 3. Total Movable Equipr	ment Interest						
Expense (C1 + 2)		. \$					
12. D. Other Interest Expense (S				113,189			
Vender Interest = (\$2,506); Line of Cred	dit Interest = \$114,71			,			
Bank Term Loan Interest & Fees = \$979	9						
13. Total All Interest Expense (1	2B7 + 12C3 + 12I	D)\$	113,189	113,189	<del>Mantal Matter</del>		
14. Insurance	11.11	•	(0.00=				
a. Insurance on Property (but he Insurance on Automobile			62,307	62,307			
<ul><li>b. Insurance on Automobile</li><li>c. Insurance other than Prop</li></ul>							
1. Umbrella ( <i>Blanket Co</i>							
2. Fire and Extended Co	······································						
3. Other (Specify)			<u> </u>				
14d. Total Insurance Expenditure	es (14a + b + c)	<del>-</del> \$	62,307	62,307			
15. Total All Expenditures (A-13			<del></del>	10,228,366			

## D. Adjustments to Statement of Expenditures

	of Fa			Lie	cense No.	Report for Ye	ar Ended	Page	of
Bristo		Group	LLC of Bristol, d/b/a Countryside Manor of		2285	9/30	/2016	28	37
					Total				1
Item	Page	Line			Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
			es and Wages					(-1	3 /
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	I	199,185			
4.	Var		Other - See attached Schedule	\$		22,446			
	13 - F	<u> </u>	sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	9,243	9,243			
7.			Other - See attached Schedule	\$				····	
	s 15 &	16 -	Administrative and General	Ť					
8.			Discriminatory Benefits	\$		· ·			-
9.	15	1c	Bad Debts	\$	95,653	95,653		M	
10.	15		Accounting & Legal	\$	39,044	39,044			
11.	30		Telephone	\$	I				
12.	15		Cellular Telephone	\$	708	708			
13.			Life insurance premiums on the life						
			•	\$					
14.	16	13	Gifts, flowers and coffee shops	\$	6,037	6,037			
15.			Education expenditures to colleges or						- 10 m
			universities for tuition and related costs						
	16	1.5	for owners and employees	\$	2,500	2,500			
16.			Travel for purposes of attending	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
				\$					
17.				\$					
18.	16	m2&3	Unallowable Advertising *	\$		28,895			
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$				·	
21.	16	m12	Unallowable Management Fees	\$	152,027	152,027		······································	
	18	2c		\$	36,855	36,855			
	20	5j		\$	41,462	41,462			
22.		-,	Barber and Beauty	\$				***************************************	
23.	Var	Var	Other - See attached Schedule	\$	41,265	41,265			
		Dietar	y Expenditures	7					
24.			Meals to employees, guests and others						
			who are not residents	\$	34,507	34,507		Control of the Contro	
Page	19 - L	aund	lry Expenditures	-	,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
25.	19		Laundry services to employees, guests			100			
		· .	and others who are not residents	\$					
Page	20 - F	House	keeping Expenditures	-					
26.	20		Housekeeping services to employees						
			and others who are not residents	\$					
		ш.	Subtotal (Items 1 - 26)	\$	709,827	709,827			
				-		arni Suhtotal f			

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> 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

Line Ref	Description	CCNH	RHNS	(Specify)
1262	Community Coordinator & Marketing Salaries & Benefits	22,446		
				100
r Salaries	Adjustment	\$ 22,446	<b>s</b> -	\$ -
	12b2	Line Ref Description  12b2 Community Coordinator & Marketing Salaries & Benefits  r Salaries Adjustment	12b2 Community Coordinator & Marketing Salaries & Benefits 22,446	12b2 Community Coordinator & Marketing Salaries & Benefits 22,446

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other	r Fees Adj	ustments	<b>s</b> -	\$ -	\$ -

## Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	9,949		
16	M13	Lobbying Fees	3,014		
16	M13	Bayview Software Settlemet	1,511		
16	M13	Compliance Consulting	12,371		
16	M13	CMS Penalty	10,400		
16	M13	State citation	4,020		
35.					
			Service Control		
				100	
otal Othe	r A&G Ad	justments	\$ 41,265	\$ -	s -

## Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

	D. Adjustments to Statement of Expenditures (cont'd)								
	of Fa		TICLED SALL MALE CONTRACT		cense No.	Report for Y	ear Ended	Page	of
Bristo Bristo		Group	LLC of Bristol, d/b/a Countryside Manor of		2285	9/30/	/2016	29	37
					Total	1		<u> </u>	1
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$	709,827	709,827		(	
Page	20 - K	eside	nt Care Supplies***	Ť		, , , , , , , , , , , , , , , , , , , ,			
27.	20		Prescription Drugs	\$	153,114	153,114			
28.	20	5d	Ambulance/Limousine	\$	120	120			
29.	20	5f	X-rays, etc	\$	14,806	14,806			
30.	20	5h	Laboratory	\$	10,162	10,162			
31.	20	5c	Medical Supplies	\$	9,000	9,000			
32.	20	5e2	Oxygen (non emergency)	\$	38,933	38,933			
33.	20	5j	Occupational Therapy	\$	9,035	9,035			
34.	Var	Var	Other - See Attached Schedule	\$	11,439	11,439			***************************************
Page	22 - N	<i><b>Lainte</b></i>	enance and Property		one Established				
35.			Excess Movable Equipment Depreciatio	n					
	Var	Var	See Attached Schedule	\$	4,773	4,773			
36.			Depreciation on Unallowable						
			Motor Vehicles	\$		-			
37.			Unallowable Property and Real						
			Estate Taxes	\$		N. C.			
38.			Rental of Building Space or Rooms						
39.			Other - See Attached Schedule	\$					
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	r - Mis								
42.			Research or Experimental Activities	\$					
43.	20	5j	Radio and Television Revenue	\$	4,194	4,194			
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.	30	IV5	Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See						
			Attached Schedule	\$				48/	
Not I	or Pr		roviders Only						
50.	Var	Var	Building/Non Movable Eq. Depreciation	1			10.00		
			Unallowable Building Interest -						
			See Attached Schedule	\$					
51.	Total	Amoi	unt of Decrease (Items 1 - 50)	\$	965,403	965,403			

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

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	11,439		
Total Othe	r Ancillary	r Costs	\$ 11,439	S -	s -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Depreciation-carryforward	4,773		
Total Exces	s Movable	e Equipment Depreciation	4,773		

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			200		
Total Othe	r Property	Adjustments			

## Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			1		
Total Othe	r Adjustme	ents	\$ -	s -	s .

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	owable Bu	ilding Interest	S -	S -	\$ -

## F. Statement of Revenue

Bristot CCH Group LLC of Bristol, driva   2285   3/30/2016   30   37	Name of Facility	License No.		Report for Y	ear Ended		Page	of
I. Resident Room, Board & Routine Care Revenue   1. a. Medicaid Residents (CT only)		2285			9/30/2016		30	37
1. a. Medicaid Residents (CT only)		tem		Total	CCNH	RHNS	(Spe	cify)
D. Medicaid (All other states)   S   Co.106,878   Co.106,878   Co. Nedicaid (All other states)   S   Co. Nedicaid (All other states)   S   Co. Nedicaire Rosidents (all inclusive)   S   Co. Society   Co. Nedicaire Rosidents (all inclusive)   S   Co. Society   Co. Soc								
D. Medicaid (All other states)   S   Co.106,878   Co.106,878   Co. Nedicaid (All other states)   S   Co. Nedicaid (All other states)   S   Co. Nedicaire Rosidents (all inclusive)   S   Co. Society   Co. Nedicaire Rosidents (all inclusive)   S   Co. Society   Co. Soc	1. a. Medicaid Residents (CT only	·)	\$	12,495,065	12,495,065			***************************************
2. a. Medicard (All other states)	b. Medicaid Room and Board C	Contractual Allowance **	. \$	(6,106,878)	(6,106,878)	***************************************	1	
B. Other States Room and Board Contractual Allowance **   \$	2. a. Medicaid (All other states)		\$					
b. Medicare Room and Board Contractual Allowance ** \$ 1,113,343     b. Private-Pay Residents and Other						,e	<u> </u>	
b. Medicare Room and Board Contractual Allowance ** \$ 1,113,343     b. Private-Pay Residents and Other	3. a. Medicare Residents (all inclu	sive)	\$	663,453	663,453			
4. a. Private-Pay Residents and Other	b. Medicare Room and Board C	Contractual Allowance **	. \$				<u> </u>	
B. Private-Pay Room and Board Contractual Allowance **   \$ (60,252)   \$ (60,252)   \$ (60,252)   \$ (70,252)								
1. a. Prescription Drugs - Medicare						***************************************		
b. Prescription Drugs - Medicare Contractual Allowance ** \$ (81,192) (81,192) c. Prescription Drugs - Non-Medicare \$ \$ 88,476 d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (88,476) (88,476) c. A. Prescription Drugs - Medicare Contractual Allowance ** \$ (88,476) (88,476) c. A. Medical Supplies - Medicare Contractual Allowance ** \$ (88,476) c. Medical Supplies - Medicare Contractual Allowance ** \$ (88,476) c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (87,730) c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (95,987) c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (95,987) c. Physical Therapy - Medicare Contractual Allowance ** \$ (95,987) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (145,325) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (145,325) c. Physical Therapy - Medicare Contractual Allowance ** \$ (145,325) c. Speech Therapy - Medicare Contractual Allowance ** \$ (76,793) c. Speech Therapy - Medicare Contractual Allowance ** \$ (76,793) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contrac			-					
b. Prescription Drugs - Medicare Contractual Allowance ** \$ (81,192) (81,192) c. Prescription Drugs - Non-Medicare \$ \$ 88,476 d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (88,476) (88,476) c. A. Prescription Drugs - Medicare Contractual Allowance ** \$ (88,476) (88,476) c. A. Medical Supplies - Medicare Contractual Allowance ** \$ (88,476) c. Medical Supplies - Medicare Contractual Allowance ** \$ (88,476) c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (87,730) c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (95,987) c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (95,987) c. Physical Therapy - Medicare Contractual Allowance ** \$ (95,987) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (145,325) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (145,325) c. Physical Therapy - Medicare Contractual Allowance ** \$ (145,325) c. Speech Therapy - Medicare Contractual Allowance ** \$ (76,793) c. Speech Therapy - Medicare Contractual Allowance ** \$ (76,793) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) c. Speech Therapy - Non-Medicare Contrac	1. a. Prescription Drugs - Medicar	e	. \$	81,192	81,192			
C. Prescription Drugs - Non-Medicare							<b> </b>	
d. Prescription Drugs - Non-Medicare Contractual Allowance **				88,476		***************************************		
2. a. Medical Supplies - Medicare Contractual Allowance ** \$							<b> </b>	
b. Medical Supplies - Medicare Contractual Allowance **								
c. Medical Supplies - Non-Medicare.         \$ 2,730         2,730           d. Medical Supplies - Non-Medicare Contractual Allowance **         \$           3. a. Physical Therapy - Medicare.         \$ 482,829           b. Physical Therapy - Medicare Contractual Allowance **         \$ (95,987)           c. Physical Therapy - Non-Medicare.         \$ 145,325           d. Physical Therapy - Non-Medicare Contractual Allowance **         \$ (145,325)           4. a. Speech Therapy - Medicare.         \$ 122,350           b. Speech Therapy - Medicare Contractual Allowance **         \$ (76,793)           c. Speech Therapy - Non-Medicare Contractual Allowance **         \$ (31,975)           d. Speech Therapy - Non-Medicare Contractual Allowance **         \$ (31,975)           5. a. Occupational Therapy - Medicare Contractual Allowance **         \$ (319,311)           c. Occupational Therapy - Medicare Contractual Allowance **         \$ (319,311)           d. Occupational Therapy - Non-Medicare         \$ (319,311)           d. Order (Specify) - Medicare         \$ (155,150)           6. a. Other (Specify) - Medicare         \$ (17,134)           b. Other (Specify) - Non-Me								
d. Medical Supplies - Non-Medicare Contractual Allowance **       \$       482,829       482,829         b. Physical Therapy - Medicare Contractual Allowance **       \$       (95,987)       (95,987)         c. Physical Therapy - Non-Medicare.       \$       145,325       145,325         d. Physical Therapy - Non-Medicare Contractual Allowance **       \$       (145,325)       (145,325)         4. a. Speech Therapy - Medicare Contractual Allowance **       \$       (122,350)       122,350         b. Speech Therapy - Medicare Contractual Allowance **       \$       (31,975)       31,975         d. Speech Therapy - Non-Medicare Contractual Allowance **       \$       (31,975)       (31,975)         5. a. Occupational Therapy - Medicare       \$       (31,975)       (31,975)         b. Occupational Therapy - Medicare       \$       (39,311)       (319,311)         c. Occupational Therapy - Non-Medicare       \$       (315,150)       155,150         d. Occupational Therapy - Non-Medicare       \$       (155,150)       (155,150)         6. a. Other (Specify) - Medicare       \$       (17,134)       (17,134)         III Total Resident Revenue (Section I.thru Section II.)       \$       8,875,700       8,875,700         IV Other Revenue*       \$       \$       \$         1.				2,730	2,730			
3. a. Physical Therapy - Medicare								
b. Physical Therapy - Medicare Contractual Allowance **				482,829	482,829			
c. Physical Therapy - Non-Medicare.         \$ 145,325         145,325           d. Physical Therapy - Non-Medicare Contractual Allowance **.         \$ (145,325)         (145,325)           4. a. Speech Therapy - Medicare.         \$ 122,350         122,350           b. Speech Therapy - Medicare Contractual Allowance **.         \$ (76,793)         (76,793)           c. Speech Therapy - Non-Medicare.         \$ 31,975         31,975           d. Speech Therapy - Non-Medicare Contractual Allowance **.         \$ (31,975)         (31,975)           5. a. Occupational Therapy - Medicare.         \$ 483,575         483,575           b. Occupational Therapy - Medicare Contractual Allowance **.         \$ (319,311)         (319,311)           c. Occupational Therapy - Non-Medicare.         \$ (155,150)         (155,150)           d. Occupational Therapy - Non-Medicare Contractual Allowance **.         \$ (155,150)         (155,150)           6. a. Other (Specify) - Medicare.         \$ (155,150)         (155,150)           b. Other (Specify) - Non-Medicare.         \$ (17,134)         (17,134)           b. Other (Specif								
d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ (145,325)       (145,325)         4. a. Speech Therapy - Medicare       \$ 122,350       122,350         b. Speech Therapy - Medicare Contractual Allowance **       \$ (76,793)       (76,793)         c. Speech Therapy - Non-Medicare       \$ 31,975       31,975         d. Speech Therapy - Non-Medicare Contractual Allowance **       \$ (31,975)       (31,975)         5. a. Occupational Therapy - Medicare       \$ 483,575       483,575         b. Occupational Therapy - Medicare Contractual Allowance **       \$ (319,311)       (319,311)         c. Occupational Therapy - Non-Medicare       \$ 155,150       155,150         d. Occupational Therapy - Non-Medicare Contractual Allowance **       \$ (155,150)       (155,150)         6. a. Other (Specify) - Medicare       \$ (17,134)       (17,134)         b. Other (Specify) - Non-Medicare       \$ (17,134)       (17,134)         b. Other (Specify) - Non-Medicare       \$ (17,134)       (17,134)         b. Other Revenue*       \$ (17,134)       (17,134)         c. Rental of rooms to non-residents       \$ (17,134)       (17,134)         d. Rental of Television and Cable Services       \$ (17,134)       (17,134)         d. Rental of Television and Cable Services       \$ (17,134)       (17,134)	The state of the s							
4. a. Speech Therapy - Medicare							<b></b>	
b. Speech Therapy - Medicare Contractual Allowance ** \$ (76,793) (76,793)   c. Speech Therapy - Non-Medicare \$ 31,975   d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (31,975) (31,975)   5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (319,311) (319,311)   c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (319,311) (319,311)   c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (155,150) (155,150)   d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (155,150) (155,150)   6. a. Other (Specify) - Medicare \$ (17,134) (17,134)   D. Other (Specify) - Non-Medicare \$ (17,134) (17,134)   III Total Resident Revenue (Section I.thru Section II.) \$ 8,875,700   IV. Other Revenue*  1. Meals sold to guests, employees & others \$ \$ (17,134) (17,134)   J. Hental of Tolows to non-residents \$ \$ (17,134) (17,134)   J. Hental of Television and Cable Services \$ \$ (17,134) (17,134)   J. Hental of Television and Cable Services \$ \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Cable Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hental of Television and Gift Services \$ (17,134) (17,134)   J. Hen						·····		
c. Speech Therapy - Non-Medicare         \$ 31,975         31,975           d. Speech Therapy - Non-Medicare Contractual Allowance **         \$ (31,975)         (31,975)           5. a. Occupational Therapy - Medicare         \$ 483,575         483,575           b. Occupational Therapy - Medicare Contractual Allowance **         \$ (319,311)         (319,311)           c. Occupational Therapy - Non-Medicare         \$ 155,150         155,150           d. Occupational Therapy - Non-Medicare Contractual Allowance **         \$ (155,150)         (155,150)           6. a. Other (Specify) - Medicare         \$ (17,134)         (17,134)           b. Other (Specify) - Non-Medicare         \$ (17,134)         (17,134)           III Total Resident Revenue         (Section I.thru Section II.)         \$ 8,875,700           IV Other Revenue*         \$ (17,134)         (17,134)           1. Meals sold to guests, employees & others         \$ (17,134)         (17,134)           2. Rental of rooms to non-residents         \$ (17,134)         (17,134)           3. Telephone         \$ (17,134)         (17,134)           4. Rental of Television and Cable Services         \$ (17,134)         (17,134)           5. Interest Income (Specify)         \$ (17,134)         (17,134)           6. Private Duty Nurses' Fees         \$ (17,134)         (17,134)					····			
d. Speech Therapy - Non-Medicare Contractual Allowance **				····				
5. a. Occupational Therapy - Medicare.       \$ 483,575       483,575         b. Occupational Therapy - Medicare Contractual Allowance **       \$ (319,311)       (319,311)         c. Occupational Therapy - Non-Medicare.       \$ 155,150       155,150         d. Occupational Therapy - Non-Medicare Contractual Allowance **       \$ (155,150)       (155,150)         6. a. Other (Specify) - Medicare.       \$ (17,134)       (17,134)         b. Other (Specify) - Non-Medicare.       \$ (17,134)       (17,134)         III Total Resident Revenue       (Section I.thru Section II.).       \$ 8,875,700         IV Other Revenue*       \$ (17,134)       (17,134)         1. Meals sold to guests, employees & others.       \$ (17,134)         2. Rental of rooms to non-residents.       \$ (17,134)         3. Telephone.       \$ (17,134)         4. Rental of Television and Cable Services.       \$ (17,134)         5. Interest Income (Specify)       \$ (17,134)         6. Private Duty Nurses' Fees.       \$ (17,134)         7. Barber, Coffee, Beauty and Gift shops.       \$ (17,134)         8. Other (Specify)						***************************************	<b></b>	
b. Occupational Therapy - Medicare Contractual Allowance ** \$ (319,311) (319,311)  c. Occupational Therapy - Non-Medicare \$ 155,150   155,150   d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (155,150) (155,150)   6. a. Other (Specify) - Medicare \$ \$ (17,134) (17,134)   b. Other (Specify) - Non-Medicare \$ \$ (17,134) (17,134)   III Total Resident Revenue (Section I.thru Section II.) \$ 8,875,700   8,875,700   IV Other Revenue*  1. Meals sold to guests, employees & others \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$								
c. Occupational Therapy - Non-Medicare       \$ 155,150       155,150         d. Occupational Therapy - Non-Medicare Contractual Allowance **       \$ (155,150)         6. a. Other (Specify) - Medicare						***************************************	<b> </b>	
d. Occupational Therapy - Non-Medicare Contractual Allowance **       \$ (155,150)       (155,150)         6. a. Other (Specify) - Medicare					<del></del>	***************************************		
6. a. Other (Specify) - Medicare								
b. Other (Specify) - Non-Medicare					V			
III Total Resident Revenue (Section I.thru Section II.)       \$ 8,875,700       8,875,700         IV. Other Revenue*       \$          1. Meals sold to guests, employees & others.       \$          2. Rental of rooms to non-residents.       \$          3. Telephone       \$          4. Rental of Television and Cable Services.       \$          5. Interest Income (Specify)       \$          6. Private Duty Nurses' Fees.       \$          7. Barber, Coffee, Beauty and Gift shops.       \$          8. Other (Specify)       \$       1,340       1,340         V. Total Other Revenue (1 thru 8)       \$       1,340       1,340				(17,134)	(17.134)		<u> </u>	
IV. Other Revenue*       \$         1. Meals sold to guests, employees & others.       \$         2. Rental of rooms to non-residents.       \$         3. Telephone.       \$         4. Rental of Television and Cable Services.       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees.       \$         7. Barber, Coffee, Beauty and Gift shops.       \$         8. Other (Specify)       \$         7. Total Other Revenue (1 thru 8)       \$								
2. Rental of rooms to non-residents.       \$         3. Telephone       \$         4. Rental of Television and Cable Services       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees       \$         7. Barber, Coffee, Beauty and Gift shops       \$         8. Other (Specify)       \$       1,340         V. Total Other Revenue (1 thru 8)       \$       1,340				-,,	-,,			
2. Rental of rooms to non-residents.       \$         3. Telephone       \$         4. Rental of Television and Cable Services       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees       \$         7. Barber, Coffee, Beauty and Gift shops       \$         8. Other (Specify)       \$       1,340         V. Total Other Revenue (1 thru 8)       \$       1,340	1. Meals sold to guests, employees	& others	. \$					
3. Telephone       \$         4. Rental of Television and Cable Services       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees       \$         7. Barber, Coffee, Beauty and Gift shops       \$         8. Other (Specify)       \$         V. Total Other Revenue (1 thru 8)       \$         1,340       1,340	2. Rental of rooms to non-residents		. \$					
4. Rental of Television and Cable Services.       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees.       \$         7. Barber, Coffee, Beauty and Gift shops.       \$         8. Other (Specify)       \$       1,340         V. Total Other Revenue (1 thru 8)       \$       1,340							<del> </del>	
5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees       \$         7. Barber, Coffee, Beauty and Gift shops       \$         8. Other (Specify)       \$       1,340         V. Total Other Revenue (1 thru 8)       \$       1,340								
6. Private Duty Nurses' Fees.       \$         7. Barber, Coffee, Beauty and Gift shops.       \$         8. Other (Specify).       \$       1,340         V. Total Other Revenue (1 thru 8).       \$       1,340								
7. Barber, Coffee, Beauty and Gift shops.       \$   </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>***************************************</td> <td></td> <td></td>						***************************************		
8. Other (Specify)       \$ 1,340       1,340         V. Total Other Revenue (1 thru 8)       \$ 1,340       1,340								
V. Total Other Revenue (1 thru 8)				1.340	1.340			
	V. Total Other Revenue (1 thru 8)							

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

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

## Schedule of Other Resident Revenue - Medicare

n					*		
к	eı	а	te.	a	E	X	n

Page Ref Description	CCNH	RHNS	(Specify)
			100
Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ (17,134)		
				4.5
Total Othe	er Resident Revenue	\$ (17,134)	S -	\$ -

## **Interest Income**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
		100			
				100	
		10.00			
Total Inte	rest Income	100000000000000000000000000000000000000	S -	S -	S -
-			Ł		A meaning of the second

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 1,340		
			1000	
		(4) (4)		
Total Oth	er Revenue	\$ 1,340	\$ -	S -

## G. Balance Sheet

	of Facility CCH Group LLC of Bristol, d/b/a	License No.	Report for Year Er	nded	Page	of
	yside Manor of Bristol	2285	9/30/2016		31	37
<b>_</b>		Account			<u> </u>	mount
Assets						
	Current Assets					
1	. Cash (on hand and in banks).			s		58,908
2	. Resident Accounts Receivable	e (Less Allowance for	Bad Debts)	\$		686,462
	. Other Accounts Receivable (F					
4					***************************************	18,711
5	. Prepaid Expenses			\$		198,460
	a. Prepaid Insurance		197,448			
	b. Prepaid expenses-RICOH	lease	1,012			
	c.					
	d.					
6						
7	. Medicare Final Settlement Re	ceivable		\$		
	. Other Current Assets (itemize					24,046
	Medicaid cost settlement		17,354			
	A/R Related Parties		6,692			
			±			
A-9. <i>T</i>	Total Current Assets (Lines A1 t	:hru 8)		\$		986,587
B. F	ixed Assets					
1	. Land		*******	\$		
2	. Land Improvements	*Historical Cost		\$		
		Accum. Depreciation	N	et		
3	. Buildings	*Historical Cost		\$		
		Accum. Depreciation	N	et		
4	. Leasehold Improvements	*Historical Cost	<del></del>	\$		402,531
	-	Accum. Depreciation	(812,540) N	et		
5	. Non-Movable Equipment	*Historical Cost	273,119	\$		128,622
		Accum. Depreciation	(144,497) N	et		
6	. Movable Equipment	*Historical Cost	737,190	\$		88,489
		Accum. Depreciation	(648,701) N	et		
7	. Motor Vehicles	*Historical Cost		\$		
		Accum. Depreciation	N	et		
8	. Minor Equipment-Not Deprec					
9	. Other Fixed Assets (itemize).	\$	**************************************	21,559		
	Moveable Equipment Carr			•		
	Misc Fixed Asset system I					
B-10.	Total Fixed Assets (Lines B1		3,480	\$		641,201

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

Totals		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
McKesson Scan returned 3/2016	9.349	667 1 1380 1 138
tient Rooms Vita 2016	4,228 <b>\$</b>	25 88 65 3 4 5 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6
ent Rooms TVs Pa	978 <b>\$</b>	80 80 90 90 90 90 90 90 90 90 90 90 90 90 90
nt Rooms TVs Pati 14 21	4,265 \$ 5	2, 2, 2, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
Rooms TVs Patier 20*	7,237 \$	2172 6.5147 5.5067 5.007
McKesson Heritage Furniture WitaScan returned 2007 2014 2015 2015 37	68 <b>\$</b> 10	48 12 14 15 18 18 18 18 18 18 18 18 18 18 18 18 18
iture Heritage Fur 2008	38 \$ 5	4 <u>2</u>
ire Heritage Furn 2008	11.804 \$ 10	1 1996 1 1100 4 5 5 5 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e Heritage Furnita 2007	•	90 90 90 90 90 90 90 90 90 90 90 90 90 9
	\$ 10,799	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Done Construction 2006	\$ 727	6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
2004/2005 Field Audit Done Construction Adjustment 2	860 5	172 172 172 173 173 173 173 173 173 173 173 173 173
2004/2005 Field Audit Adjustment 1	\$ 006	N N N N N N N N N N N N N N N N N N N
Prior Owner Basis	Add Back \$ (65,155) 10	\$ (64.572) \$ (64.572) \$ (65.69) \$ (67.69) \$ (6
Control of Control	Originate Disastow Adjustment Cost Term	Deprece Book Value Book Book Value Book Value Book Value Book Value Book Value Book Book Book Book Book Book Book Boo
ost Year		2002 2002 2003 2000 2000 2000 2000 2000

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# G. Balance Sheet (cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a		License No.	License No. Report for Year Ended		Page	of		
Countryside Manor of Bristol		2285	9/30/2016		32	37		
		Account		Π		mount		
			Total Brought Forward:	\$		1,627,788		
C.	Leasehold or like property record	ed for Equity Purpose						
	1. Land			\$		481,847		
	2. Land Improvements	*Historical Cost	•					
		Accum. Depreciation		\$				
	3. Buildings	*Historical Cost						
		Accum. Depreciation		\$		1,345,406		
	4. Non-Movable Equipment	*Historical Cost						
		Accum. Depreciation		\$				
	5. Movable Equipment	*Historical Cost						
		Accum. Depreciation		\$				
	6. Motor Vehicles	*Historical Cost						
		Accum. Depreciation		\$				
		eciable						
C-8		\$		1,827,253				
D.	Investment and Other Assets							
	1. Deferred Deposits	\$						
	2. Escrow Deposits	2. Escrow Deposits						
	3. Organization Expense	*Historical Cost						
		Accum. Depreciation Net						
	4. Goodwill (Purchased Only)			\$		325,968		
	5. Investments Related to Reside	ent Care (itemize)		\$				
L								
	6. Loans to Owners or Related P	arties (itemize)		\$				
	Name and Address	Amount	Loan Date					
						12.2		
						THE STATE OF THE S		
	7. Other Assets (itemize)	7. Other Assets (itemize)						
	Project Development							
D-8.	. Total Investments and Other Ass	ets (Lines D1 thru 7).		\$		329,407		
D-9.	. Total All Assets (Lines A9 + B10	0 + C8 + D8)		\$		3,784,448		

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

# G. Balance Sheet (cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a		License No.	Report for Year	Ended	Page	of	
Countryside Manor of Bristol		2285	2285 9/30/2016		33	37	
			Account		T		nount
Liabilities	· · · · · · · · · · · · · · · · · · ·	····					
A.	Cui	rrent Liabilities					
	1.	Trade Accounts Payable			\\$		914,256
	2.	Notes Payable (itemize)			\$		2,952,845
		Loans		2,952,84	5		
		19.pp					
	3.	Loans Payable for Equipm	ent (Current portion	<u>n ) (itemize )</u>	\$		
		Name of Lender	Purpose	Amount	Date Due		
							4.0
		A compad Daymall (Englacia	a of Ownsons and I on	Stoolela I down order)	\$		244 601
	<u>4.</u> 5.						344,691
<u> </u>	6.	Accrued Payroll Taxes Pa			~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		5,502
<b></b>	7.						3,302
		Medicare Final Settlement	na Davishla				***************************************
	8.	Medicare Current Financi Mortgage Payable (Current	at Postion				
	9.	Interest Payable (Exclusive			<del></del>		
		Accrued Income Taxes*					
		Other Current Liabilities (			<u>3</u>		246,395
	12.	Omer Current Liabilities (		• • • • • • • • • • • • • • • • • • • •			240,393
		A cold Operating Evanges		90.73	·····		
Acc'd Operating Expenses  Acc'd Expense - Sales Tax				89,73 1,17	192		
		Act a Expense - Sales Tax		1,17			
		Provider Taxes Due	· · · · · · · · · · · · · · · · · · ·	155,48			
		Tiovider Laxes Due		133,40			
A-13.	To	tal Current Liabilities (Lin	es A1 thru 12)		\$		4,463,689

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

(Carry Total forward to next page)

<sup>\*\*</sup> Interest Bearing - Do Not Include in Return on Equity Calculation.

## Countryside Manor accd exp 9/30/2016

1/28/2016	2170-010-110	(\$10,031.00)	acct'g
9/30/2016	2170-010-110	(\$6,192.84)	electric
9/30/2016	2170-010-110	(\$3,139.91)	gas/propane
9/30/2016	2170-010-110	(\$1,937.00)	payroll fee Athena
5/31/2016	2170-010-110	(\$1,337.00)	water
9/30/2016	2170-010-110	(\$61,100.52)	IBNR
9/30/2016	2170-010-110	(\$6,000.00)	Wage Enhancement

\$ (89,738.27)

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

CSP-34 Rev. 6/95

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page		of		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			16	34	1	37		
		Ar	nount					
	Total Brought Forward:							
Liabilities (cont'd)								
B. Long-Term Liabilities								
Loans Payable-Equipment	(itemize)		\$					
Name of Lender	Purpose	Amount	Date Due					
	,							
2. Mortgages Payable			\$					
3. Loans from Owners or Rel	ated Parties (itemize)		\$		215,2	273		
Name and Address of Lender	Amount	Loan D	ate					
	215,273							
•								
4. Other Long-Term Liabiliti	es (itemize)		\$		552,4	186		
Due to Landlord								
B-5. Total Long-Term Liabilities (	Lines B1 thru 4)		\$		767,7	759		
C. Total All Liabilities (Lines A-	13 + B-5)		\$		5,231,4	148		

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285	9/3	30/2016	35	37
		A	mount			
A.	Reserves					
	1. Reserve for value of leased	land	•••••	\$	3	481,847
	2. Reserve for depreciation val	ue of leased build	ings and appurte	nances		
	to be amortized		****	\$	}	1,345,406
	3. Reserve for depreciation val	ue of leased perso	nal property ( $Eq$	uity) \$		
	4. Reserve for leasehold real p	roperties on which	fair rental value	e is based\$	}	
	5. Reserve for funds set aside a	as donor restricted		\$		
	6. Total Reserves	••••		\$		1,827,253
B.	Net Worth					
ļ	1. Owner's Capital			<u></u> \$	<u> </u>	
	2. Capital Stock			s	3	
	3. Paid-in Surplus			s	)	(884,166)
	4. Treasury Stock			s	s )	
	5. Cumulated Earnings			s	1	(1,038,761)
	6. Gain or Loss for Period	10/1/20	15 thru	9/30/2016 \$	)	(1,351,326)
	7. Total Net Worth			s	t )	(3,274,253)
C.	Total Reserves and Net Worth			\$	·	(1,447,000)
D.	Total Liabilities, Reserves, and	Net Worth	••••	\$	<b>,</b>	3,784,448

# H. Changes in Total Net Worth

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No.	Report for Year	Ended	Page	of	
Countryside Manor of Bristol	2285	9/30/20	16	36	37	
		A	mount			
A. Balance at End of Prior Period as s	hown on Report of (	9/30/2015	\$		(1,960,145)	
B. Total Revenue (From Statement of			8,877,040			
D. Net Income or Deficit	Net Income or Deficit.				(1,351,326)	
E. Balance			\$		(3,311,471)	
F. Additions						
Additional Capital Contributed	(itemize )					
Change in SWAP Value		2,634				
Surplus Cash from Landl	ord	18,198			400	
2. Other (itemize)	_					
Prior Year Cost Report A	ccruals	19,645				
			4.			
expense adjustment (copi	•	(1,013)				
expense adjustment (insu	rance)	(2,246)				
					25.010	
F-3. Total Additions	***************************************		\$		37,218	
G. Deductions	/Doute and (C:f.)		6			
1. Drawings of Owners/Operators		<del></del>				
Name and Address (No., City,	State, Lip )	Title	Amount			
					- 100 - 100	
2 01 Will 1 (0 10)						
2. Other Withdrawings (Specify).	\$ nt					
Purpose						
					action property	
3. Total Deductions	******************		\$			
H. Balance at End of Period	09/30/1	6	\$		(3,274,253)	

# I. Preparer's/Reviewer's Certification

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No.	Report for Year Ended	Page	of
Countryside Manor of Bristol	2285	9/30/2016	37	37
Check appropriate category				
CCNH	RHNS	Other (Specify)		
<b>V</b>				
Preparer/Reviewer Certification				
have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the appplicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.				
Signature of Preparer  Printed Name of Preparer	Title CFO	Date Signed $ 2 - 15 - 17 $		
Athena Health Care Associates, Inc				
Address		Phone Number	-	
135 South Road				
Farmington, CT 06032		(860) 751-3900		

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