

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Odd Fellows Home of CT, d/b/a Fairview	
Address (No. & Street, City, State, Zip Code) 235 Lestertown Road, Groton, CT 06340	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 258c	RHNS	(Specify)	Medicare Provider 07-5288
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Medicaid Provider Numbers:	CCNH 2584	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Odd Fellows Home of CT, d/b/a Fairview [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Odd Fellows Home of CT, d/b/a Fairview		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 235 Lestertown Road, Groton, CT 06340				
Report Prepared By RKL LLP		Phone Number 717-394-5666	Date 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 Facility 860-445-7478		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Odd Fellows Home of CT, d/b/a Fairview			Address (No. & Street, City, State, Zip) 235 Lestertown Road, Groton, CT 06340		
License Numbers:	CCNH 258c	RHNS	(Specify)	Medicare Provider No. 07-5288	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator James Rosenman			Nursing Home Administrator's License No.:	1944	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2016	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Fellowship Manor	235 Lestertown Road, Groton, CT 06340	<input checked="" type="radio"/>	<input type="radio"/>		Housekeeping Services	pg. 30 line IV 8	(27,975)	(27,975)
Odd Fellows Healthcare, Inc.	235 Lestertown Road, Groton, CT 06340	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	pg. 16 line m12	40,000	40,000
Fellowship Manor	235 Lestertown Road, Groton, CT 06340	<input checked="" type="radio"/>	<input type="radio"/>		Other Accounts Receivable	pg. 32 line D7	1,136,265	1,136,265
Fellowship Manor	235 Lestertown Road, Groton, CT 06340	<input checked="" type="radio"/>	<input type="radio"/>		Other Accounts Receivable	pg. 32 line D7	24,974	24,974
Faith, Hope and Charity	235 Lestertown Road, Groton, CT 06340	<input type="radio"/>	<input checked="" type="radio"/>		Other Accounts Receivable	pg. 32 line D7	10,980	10,980
		<input checked="" type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Odd Fellows Home of CT, d/b/a Fairview			License No. 258c		Report for Year Ended 9/30/2016		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***

* 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 Odd Fellows Home of CT, d/b/a Fa	License No. 258c	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum, Shapiro & Company, P.C.	29 S. Main Street, West Hartford, CT 06107
2 Hooker & Holcombe	65 LaSalle Road, West Hartford, CT 06107
3	
4	

Services Provided by This Firm (*describe fully*)

1 Audit, Cost Report Preparation, 990 Preparation, Benefit Plan Audit	\$ 69,068
2 Actuarial Services	\$ 8,757
3	\$
4	\$
	Charge for Services Provided
	\$ 77,825

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

- Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina	860-240-6000
2 Wiggin & Dana	860-297-3700
3 Law Offices of Gregory P. Carnese, LLC	860-434-9440
4 Tobin, Carberry, O'Malley, Riley, Selinger, P.C.	860-447-0335
5 State of CT	N/A

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

1 185 Asylum Street, Hartford, CT 06103
2 20 Church St, Hartford, CT 06103
3 81 Halls Road, Suite B Old Lyme, CT 06371
4 43 Broad Street, New London, CT 06320
5 N/A

Services Provided by This Firm (*describe fully*)

1 Pension, Employee related matters, general regulatory	\$ 122,432
2 Property tax appeal, 990 review	\$ 30,808
3 Collections - Disallowed	\$ 195
4 General regulatory	\$ 325
5 Miscellaneous Wage Garnishments - Disallowed	\$ 810
	Charge for Services Provided
	\$ 154,570

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

- Yes No

Schedule of Resident Statistics

Name of Facility Odd Fellows Home of CT, d/b/a Fairview			License No. 258c		Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	115	115			115	115			112	112		
B. As of midnight of THIS report period	113	113			112	112			113	113		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,880	4,880			3,727	3,727			1,153	1,153		
B. Medicaid (Conn.)	21,406	21,406			16,015	16,015			5,391	5,391		
C. Medicaid (other states)												
D. Private Pay	13,606	13,606			10,173	10,173			3,433	3,433		
E. State SSI for RCH												
F. Other (Specify) Hospice, Commercial Insurance	1,176	1,176			996	996			180	180		
G. Total Care Days During Period (3A thru F)	41,068	41,068			30,911	30,911			10,157	10,157		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	18	18			13	13			5	5		
B. Other Bed Reserve Days	154	154			144	144			10	10		
5. Total Resident Days (3G + 4A + 4B)	41,240	41,240			31,068	31,068			10,172	10,172		

Schedule of Resident Statistics (Cont'd)

Name of Facility Odd Fellows Home of CT, d/b/a Fairview			License No. 258c			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	11		58		44								
Per Diem Rate													
a. One bed rm.	PPS		225.96		385.82								
b. Two bed rms.													
c. Three or more bed rms.	PPS		225.96		343.75								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,931	2,931				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								13,717	13,717				
D. Total Physical Therapy Treatments								16,648	16,648				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								683	683				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,699	1,699				
D. Total Speech Therapy Treatments								2,382	2,382				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,454	4,454				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								14,018	14,018				
D. Total Occupational Therapy Treatments								18,472	18,472				

Report of Expenditures - Salaries & Wages

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	189,877	2,262				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	588,231	18,837				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	66,275	2,077				
c. Dietary Workers	532,561	47,910				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	220,063	19,096				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	77,607	2,157				
b. Other Maintenance Workers	235,048	16,176				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	166,066	16,681				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	28,220	621				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	233,020	4,508				
b. RN						
1. Direct Care	985,347	49,051				
2. Administrative**	171,988	3,426				
c. LPN						
1. Direct Care	940,576	57,080				
2. Administrative**						
d. Aides and Attendants	2,159,190	218,454				
e. Physical Therapists	241,466	6,405				
f. Speech Therapists	55,350	1,351				
g. Occupational Therapists	183,378	5,750				
h. Recreation Workers	178,666	12,542				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	74,458	2,204				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<i>7,327,387</i>	<i>486,588</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Optometrist	\$ 671	Disallowed				
Total	\$ 671	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Odd Fellows Home of CT, d/b/a Fairview				258c	9/30/2016				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Odd Fellows Home of CT, d/b/a Fairview				258c	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
James Rosenman	189,877			Health Ins, Pension, Life Ins, Disability		2,262	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	37,140	485				
2. Dentist	8,271	96				
3. Pharmacist	7,240	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	118,754	1,387				
b. Other						
6. Social Worker	2,063	38				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	72,375	913				
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	50,813	162				
b. Other						
10. Occupational Therapist						
a. Resident Care	106,955	1,366				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	671					
B-13 Total Fees Paid in Lieu of Salaries	404,282	4,639				

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

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

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

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

Name of Facility Odd Fellows Home of CT, d/b/a Fairview		License No. 258c		Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Barbara Corvello; 1201 Durham Road, Madison, CT 06443	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Lindsay D'amato, 20 Ferryview Drive, Gales Ferry, CT 06335	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Ted Malahias; 115 Bridge Street, Groton, CT 06340	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Pharmerica; P.O. Box 409251, Atlanta, GA 30384	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
HealthPro Therapy Services, 307 International Cir #100, Hunt Valley, MD 21030	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>			
Heather Kwasnick; 193 Noble Hill Road, Oakdale, CT 06370	Social Service Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Edward McDermott; 25 Church Street, Groton, CT 06340	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Inpatient Consultants of NE, P.O. Box 844929, Los Angeles, CA 90084-4929	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Professional Eye Care, LLC, 131 Boston Post Road, Waterford, CT 06385	Optometrist	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 242,156	242,156		
2. Disability Insurance	\$ 53,696	53,696		
3. Unemployment Insurance	\$ 14,692	14,692		
4. Social Security (F.I.C.A.)	\$ 531,383	531,383		
5. Health Insurance	\$ 440,796	440,796		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,788	6,788		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 424,308	424,308		
8. Uniform Allowance	\$ 8,677	8,677		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 15,672	15,672		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 77,825	77,825		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 99,870	99,870		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,767	21,767		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 12,460	12,460		
2. Cellular Phones	\$ 2,882	2,882		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 747,408	747,408		
Subtotal	\$ 2,700,380	2,700,380		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Odd Fellows Home of CT, d/b/a Fairview
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Physicals	\$ 7,743		
EE Wellness	\$ 7,929		
Total	\$ 15,672	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	2,700,380	2,700,380			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	13,610	13,610		
4. Employee Travel	\$	4,918	4,918		
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	6,292	6,292		
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	8,505	8,505		
See Attached Schedule					
4. Fund-Raising***	\$	967	967		
5. Medical Records	\$	76,388	76,388		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,774	4,774		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	20,533	20,533		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	290	290		
9. Subscriptions	\$	12,536	12,536		
10. Contributions***	\$	1,253	1,253		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	58,351	58,351		
12. Administrative Management Services**	\$	40,000	40,000		
13. Other (<i>Specify</i>)	\$	409,835	409,835		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,358,632	3,358,632		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Other - Disallowed	\$ 8,505		
Total Other Advertising	\$ 8,505	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
LeadingAge Connecticut	\$ 14,136		
Professional Certifications	\$ 452		
Connecticut Association of Healthcare	\$ 350		
LeadingAge	\$ 5,565		
CT Association of Therapeutic Recreation Directors	\$ 30		
Total Dues	\$ 20,533	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Gifts & Contributions - Disallowed	\$ 1,253		
Total Contributions	\$ 1,253	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges (\$2,418 - Disallowed; \$400 Bond)	\$ 2,818		
IT Maintenance Charges (Disallowed Portion - See Page 28B)	\$ 25,208		
Licenses and Fees	\$ 30,401		
Trainings & Meetings	\$ 19,625		
IT Equipment (Disallowed Portion - See Page 28B)	\$ 9,299		
Background & Criminal Investigations	\$ 11,528		
Recruiting	\$ 20,042		
IT Connect Charges (Disallowed Portion - See Page 28B)	\$ 15,040		
Unemployment Management	\$ 14,892		
Employee Vaccinations	\$ 2,354		
Consultants - Financial	\$ 232,085		
Consultants - Network (Disallowed Portion - See Page 28B)	\$ 7,589		
Medicare Consultant (Disallowed)	\$ 16,999		
Board of Directors Stipend (Disallowed)	\$ 1,955		
Total Other Administrative and General	\$ 409,835	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Odd Fellows Healthcare, Inc. 235 Lestertown Road Groton, CT 06340	40,000	Management Fee	16-m12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2016	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 382,614	382,614		
2. Non-Food Supplies	\$ 46,636	46,636		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____			
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 429,250	429,250		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$94,944				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg. 30 Line IV 1
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. Included in Line 2E				
O. Is any revenue collected from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. Included in Line 2I				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg. 30 Line IV 1

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview		258c	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$	17,235	17,235	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	17,235	17,235	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	22,290	22,290		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$	34,145	34,145		
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 56,435	56,435		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	206,543	206,543		
b. Medicine Cabinet Drugs	\$	19,185	19,185		
c. Medical and Therapeutic Supplies	\$	255,212	255,212		
d. Ambulance/Limousine***	\$	4,091	4,091		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	15,824	15,824		
f. X-rays and Related Radiological Procedures***	\$	27,073	27,073		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	42,412	42,412		
i. Recreation	\$	11,664	11,664		
j. Other (Specify)**** See Attached Schedule	\$	11,978	11,978		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 593,982	593,982		

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

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

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

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

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

Name of Facility Odd Fellows Home of CT, d/b/a Fairview			License No. 258c		Report for Year Ended 9/30/2016			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Dynamic Alliance	12 Douglas Lane, Suite 4 Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>		Computer/Network Consulting	33,521				
DartChart	3825 W. Green Tree Rd Milwaukee, WI 53212	<input type="radio"/>	<input checked="" type="radio"/>		Support and Application Hosting	18,000				
Harmony Healthcare	430 Boston Street Topsfield, MA 01983	<input type="radio"/>	<input checked="" type="radio"/>		Medicare Consulting	15,635				
Optimus EMR, Inc.	Suite 105 Irvine, CA 92614	<input type="radio"/>	<input checked="" type="radio"/>		Support and Application Hosting	15,278				
Mega Mechanical	293 Oakwood Drive Glastonbury, CT 06033	<input type="radio"/>	<input checked="" type="radio"/>		Preventative Maintenance Contract	13,089				
L&M Hospital	365 Montauk Avenue New London, CT 06320	<input type="radio"/>	<input checked="" type="radio"/>		Laboratory Services	37,849				
SOS Corporation	P.O. Box 1859 Pinehurst, NC 28370	<input type="radio"/>	<input checked="" type="radio"/>		Software License	12,394				
OnShift	1621 Euclid Avenue Cleveland, OH 44115	<input type="radio"/>	<input checked="" type="radio"/>		Software License	6,400				
Mobilex	930 Ridgebrook Road Sparks, MD 21152	<input type="radio"/>	<input checked="" type="radio"/>		Radiology Services	26,777				
Yardi Systems	Santa Barbara, CA 93117	<input type="radio"/>	<input checked="" type="radio"/>		Software License	15,107				
Kronos	297 Billerica Road Chelmsford, MA 01824	<input type="radio"/>	<input checked="" type="radio"/>		Software License	29,508				
RKL LLP	1800 Fruitville Pike Lancaster, PA 17604	<input type="radio"/>	<input checked="" type="radio"/>		Interim CFO & Financial Consulting Services	232,085				
CVM	780 East Main Street Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Computer/Network Consulting	15,805				
ADP, Inc.	P.O. Box 842875 Boston, MA 02284-2875	<input type="radio"/>	<input checked="" type="radio"/>		Software License	12,115				

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

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Odd Fellows Home of CT, d/b/a Fairview	258c	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 93,425	93,425				
b. Heat	\$ 48,906	48,906				
c. Light & Power	\$ 89,414	89,414				
d. Water	\$ 15,932	15,932				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 81,932	81,932				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 329,609	329,609				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,588	1,588				
b. Building & Building Improvements	\$ 336,499	336,499				
c. Non-Movable Equipment	\$ 32,499	32,499				
d. Movable Equipment	\$ 105,561	105,561				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 476,147	476,147				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 561	561				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 561	561				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 476,708	476,708				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Utilities - Sewage	\$ 20,248		
Utilities - Cable TV	\$ 4,821		
Utilities - Waste Disposal	\$ 18,762		
Hazardous Waste	\$ 3,596		
Safety Program & Supplies	\$ 297		
Equipment - Expendable/Durable	\$ 34,208		
Total Other Repairs and Maintenance	\$ 81,932	\$ -	\$ -

Odd Fellows Home of CT, d/b/a Fairview
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/30/2015	Cabinetry for Second Floor Dining	\$ 15,467	15	\$ 773
1/30/2016	Advanced Improvement/Nourishment Room Counters	\$ 7,060	15	\$ 314
1/30/2016	Advanced Improvement/Nourishment Room Flooring	\$ 7,060	10	\$ 471
1/30/2016	Advanced Improvement/Nourishment Room Ceiling Tile	\$ 7,060	20	\$ 235
1/30/2016	Advanced Improvement/Nourishment Room Cabinets	\$ 7,060	15	\$ 314
2/4/2016	Second Floor Laminate Flooring	\$ 69,121	5	\$ 4,608
4/22/2016	Office Refurbishments - Carpet, Paint, Equipment	\$ 1,167	5	\$ 97
5/31/2016	Flooring	\$ 2,850	10	\$ 95
5/31/2016	Cabinets	\$ 2,850	15	\$ 63
5/31/2016	Painting	\$ 2,850	5	\$ 190
5/31/2016	Counters	\$ 2,850	15	\$ 63
5/30/2016	Window Tint Application	\$ 1,250	5	\$ 83
Total additions for Building Improvements		\$ 126,645		\$ 7,306 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2015	Laundry Heating System	\$ 6,135	10	\$ 511
2/1/2016	Smarthome Projection Screen	\$ 13,238	10	\$ 883
3/11/2016	HP Switches for Telephone System	\$ 22,271	10	\$ 1,299
5/14/2016	Landscaping Plantings	\$ 3,787	10	\$ 158
5/18/2016	High Rise Concrete Paving & Signage	\$ 37,650	15	\$ 837
9/22/2016	Motor Elevator Replacement	\$ 12,491	20	\$ -

Total additions for Non-Movable Equipment		\$ 95,572		\$ 3,688 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2015	Furniture- Armchairs, Tables and Fireplace	\$ 25,337	15	\$ 1,689
10/1/2015	Steamer	\$ 10,427	15	\$ 695
10/1/2015	Exhaust Fan	\$ 4,135	10	\$ 414
10/1/2015	Beds	\$ 19,989	12	\$ 1,666
10/15/2015	Ultrasound Machine	\$ 2,512	7	\$ 359
11/1/2015	Clinical Mattress	\$ 2,560	5	\$ 469
12/1/2015	Kubota Tractor & Plow	\$ 26,100	10	\$ 2,175
12/1/2015	Television	\$ 5,078	5	\$ 846
1/1/2016	Mattresses	\$ 17,617	5	\$ 2,643
2/1/2016	Lenovo Think Station w/ Memory	\$ 1,359	5	\$ 181
3/1/2016	Table	\$ 2,390	15	\$ 93
3/1/2016	Furniture	\$ 2,584	15	\$ 100
4/1/2016	Telephones	\$ 21,286	10	\$ 1,064
5/31/2016	Oxygen Concentrators	\$ 7,140	5	\$ 476
6/1/2016	Beds	\$ 13,910	12	\$ 386
7/1/2016	Prokop Signs	\$ 11,927	10	\$ 298
8/1/2016	Furniture - Beds, Chairs & Tables	\$ 18,546	15	\$ 206
8/1/2016	Island Air PTAC Units	\$ 15,262	5	\$ 509
9/1/2016	Wall Hangings	\$ 1,345	10	\$ 11
Total additions for Movable Equipment		\$ 209,504		\$ 14,280 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Odd Fellows Home of CT, d/b/a Fairview			258c		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Amortization Expense	11	2013	240	11,318	1,076	SL		561	
2.									
3.									
B-4. Subtotal									561
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									561

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Odd Fellows Home of CT, d/b/a Fairv	License No. 258c	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	1961/1979			
2. Date Structure Completed	Various - Final 5/1/07			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	1892			
5. Total Licensed Bed Capacity	120			
6. Square Footage	98,767			
7. Acquisition Cost				
a. Land	126,746			
b. Building	6,983,623			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	11/07/13			
c. Interest Rate for the Cost Year	4.15%			
d. Term of Mortgage (number of years)	20			
e. Amount of Principal Borrowed	5,152,000			
f. Principal balance outstanding as of _____	3,470,523			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Odd Fellows Home of CT, d/b/a Fairv		258c	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 167,921	167,921		
Name of Lender		Rate				
Chelsea Groton Savings Bank		4.15%				
Address of Lender						
904 Poquonnok RoadGroton, CT 06340						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 167,921	167,921		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Odd Fellows Home of CT, d/b/a Fa		258c		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				167,921	167,921		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$ 921	921		
A. Item		Rate	Amount				
Computers and Software		8.50%	46,248				
Lender							
VAR Resources Inc.							
Address of Lender							
2330 Interstate 30Mesquite, TX 75150							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 921	921		
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 168,842	168,842		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 21,381	21,381		
b. Insurance on Automobiles				\$ 4,235	4,235		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 17,516	17,516		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 64,562	64,562		
General Liability, D&O, Crime							
14d. Total Insurance Expenditures (14a + b + c)				\$ 107,694	107,694		
15. Total All Expenditures (A-13 thru C-14)				\$ 13,270,056	13,270,056		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview				258c	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 183,378	183,378		
4.			Other - See attached Schedule	\$ 119,663	119,663		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 106,955	106,955		
7.			Other - See attached Schedule	\$ 8,942	8,942		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$ 1,005	1,005		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 8,505	8,505		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,220	2,220		
21.			Unallowable Management Fees	\$ 40,000	40,000		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 94,110	94,110		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 94,944	94,944		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$ 27,975	27,975		
Subtotal (Items 1 - 26)				\$ 687,697	687,697		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A2	Administrator Compensation - see attachment page 28B	\$ 15,815		
10	A7b	Maintenance Supervisor - see attachment page 28B	\$ 15,521		
10	A4	Other Administrative Salaries - see attachment page 28B	\$ 82,683		
10	A11a	Head Accountant Salary - see attachment page 28B	\$ 5,644		
Total Other Salaries Adjustment			\$ 119,663	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Optometrist	\$ 671		
13	B2	Dentist	\$ 8,271		
Total Other Fees Adjustments			\$ 8,942	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 2,418		
16	M13	Medicare Consultant	\$ 16,999		
15	1a1-1a9	Unallowable Administrator Benefits - See page 28B attachment	\$ 3,751		
15	1a1-1a9	Unallowable Other Salary Benefits - See page 28B attachment	\$ 24,634		
16	M13	Board of Directors Stipend	\$ 1,955		
16	8a	Chamber of Commerce Dues	\$ 290		
16	M13	IT Charges - See page 28B attachment	\$ 9,713		
16	M7	Postage - See page 28B attachment	\$ 812		
15	1d	Accounting Fees - See page 28B attachment	\$ 13,230		
16	M5	Support and Application Hosting	\$ 18,000		
30	IV 8	Purchase Discounts	\$ 2,308		
Total Other A&G Adjustments			\$ 94,110	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Odd Fellows Home of CT, d/b/a Fairview			258c	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 687,697	687,697		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 206,543	206,543		
28.			Ambulance/Limousine	\$ 4,091	4,091		
29.			X-rays, etc	\$ 27,073	27,073		
30.			Laboratory	\$ 42,412	42,412		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 15,824	15,824		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 4,821	4,821		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 146,298	146,298		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,134,759	1,134,759		

*** 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.

Odd Fellows Home of CT, d/b/a Fairview
9/30/2016

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6f	Cable TV	\$ 4,821		
Total Other Property Adjustments			\$ 4,821	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Transportation Income	\$ 3,991		
30	IV8	Miscellaneous Income	\$ 86,135		
30	IV8	Thames Edge Services	\$ 55,500		
30	IV7	Barber/Beauty	\$ 672		
Total Other Adjustments			\$ 146,298	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Odd Fellows Home of CT, d/b/a Fairview 258c				9/30/2016		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	7,287,962	7,287,962		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(2,514,768)	(2,514,768)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	2,988,721	2,988,721		
	b.	Medicare Room and Board Contractual Allowance **	\$	(70,857)	(70,857)		
4.	a.	Private-Pay Residents and Other	\$	5,047,898	5,047,898		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(211,227)	(211,227)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	191,113	191,113		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(191,113)	(191,113)		
	c.	Prescription Drugs - Non-Medicare	\$	17,526	17,526		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	800,444	800,444		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(800,444)	(800,444)		
	c.	Physical Therapy - Non-Medicare	\$	221,747	221,747		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	136,127	136,127		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(136,127)	(136,127)		
	c.	Speech Therapy - Non-Medicare	\$	66,083	66,083		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	972,760	972,760		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(972,760)	(972,760)		
	c.	Occupational Therapy - Non-Medicare	\$	335,080	335,080		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (<i>Specify</i>) - Medicare	\$				
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	15,022	15,022		
III. Total Resident Revenue (Section I. thru Section II.)				\$	13,183,187	13,183,187	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$	94,944	94,944	
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (<i>Specify</i>)			\$	12,057	12,057	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$	672	672	
8.	Other (<i>Specify</i>)			\$	(423,898)	(423,898)	
V. Total Other Revenue (1 thru 8)				\$	(316,225)	(316,225)	
VI. Total All Revenue (III +V)				\$	12,866,962	12,866,962	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6a	Laboratory	\$ 198,716		
30 II 6a	Radiology	\$ 24,951		
30 II 6a	Other Ancillary Contractual Allowance	\$ (223,667)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Laboratory	\$ 13,438		
30	Radiology	\$ 1,184		
30	Oxygen	\$ 400		
Total Other Resident Revenue		\$ 15,022	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income		\$ 12,057		
Total Interest Income			\$ 12,057	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Miscellaneous Income - Disallowed	\$ 86,135		
30 IV 8	Housekeeping Services - Fellowship Manor - Disallowed	\$ 27,975		
30 IV 8	Contributions	\$ 740		
30 IV 8	Transfers	\$ 71,660		
30 IV 8	Change in Minimum Pension Liability	\$ (672,207)		
30 IV 8	Transportation - Disallowed	\$ 3,991		
30 IV 8	Other Income - Thames Edge	\$ 55,500		
30 IV 8	Purchase Discounts	\$ 2,308		
Total Other Revenue		\$ (423,898)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairvie	258c	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	988,660
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	830,970
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	28,547
5. Prepaid Expenses			\$	34,941
a. Prepaid Insurance	15,849			
b. Other Prepaid Expenses	19,092			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,883,118
B. Fixed Assets				
1. Land			\$	180,600
2. Land Improvements	*Historical Cost	228,323	\$	110,355
	Accum. Depreciation	117,968	Net	
3. Buildings	*Historical Cost	10,658,951	\$	4,672,269
	Accum. Depreciation	5,986,682	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	766,973	\$	198,378
	Accum. Depreciation	568,595	Net	
6. Movable Equipment	*Historical Cost	2,224,820	\$	480,071
	Accum. Depreciation	1,744,749	Net	
7. Motor Vehicles	*Historical Cost	13,874	\$	3,312
	Accum. Depreciation	10,562	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	122,912
CIP	122,912			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,767,897

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Odd Fellows Home of CT, d/b/a Fairvie	License No. 258c	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	7,651,015
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	

7. Other Assets (<i>itemize</i>)			\$	1,172,219
Due from Related Parties		1,172,219		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,172,219
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,823,234

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairview		258c	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	589,258
2. Notes Payable (<i>itemize</i>)				\$	145,920
Current Portion of Mortgage Payable					145,920

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	19,147
Name of Lender		Purpose	Amount	Date Due	
VAR Resources, Inc.		Computers/Software	19,147	May/July 2017	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	93,979
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	55,238
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	670,503
Accrued Vacation & Sick Pay					320,114
Accrued Provider Tax					188,234
Deferred Revenue					1,809
Due to Third Party					160,346
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,574,045

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,574,045	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$ 1,005
Name of Lender	Purpose	Amount	Date Due	
VAR Resources, Inc.	Computers/Software	1,005	May/July 2017	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 8,230,374
Long-Term Portion of Mortgage Payable		3,470,523		
Accrued Pension Liability		4,769,532		
Deferred Financing Costs		(9,681)		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 8,231,379
C. Total All Liabilities (Lines A-13 + B-5)				\$ 9,805,424

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

Name of Facility	License No.	Report for Year Ended	Page	of
Odd Fellows Home of CT, d/b/a Fairv	258c	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(579,096)
6. Gain or Loss for Period			\$	(403,094)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(982,190)
C. Total Reserves and Net Worth			\$	(982,190)
D. Total Liabilities, Reserves, and Net Worth			\$	8,823,234

H. Changes in Total Net Worth

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(579,096)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,866,962
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,270,056
D. Net Income or Deficit			\$	(403,094)
E. Balance			\$	(982,190)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(982,190)
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Odd Fellows Home of CT, d/b/a Fairview	License No. 258c	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer See Attached Compilation Report	Title 	Date Signed See Attached Compilation Report		
Printed Name of Preparer RKL LLP				
Address 1800 Fruitville Pike, P.O. Box 8408, Lancaster, PA 17604		Phone Number 717-394-5666		