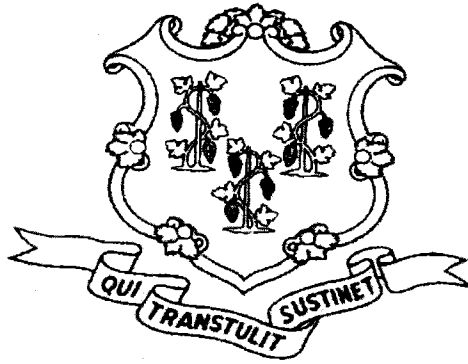


# State of Connecticut



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

Name of Facility (as licensed) Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center	
Address (No. & Street, City, State, Zip Code) 93 West Town Street, Norwich, CT 06360	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 859-C	RHNS	(Specify)	Medicare Provider 07-5079
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Medicaid Provider Numbers:	CCNH 8599	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

## Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwicht	859-C	9/30/2016	1	37

**Administrator's/Owner's Certification**

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

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

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

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) John Miller			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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 93 West Town Street, Norwich, CT 06360				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/8/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-889-2614		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Ref		Address (No. & Street, City, State, Zip) 93 West Town Street, Norwich, CT 06360		
License Numbers:	CCNH 859-C	RHNS	(Specify)	Medicare Provider No. 07-5079
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 checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
<b>Administrator</b>				
Name of Administrator John Miller		Nursing Home Administrator's License No.:	001866	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a	License No. 859-C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center	93 West Town Street, Norwich, CT 06360	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Leonore Kallen	Ashton Gardens, 5999 University Drive, Parkland, FL 33067	President	1	
Phillip Kallen	2324 NE 28th, Lighthouse Pt, FL 33064	Vice President	49.5	
Kenneth Kallen	797 Camino Del Monte Sol, Santa Fe, NM 87505	Secretary	49.5	
Names of Stockholders Owning at Least 10% of Shares				
Phillip Kallen	2324 NE 28th, Lighthouse Pt, FL 33064	Vice President	49.5	
Kenneth Kallen	797 Camino Del Monte Sol, Santa Fe, NM 87505	Secretary	49.5	





## General Information and Questionnaire Related Parties\*

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwichtown	License No. 859-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Eastern CT Health Systems Inc. d/b/a New London	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>	Laundry Services Sold to Fountainview	Pg. 30 / Line IV8	40,500	40,500
Eastern CT Health Systems Inc. d/b/a New London	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>	Allocation of Controller's Salary	Pg. 10 / Line A11a	110,578	110,578
Eastern CT Health Systems Inc. d/b/a New London	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>	Allocation of Marketing Salary	Pg. 10 / Line A4	10,573	10,573
Kenneth Kallen	93 West Town Street, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Related Party Note	Pg. 32 / Line D6		
Eastern CT Health Systems Inc. d/b/a New London	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>	Allocation of Dietician Salary	Pg. 10 / Line A5a	15,838	15,838
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

\* Use additional sheets if necessary.

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

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

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a No	License No. 859-C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)
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.

N/A - Only one level of care

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

N/A - Only one level of care

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.

N/A - Only one level of care

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

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

Name of Facility		License No.		Report for Year Ended		Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown H		859-C		9/30/2016		6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers	Description of Items Leased		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
		Yes	No				
CIT Technology, 10201 Centurion Parkway N #100, Jacksonville, FL 32256	<input type="radio"/> Yes <input checked="" type="radio"/> No	Copier LD425B		12/01/11	60 Months	1,563	1,563
Delagen Laden, PO Box 429, Moline, IL 61265-0429	<input type="radio"/> Yes <input checked="" type="radio"/> No	Office Copier		06/01/12	48 Months	5,337	5,337
Pitney Bowes Global Finance, PO Box 856460 Louisville, KY 40285-6460	<input type="radio"/> Yes <input checked="" type="radio"/> No	Postage Machine		08/29/09	Open Ended	815	815
Accelerate Care Plus, 4850 Joule Street, Bldg A-1, Reno, NV 89502	<input type="radio"/> Yes <input checked="" type="radio"/> No	Physical Therapy Equipment		09/01/11	Open Ended	14,084	14,084
US Bank, PO Box 790448, St. Louis, MO 63179-0448	<input type="radio"/> Yes <input checked="" type="radio"/> No	Phone System replaces NEC Lease		10/01/14	60 Months	11,204	11,204
US Bank, PO Box 790448, St. Louis, MO 63179-0448	<input type="radio"/> Yes <input checked="" type="radio"/> No	Copier Machines (See attached)		06/20/15	60 Months	5,305	5,305
Life Systems, 7320 Central Ave, Savannah, GA 31406	<input type="radio"/> Yes <input checked="" type="radio"/> No	Bladder Scanner		12/01/14	36 Months	3,060	3,060
VW Finance 1401 Franklin rd, Libertyville, IL 60048	<input type="radio"/> Yes <input checked="" type="radio"/> No	Auto Lease		03/01/12	36 months	117	117
	<input type="radio"/> Yes <input checked="" type="radio"/> No						
	<input type="radio"/> Yes <input checked="" type="radio"/> No						
<b>Total ***</b>						<b>41,485</b>	

Is a Mileage Log Book Maintained for All Leased Vehicles?  Yes  No

\* 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 6c.



APPLICATION NO.	CONTRACT NO.
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Supplier:  
 Boston • Woburn  
 Springfield • Canton  
 Providence, RI • Manchester, NH  
 1(800)321-NECS  
 Fax: (781)935-3313

EQUIPMENT FINANCE

Lease Agreement

Send Account Inquiries to: 1310 Madrid Street, Suite 101 • Marshall, MN 56258 • Phone: (800) 328-5371 • Fax: (800) 328-9092  
 Send Payments to: P.O. Box 790448 • St. Louis, MO 63179-0448

The words Lessee, you and your refer to Customer. The words Lessor, we, us and our refer to U.S. Bank Equipment Finance, a division of U.S. Bank National Association ("U.S. Bank Equipment Finance").

CUSTOMER INFORMATION

FULL LEGAL NAME Norwichtown Rehab & Care Center		STREET ADDRESS 93 West Town St.	
CITY Norwichtown	STATE CT	ZIP 06360	PHONE 860-822-2572
BILLING NAME (IF DIFFERENT FROM ABOVE) Same		BILLING STREET ADDRESS	
CITY	STATE	ZIP	E-MAIL

EQUIPMENT LOCATION (IF DIFFERENT FROM ABOVE)

EQUIPMENT DESCRIPTION

MAKE/MODEL/ACCESSORIES	SERIAL NO.
1 Samsung SL-K7600GX Complete Digital System	
1 Samsung SCX-08128NA Complete Digital System	

together with all replacements, parts, repairs, additions, and accessories incorporated therein or attached thereto and any and all proceeds of the foregoing, including, without limitation, insurance recoveries.

See the attached Schedule A

TERM AND PAYMENT SCHEDULE

Term in 60 Months 60 Payments\* of \$ 449.98 \*plus applicable taxes  
 The lease contract payment ("Payment") period is monthly unless otherwise indicated.

END OF LEASE OPTIONS

You may choose one of the following options within the area you check and initial at the end of the original term, provided that no event of default under the Agreement has occurred and is continuing. If no box is checked and initialed, then Fair Market Value will be your end of lease option. Leases with \$1.00 or \$101.00 purchase options will not be renewed. To the extent that any purchase option indicates that the purchase price will be the "Fair Market Value" (or "FMV"), such term means the value of the Equipment in continued use.

- 1) Purchase all but not less than all the Equipment for the Fair Market Value per paragraph 1, 2) Renew the Agreement per paragraph 1, or 3) Return the Equipment per paragraph 3.
- 1) Purchase the Equipment for \$1.00, or 2) Return the Equipment per paragraph 3.

\_\_\_\_ Customer's Initials  
 \_\_\_\_ Customer's Initials

**THIS IS A NONCANCELABLE/IRREVOCABLE AGREEMENT, THIS AGREEMENT CANNOT BE CANCELED OR TERMINATED.**

LESSOR ACCEPTANCE

U.S. Bank Equipment Finance		
LESSOR	SIGNATURE	TITLE DATED

LEASEE ACCEPTANCE

By signing below, you certify that you have reviewed and do agree to all terms and conditions of this Agreement on this page and on page 2 attached hereto.

Norwichtown Care Home Inc.	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/21/2015</i>
CUSTOMER (as referenced above)	SIGNATURE	TITLE	DATED
060791973	Richard Melior		
FEDERAL TAX I.D. #	PRINT NAME		

ACCEPTANCE OF DELIVERY

You certify that all the Equipment listed above has been furnished, that delivery and installation has been fully completed and is satisfactory. Upon you signing below, your promises herein will be irrevocable and unconditional in all respects. You understand that we have purchased the Equipment from the Supplier, and you may contact the Supplier for a full description of any warranty rights under the supply contract, which we hereby assign to you for the term of this Agreement (or until you default). Your approval as indicated below of our purchase of the Equipment from the Supplier is a condition precedent to the effectiveness of this Agreement.

<input checked="" type="checkbox"/>		
CUSTOMER (as referenced above)	SIGNATURE	TITLE DATE OF DELIVERY

1. **AGREEMENT:** For business purposes only, you agree to lease from us the goods (the "Equipment") and/or to finance certain licensed software and services ("Financed Items", which are included in the word "Equipment" unless separately stated), all as described on page 1 of this Agreement, as it may be supplemented from time to time. You agree to all of the terms and conditions contained in this Agreement and any supplement, which (with the acceptance certification) is the entire agreement regarding the Equipment ("Agreement") and which supersedes any purchase order or invoice. You authorize us to correct or insert missing Equipment identification information and to make corrections to your proper legal name and address. This Agreement becomes valid upon execution by us. Unless otherwise stated in an addendum hereto, this Agreement will renew for 12-month term(s) unless you send us written notice between 90 and 150 days (before the end of any term) that you want to purchase or return the Equipment. If any provision of this Agreement is declared unenforceable in any jurisdiction, the other provisions herein shall remain in full force and effect in that jurisdiction and all others.

2. **RENT, TAXES AND FEES:** You will pay the monthly Payment (as adjusted) when due, plus any applicable sales, use and property taxes. The base Payment will be adjusted proportionately upward or downward: (1) by up to 10% to accommodate changes in the actual Equipment cost; (2) if the shipping charges or taxes differ from the estimate given to you; and (3) to comply with the tax laws of the state in which the Equipment is located. If we pay any taxes, insurance or other expenses that you owe hereunder, you agree to reimburse us when we request and to pay us a processing fee for each expense or charge we pay on your behalf. We may charge you for any filing or filing fees required by the Uniform Commercial Code (UCC) or other laws, which fees vary state-to-state. By the date the first Payment is due, you agree to pay us an origination fee, as shown on our invoice or addendum, to cover us for all closing costs. We will have the right to apply all sums, received from you, to any amounts due and owed to us under the terms of this Agreement. If for any reason your check is returned for nonpayment, you will pay us a bad check charge of \$30 or, if less, the maximum charge allowed by law. We may make a profit on any fees, estimated tax payments and other charges paid under this Agreement.

3. **MAINTENANCE AND LOCATION OF EQUIPMENT; SECURITY INTEREST:** At your expense, you agree to keep the Equipment: (1) in good repair, condition and working order, in compliance with applicable manufacturers' and regulatory standards; (2) free and clear of all liens and claims; and (3) only at your address shown on page 1, and you agree not to move it unless we agree. As long as you have given us the written notice as required in paragraph 1 prior to the expiration or termination of this Agreement's term, you will return all but not less than all of the Equipment and all related manuals and use and maintenance records to a location we specify, at your expense, in retail re-saleable condition, full working order and complete repair. You are solely responsible for removing any data that may reside in the Equipment you return, including but not limited to hard drives, disk drives or any other form of memory. You grant us a security interest in the Equipment to secure all amounts you owe us under any agreement with us, and you authorize us to file a financing statement (UCC-1). You will not change your state of organization, headquarters or residence without providing prior written notice to us so that we may amend or file a new UCC-1. You will notify us within 30 days if your state of organization revokes or terminates your existence.

4. **COLLATERAL PROTECTION; INSURANCE; INDEMNITY; LOSS OR DAMAGE:** You agree to keep the Equipment fully insured against risk and loss, with us as lender's loss payee, in an amount not less than the original cost until this Agreement is terminated. You also agree to obtain a general public liability insurance policy with such coverage and from such insurance carrier as shall be satisfactory to us and to include us as an additional insured on the policy. Your insurance policy(s) will provide for 10 days advance written notice to us of any modification or cancellation. You agree to provide us certificates or other evidence of insurance acceptable to us. If you fail to comply with this requirement within 30 days after the start of this Agreement, we may charge you a monthly property damage surcharge of up to .0035 of the Equipment cost as a result of our credit risk and administrative and other costs, as would be further described on a letter from us to you. We may make a profit on this program. **NOTHING IN THIS PARAGRAPH WILL RELIEVE YOU OF RESPONSIBILITY FOR LIABILITY INSURANCE ON THE EQUIPMENT.** We are not responsible for, and you agree to hold us harmless and reimburse us for and to defend on our behalf against, any claim for any loss, expense, liability or injury caused by or in any way related to delivery, installation, possession, ownership, use, condition, inspection, removal, return or storage of the Equipment. You are responsible for the risk of loss or for any destruction of or damage to the Equipment. You agree to promptly notify us in writing of any loss or damage. If the Equipment is destroyed and we have not otherwise agreed in writing, you will pay to us the unpaid balance of this Agreement, including any future rent to the end of the term plus the anticipated residual value of the Equipment (both discounted at 2%). Any proceeds of insurance will be paid to us and credited, at our option, against any loss or damage. You authorize us to sign on your behalf and appoint us as your attorney-in-fact to endorse in your name any insurance drafts or checks issued due to loss or damage to the Equipment. All indemnities will survive the expiration or termination of this Agreement.

5. **ASSIGNMENT:** YOU HAVE NO RIGHT TO SELL, TRANSFER, ASSIGN OR SUBLEASE THE EQUIPMENT OR THIS AGREEMENT, without our prior written consent. Without our prior written consent, you shall not reorganize or merge with any other entity or transfer all or a substantial part of your ownership interests or assets. We may sell, assign, or transfer this Agreement without notice. You agree that if we sell, assign or transfer this Agreement, our assignee will have the same rights and benefits that we have now and will not have to perform any of our obligations. You agree that the new Lessor will not be subject to any claims, defenses, or offsets that you may have against us. You shall cooperate with us in executing any documentation reasonably required by us or our assignee to effectuate any such assignment. This Agreement shall be binding on and inure to the benefit of the parties hereto and their respective successors and assigns.

6. **DEFAULT AND REMEDIES:** You will be in default if (a) you do not pay any Payment or other sum due to us or any other person when due or if you fail to perform in accordance with the covenants, terms and conditions of this Agreement or any other agreement with us or any of our affiliates or any material agreement with any other lender, (b) you make or have made any false statement or misrepresentation to us, (c) you or any guarantor dies, dissolves or terminates existence, (d) there has been a material adverse change in your or any guarantor's financial, business or operating condition, or (e) any guarantor defaults under any guaranty for this Agreement. If any part of a Payment is more than 5 days late, you agree to pay a late charge of 10% of the Payment which is late or if less, the maximum charge allowed by law. If you are ever in default, at our option, we can terminate this Agreement and require that you pay the unpaid balance of this Agreement, including any future Payments to the end of the term plus the anticipated residual value of the Equipment (both discounted at 2%). We may recover default interest on any unpaid amount at the rate of 12% per year. Concurrently and cumulatively, we may also use any or all of the remedies available to us under Articles 2A and 9 of the UCC and any other law, including requiring that you: (1) return the Equipment to us to a location we specify; and (2) immediately stop using any Financed Items. In addition, we will have the right, immediately and without notice or other action, to set-off against any of your liabilities to us any money, including depository account balances, owed by you to us, whether or not due. In the event of any dispute or enforcement of rights under this Agreement or any related agreement, you agree to pay our reasonable attorney's fees (including any incurred before or at trial, on appeal or in any other proceeding), actual court costs and any other collection costs, including any collection agency fee. If we have to take possession of the Equipment, you agree to pay the costs of repossession, moving, storage, repair and sale. The net proceeds of the sale of any Equipment will be credited against what you owe us under this Agreement. **YOU AGREE THAT WE WILL NOT BE RESPONSIBLE TO PAY YOU ANY CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES FOR ANY DEFAULT, ACT OR OMISSION BY ANYONE.** Any delay or failure to enforce our rights under this Agreement will not prevent us from enforcing any rights at a later time. You agree that this Agreement is a "Finance Lease" as defined by Article 2A of the UCC and your rights and remedies are governed exclusively by this Agreement. You waive all rights under sections 2A-508 through 522 of the UCC. If interest is charged or collected in excess of the maximum lawful rate, we will not be subject to any penalties.

7. **INSPECTIONS AND REPORTS:** We will have the right, at any reasonable time, to inspect the Equipment and any documents relating to its use, maintenance and repair. Within 30 days after our request, you will deliver all requested information (including tax returns) which we deem reasonably necessary to determine your current financial condition and faithful performance of the terms hereof. This may include: (i) compiled, reviewed or audited annual financial statements (including, without limitation, a balance sheet, a statement of income, a statement of cash flow, a statement of changes in equity and notes to financial statements) within 120 days after your fiscal year end, and (ii) management-prepared interim financial statements within 45 days after the requested reporting period(s). Annual statements shall set forth the corresponding figures for the prior fiscal year in comparative form, all in reasonable detail without any qualification or exception deemed material by us. Unless otherwise accepted by us, each financial statement submitted to us shall be prepared in accordance with generally accepted accounting principles consistently applied and shall fairly and accurately present your financial condition and results of operations for the period to which it pertains.

8. **FAXED OR SCANNED DOCUMENTS, MISC.:** You agree to submit the original duly signed documents to us via overnight courier the same day of the facsimile or scanned transmission of the documents. Any faxed or scanned copy may be considered the original, and you waive the right to challenge in court the authenticity or binding effect of any faxed or scanned copy or signature thereon. You agree to execute any further documents that we may request to carry out the intents and purposes of this Agreement. All notices shall be mailed or delivered by facsimile transmission or overnight courier to the respective parties at the addresses shown on this Agreement or such other address as a party may provide in writing from time to time. By providing any telephone number, now or in the future, for a cell phone or other wireless device, you are expressly consenting to receiving communications, regardless of their purpose, at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic dialing system from us and our affiliates and agents. These calls and messages may incur access fees from your provider.

9. **WARRANTY DISCLAIMERS:** YOU AGREE THAT YOU HAVE SELECTED THE SUPPLIER AND EACH ITEM OF EQUIPMENT BASED UPON YOUR OWN JUDGMENT AND YOU DISCLAIM ANY RELIANCE UPON ANY STATEMENTS OR REPRESENTATIONS MADE BY US. WE DO NOT TAKE RESPONSIBILITY FOR THE INSTALLATION OR PERFORMANCE OF THE EQUIPMENT. THE SUPPLIER IS NOT AN AGENT OF OURS AND WE ARE NOT AN AGENT OF THE SUPPLIER, AND NOTHING THE SUPPLIER STATES OR DOES CAN AFFECT YOUR OBLIGATION UNDER THIS AGREEMENT. YOU WILL CONTINUE TO MAKE ALL PAYMENTS UNDER THIS AGREEMENT REGARDLESS OF ANY CLAIM OR COMPLAINT AGAINST ANY SUPPLIER, LICENSOR OR MANUFACTURER, AND ANY FAILURE OF A SERVICE PROVIDER TO PROVIDE SERVICES WILL NOT EXCUSE YOUR OBLIGATIONS TO US UNDER THIS AGREEMENT. WE MAKE NO WARRANTIES, EXPRESS OR IMPLIED, OF, AND TAKE ABSOLUTELY NO RESPONSIBILITY FOR, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, CONDITION, QUALITY, ADEQUACY, TITLE, DATA ACCURACY, SYSTEM INTEGRATION, FUNCTION, DEFECTS, OR ANY OTHER ISSUE IN REGARD TO THE EQUIPMENT, ANY ASSOCIATED SOFTWARE AND ANY FINANCED ITEMS.

10. **LAW, JURY WAIVER:** Agreements, promises and commitments made by Lessor, concerning loans and other credit extensions must be in writing, express consideration and be signed by Lessor to be enforceable. This Agreement may be modified only by written agreement and not by course of performance. This Agreement will be governed by and construed in accordance with Minnesota law. You consent to jurisdiction and venue of any state or federal court in Minnesota and waive the defense of inconvenient forum. For any action arising out of or relating to this Agreement or the Equipment, YOU AND WE WAIVE ALL RIGHTS TO A TRIAL BY JURY.



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**SALES ORDER**

**SHIP TO**

NAME: Norwichtown Rehab & Care Center  
 ADDRESS: 93 West Town St.  
 CITY: Norwichtown STATE: CT  
 PHONE: 860-822-2572 ZIP: 06360  
 CONTACT: Richard McGirr PHONE: 860-822-2572  
 EMAIL: RMCMcGirr@norwichtownrehab.com  
 SALESREPS NAME: Gian Calestino SALESREP # 10SA74 SALES ORDER DATE: 10/20/2015

**BILL TO**

NAME: Norwichtown Rehab & Care Center  
 ADDRESS: 93 West Town St.  
 CITY: Norwichtown STATE: CT  
 PHONE: 860-822-2572 ZIP: 06360  
 CONTACT: Richard McGirr PHONE: 860-822-2572  
 EMAIL: RMCMcGirr@norwichtownrehab.com  
 CUSTOMERS PURCHASE ORDER NUMBER: \_\_\_\_\_ DATE WANTED: 10/26/2015

QUANTITY:	PRODUCT NUMBER	MAKE:	MODEL:	SERIAL NUMBER:	UNIT PRICE:	EXTENSION:
1	SL-K7600GX	Samsung	SL-K7600GX		\$ -	\$ -
1	CLX-FAX160	Samsung	Fax Board		\$ -	\$ -
1	CLX-BRG200	Samsung	2/3 Hole Punch Kit		\$ -	\$ -
1	SL-FIN502L	Samsung	Inner Finisher		\$ -	\$ -
1	SL-PFP501D	Samsung	Dual Cassette Feeder		\$ -	\$ -
1	SCX-8128NA	Samsung	SCX-8128NA		\$ -	\$ -
1	CLX-DSK20T	Samsung	Cabinet Stand		\$ -	\$ -
1	CLX-FAX160	Samsung	Fax Kit		\$ -	\$ -
1	CLX-DHK11C	Samsung	Heater		\$ -	\$ -
	0		0		\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -

QUANTITY:	PRODUCT NUMBER	DESCRIPTION:	UNIT PRICE:	EXTENSION:
				\$ -
				\$ -
				\$ -

**SPECIAL INSTRUCTIONS:**

This is a 60 Month FMV Lease @ \$334.94.  
 Pricing Includes; Delivery, Networking, Installation, Unlimited Training  
 and return of present equipment to leasing company once NECS  
 receives return authorization letter.

SUB TOTAL:	\$ -
SALES TAX: 0.0625	\$ -
TECHNICAL SETUP AND INSTALLATION (INCL. SUPPLIES)	
TOTAL:	\$ -
CHECK #	
DATE:	
<b>BALANCE DUE:</b>	<b>\$ -</b>

Norwichtown Rehab & Care Center  
 COMPANY NAME: \_\_\_\_\_

TERMS: EQUIP: NET CASH  
 SUPPLIES: NET CASH 10 DAYS

AUTHORIZED SIGNATURE: [Signature] TITLE: CEO SALESREP'S SIGNATURE: \_\_\_\_\_ DATE: 10/20/2015

I WISH TO PROTECT THE ABOVE EQUIPMENT UNDER THE PREVENTATIVE MAINTENANCE PLAN:  YES  
 I DO NOT WISH TO PROTECT THE ABOVE EQUIPMENT UNDER THE PREVENTATIVE MAINTENANCE PLAN:  NO

THIS ORDER IS NOT SUBJECT TO CANCELLATION, AND IS SUBJECT TO THE TERMS AND CONDITIONS APPEARING ON THE REVERSE SIDE HEREOF; AND THE BUYER AGREES TO BE BOUND THEREBY. NO MODIFICATIONS OR ADDITIONS THERETO SHALL BE BINDING UPON SELLERS OR BUYERS UNLESS EXPRESSLY CONSENTED TO IN WRITING BY AN OFFICER OF THE CORPORATION.

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

Name of Facility Norwichtown Convalescent Home,	License No. 859-C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Byrd and Associates, LLC	P.O Box 1749, Winter Park, FL 32790
2 PDR Certified Public Accountants	29750 US Hwy 19 North, Suite 101, Clearwater, FL 33671
3 Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of Federal and State Tax Returns	\$ 5,950
2 401(k) Audit / IRS audit	\$ 2,438
3 Preparation of financial statements and cost reports / Ken Kallen Estate Matters (Disallowed on Pg. 28 - \$9,897)	\$ 31,337
4	\$
	<b>Charge for Services Provided</b>
	\$ 39,725

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

- Yes     No    Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Brown Jacobson	860-889-3321
2 Norwich Probate Court	860-887-2160
3 Murtha Cullina LLP	860-240-6000
4 State of CT Marshall	860-886-5555
5 Law Offices of Cicchiello LLC	860-886-9300

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

1 22 Courthouse Square, Norwich, CT 06360
2 Norwich, CT 06360
3 City Place, 185 Asylum Street, Hartford, CT 06103
4 154 Main Street, Norwich, CT 06360
5 582 West Main Street, Norwich, CT 06360

Services Provided by This Firm (*describe fully*)

1 CHRO Complaint (Settled - 50% Disallowed on Pg. 28 - \$4,125) / Coporate Filings	\$ 8,940
2 Conservatorship Filing (Disallowed on Pg. 28)	\$ 450
3 Labor/ Employment Matters/ General Matters (Survey)	\$ 2,216
4 Serving of Papers (Disallowed on Pg. 28)	\$ 112
5 CHRO - Finalization (Setted - 50% Disallowed on Pg. 28)	\$ 1,000
	<b>Charge for Services Provided</b>
	\$ 12,718

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

- Yes     No    Page 15, Line 1e

**Schedule of Resident Statistics**

	Name of Facility			License No.			Report for Year Ended			Page			
	Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation			859-C			9/30/2016			8			
	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	CCNH	RHNS	Total	of
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120	120			120	120		37
B. On last day of THIS report period	120	120			120	120	120			120	120		
2. Number of Residents													
A. As of midnight of PREVIOUS report period	119	119			119	119	113			113	113		
B. As of midnight of THIS report period	117	117			113	113	117			117	117		
3. Total Number of Days Care Provided During Period													
A. Medicare	8,077	8,077			6,014	6,014	2,063			2,063	2,063		
B. Medicaid (Conn.)	24,091	24,091			18,022	18,022	6,069			6,069	6,069		
C. Medicaid (other states)													
D. Private Pay	6,155	6,155			4,840	4,840	1,315			1,315	1,315		
E. State SSI for RCH													
F. Other (Specify) Managed Care / Insurance	2,956	2,956			1,963	1,963	993			993	993		
G. Total Care Days During Period (3A thru F)	41,279	41,279			30,839	30,839	10,440			10,440	10,440		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	23	23			18	18	5			5	5		
B. Other Bed Reserve Days	17	17			17	17							
<b>5. Total Resident Days (3G + 4A + 4B)</b>	41,319	41,319			30,874	30,874	10,445			10,445	10,445		



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

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a	License No. 859-C	Report for Year Ended 9/30/2016	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No  
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

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

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	23	72		22				
Per Diem Rate								
a. One bed rm.	Various	176.41		415.00				
b. Two bed rms.	Various	176.41		365.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,618	3,618		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	876	876		
2. Restorative Treatments				
C. Other	26,865	26,865		
D. <b>Total Physical Therapy Treatments</b>	31,359	31,359		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	733	733		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	56	56		
2. Restorative Treatments				
C. Other	4,469	4,469		
D. <b>Total Speech Therapy Treatments</b>	5,258	5,258		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,912	2,912		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	890	890		
2. Restorative Treatments				
C. Other	27,911	27,911		
D. <b>Total Occupational Therapy Treatments</b>	31,713	31,713		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown	859-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	100,982	1,043				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	222,472	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	237,868	10,271				
5. Dietary Service						
a. Head Dietitian	15,838	669				
b. Food Service Supervisor	57,355	2,120				
c. Dietary Workers	245,325	20,272				
6. Housekeeping Service						
a. Head Housekeeper	24,723	1,048				
b. Other Housekeeping Workers	167,890	14,556				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	57,715	2,120				
b. Other Maintenance Workers	73,084	4,317				
8. Laundry Service						
a. Supervisor	23,351	1,252				
b. Other Laundry Workers	140,755	12,598				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	110,578	1,072				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	220,977	4,240				
b. RN						
1. Direct Care	791,883	25,180				
2. Administrative**	304,575	8,600				
c. LPN						
1. Direct Care	816,812	32,939				
2. Administrative**						
d. Aides and Attendants	1,387,038	99,677				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	145,855	8,146				
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	90,389	3,840				
n. Marketing	10,573	405				
o. Other (Specify) See Attached Schedule	80,414	4,586				
<b>A-13. Total Salary Expenditures</b>	<b>5,326,452</b>	<b>261,071</b>				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.  
 \*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.  
 \*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.



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

Name of Facility	Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation	License No. 859-C	Report for Year Ended 9/30/2016		Page 11	of 37				
			Salary Paid	Other Employment**						
Name	CCNH	RHNS	(Specify)	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
<b>Section I - Operators/Owners</b>										
Kenneth Kallen	100,982			Non Discrim	Financial Consultant	1,043	A1	Eastern Connecticut Health Systems	757	95,089
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitat		859-C		9/30/2016		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section III - Administrators***</b>									
John Miller	222,472		Non Discrim	Administrator	2,120	A2			
<b>Section IV - Assistant Administrators</b>									

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Norwichtown Convalescent Home, Inc. d/b/a Norwi	859-C	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	11,946	Monthly Fee				
3. Pharmacist	7,920	260				
4. Podiatrist	23	PPS Billing				
5. Physical Therapy						
a. Resident Care	532,833	7,840				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	72,000	260				
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) Medical Staff	440	5				
9. Speech Therapist						
a. Resident Care	89,743	1,314				
b. Other						
10. Occupational Therapist						
a. Resident Care	533,598	7,928				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,520	Monthly Fee				
2. Administrative***	4,355	Monthly Fee				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	20,811	57				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,277,189</b>	<b>17,664</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.  
 \*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.  
 \*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwichtown		License No. 859-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive, 85 Barnes Rd, Suite 206, Wallingford, CT 06492	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Partners Pharmacy, 70 Jackson Drive, Cranford, NJ 07016	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Health Drive Podiatry Group, 888 Worcester Street, Wellesley, MA 02482	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Therapy, 850 Silas Deane Hwy., 2nd Floor, Wethersfield, CT 06109	PT,OT,ST Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Yahya Quereshi, 12 Case Street, Norwich, CT 06360	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Dabdoub, 12 Case Street, Suite 104, Norwich, CT 06360	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Kadadi, 12 Case Street, Suite 104, Norwich, CT 06360	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norwich Cardiac Medicine LLC 130 New London Turnpike, Norwich, CT 06360	Patient PPS Billing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
LifeWatch Services, 10255 W Higgins Road, Rosemont, IL 60018	Patient PPS Billing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
New England O&P, 22 Summit Place, Suite 101a, Branford, CT 06405	Patient PPS Billing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
WM W Backus Hospital, 326 Washington Street, Norwich, CT 06360	Med A Consolidated Billing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Stephen Powell, 221 Case Street, Norwich, CT 06360	Plumonologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Alliance Health Management Services, 153 Cordaville Road, Suite 320, Scarborough, MA	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Celtic Consulting, 507 East Main Street, Torrington, CT 06790	MDS Audits	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<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
Norwichtown Convalescent Home, Inc. d/b/a Norv	859-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 247,774	247,774			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 141,102	141,102			
4. Social Security (F.I.C.A.)	\$ 397,547	397,547			
5. Health Insurance	\$ 475,105	475,105			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,381	5,381			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 8,997	8,997			
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 109,111	109,111			
<b>d. Accounting and Auditing</b>	\$ 39,725	39,725			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 12,718	12,718			
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 20,303	20,303			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 9,774	9,774			
2. Cellular Phones	\$ 1,556	1,556			
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 250	250			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 654,951	654,951			
<b>Subtotal</b>	\$ 2,124,294	2,124,294			

\* 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**

Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Attachment Page 15  
9/30/2016

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	-		
Employee Pre-Employment Screening	\$ 8,997		
<b>Total</b>	<b>\$ 8,997</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwich	859-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,124,294	2,124,294			
<b>i. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 8,313	8,313			
4. Employee Travel	\$ 988	988			
5. Education Expenses Related to Seminars and Conventions	\$ 1,553	1,553			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 43	43			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 55	55			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 21,919	21,919			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,513	3,513			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 80	80			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 540	540			
9. Subscriptions	\$ 3,516	3,516			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 42,701	42,701			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 52,969	52,969			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,260,484	2,260,484			

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
	-		
Marketing	\$ 9,342		
Advertising - Promotional	\$ 12,577		
<b>Total Other Advertising</b>	<b>\$ 21,919</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
	-		
ALTCFM	\$ 80		
<b>Total Dues</b>	<b>\$ 80</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
	-		
Small Business Adjustments (Disallowed)	\$ 5		
Operations Meetings	\$ 2,417		
Owner/Administrator Allowance (Disallowed)	\$ 28,141		
Licenses - Administrator Renewal	\$ 205		
Licenses - CLIA Laboratory (Disallowed)	\$ 150		
Licenses - State of CT	\$ 240		
Licenses - Rich McGirr Administrator Renewal	\$ 205		
Licenses - Food Service	\$ 330		
Miscellaneous - Donation (Disallowed)	\$ 100		
Miscellaneous - Appraisal (Disallowed)	\$ 4,483		
Miscellaneous - Flowers (Disallowed)	\$ 165		
Service Charge - Bank	\$ 9,954		
Fines & Penalties (Disallowed)	\$ 464		
Purchased Service - Patient Referral Services (Disallowed)	\$ 6,110		
<b>Total Other Administrative and General</b>	<b>\$ 52,969</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Norwichtown Convalescent Home, Inc. d/b	License No. 859-C	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

\* 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
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown	859-C	9/30/2016	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 294,059	294,059		
2. Non-Food Supplies	\$ 59,849	59,849		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,292	2,292		
c. Management Services**	\$ _____			
d. Other (Specify) _____ Equipment Repair & Maintenance	\$ 2,941	2,941		
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 359,141</b>	<b>359,141</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No                   If yes, specify cost.				
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No                   If yes, specify amt.                   \$35				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg. 30 / Line IV 1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichtov		859-C	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	31,544	31,544	
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) Equipment Repair & Maintenance		\$	6,172	6,172	
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	37,716	37,716	
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
Norwichtown Convalescent Home, Inc. d/b/a No		859-C	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	38,468	38,468		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	38,468	38,468		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmacy	\$	447,886	447,886		
b.	Medicine Cabinet Drugs	\$	181,367	181,367		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$	1,539	1,539		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	53,426	53,426		
f.	X-rays and Related Radiological Procedures***	\$	41,772	41,772		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	50,914	50,914		
i.	Recreation	\$	29,545	29,545		
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	109,268	109,268		
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	915,717	915,717		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
	-		
Med A Consolidated Billing - PPS Billing (Disallowed)	\$ 915		
Equipment Rental - Wound Care/Vac Pump (Disallowed)	\$ 30,342		
Small Equipment Purchased	\$ 3,921		
Purchased Services - ABAQIS Management System	\$ 2,520		
Purchased Services - Wheelchair cleaning	\$ 2,400		
Purchased Services - Calibration of scales	\$ 595		
Small Equipment Purchase	\$ 907		
Small Equipment Purchase	\$ 4,653		
Therapy Supplies (Disallowed)	\$ 2,057		
Drugs - IV (Disallowed)	\$ 59,552		
Billable (Disallowed)	\$ 1,406		
<b>Total Other Resident Care</b>	<b>\$ 109,268</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation a	Address	Related ** to Owners, Operators, Officers		License No. 859-C	Report for Year Ended 9/30/2016	Total Cost/Page Ref.***			Page 21	of 37	
		Yes	No			Full Explanation of Service Provided*	CCNH	RHNS			(Specify)
Sterling Superior Services	PO Box 62, Bozrah, CT 06334-0062	O	O	N/A	Trash Removal	15,166				22	6f
Evernet Consulting LLC	1880A Silas Deane Hwy, Rocky Hill, CT 06067	O	O	N/A	Server replacement labor	10,119				16	m11
MDI Achieve	Drive, Minneapolis, MN 55344	O	O	N/A	Computer Software - Matrix	26,608				16	m11
Comcast	PO Box 1577, Newark, NJ 07101-1577	O	O	N/A	Resident Cable Television & Internet	18,951				20/22	5/6f
MobilXUSA	930 Ridgebrook Road, Sparks, MD 21152	O	O	N/A	Radiology Services	23,025				20	5f
L&M Hospital	365 Montauk Ave, New London, CT 06320	O	O	N/A	Lab Services	31,087				20	5h
Proaire	PO Box 801, Tolland, CT 06084	O	O	N/A	Oxygen Services	53,426				20	5e2
NOA Diagnostics	Suite 150, Syosset, NY 11791	O	O	N/A	Radiology Services	15,638				20	5f
US Laboratories	PO Box 845127, Boston, MA 02284-5127	O	O	N/A	Lab Services	19,827				20	5h
		O	O								
		O	O								
		O	O								
		O	O								
		O	O								

\* 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
Norwichtown Convalescent Home, Inc. d/b/a N	859-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 41,184	41,184				
b. Heat	\$ 56,297	56,297				
c. Light & Power	\$ 164,246	164,246				
d. Water	\$ 53,534	53,534				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 41,485	41,485				
f. Other ( <i>itemize</i> )	\$ 71,415	71,415				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 428,161</b>	<b>428,161</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 81,338	81,338				
c. Non-Movable Equipment	\$ 11,208	11,208				
d. Movable Equipment	\$ 59,869	59,869				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 152,415</b>	<b>152,415</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
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	\$ 119,448	119,448				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 25,881	25,881				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 297,744</b>	<b>297,744</b>				

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	-		
Trash Removal	\$ 17,970		
Service Contracts	\$ 3,150		
Grounds Maintenance - Snow Removal	\$ 4,678		
Grounds Maintenance - Tree Removal	\$ 3,828		
Grounds Landscaping	\$ 7,272		
Small Equipment Purchase	\$ 2,393		
Purchased Services - Sprinkler System	\$ 9,159		
Purchased Services - Document Shredding	\$ 1,933		
Purchased Services - Pest Control	\$ 1,145		
Purchased Services - Fire Extinguishing Service	\$ 112		
Purchased Services - Floor Stripping / Refinishing	\$ 3,403		
Purchased Services - Generator Service	\$ 2,837		
Purchased Services - Fire Alarm Maintenance	\$ 1,672		
Purchased Services - Fire Damper Maintenance	\$ 636		
Rent - Offsite Storage	\$ 1,468		
Copier Equipment	\$ 2,194		
Purchased Services - Third Party Coverage Query	\$ 3,054		
Purchased Services - New Hire Background Checks	\$ 2,038		
Purchased Services - Emergency Water Contract	\$ 1,500		
Purchased Services - Server Restore	\$ 973		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 71,415</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility		License No.		Report for Year Ended		Page	of	
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitat		859-C		9/30/2016		23	37	
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>A. Land Improvements</b>								
1. Acquired prior to this report period	15,542		15,542		N/A	N/A		
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
<b>B. Building and Building Improvements</b>								
1. Acquired prior to this report period	4,927,821		4,927,821	4,114,193	S/L	Various	80,397	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	18,495		18,495		S/L	Various	941	
B-4. Subtotal								81,338
<b>C. Non-Movable Equipment</b>								
1. Acquired prior to this report period	201,469		201,469	165,005	S/L	Various	11,208	
2. Disposals (attach schedule)	(56,171)		(56,171)	(56,171)	S/L	Various		
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								11,208
<b>D. Movable Equipment</b>								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a. 2013 Chevy Express	X		42,663	22,046	S/L	5	8,533	
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period	Var		1,711,659	1,567,910	S/L	Various	42,593	
b. Disposals (attach schedule)	Var		(15,323)	(15,323)	S/L	10 Yrs		
c. Acquired during this report period (attach schedule)	Var		55,365		S/L	Various	8,743	
D-3. Subtotal								59,869
E. <b>Total Depreciation</b>								152,415

Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center  
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/19/2016	SPRINKLER REPAIR	\$ 9,786	25	\$ 391
3/22/2016	O2 ROOM ON WEST WING	\$ 6,889	15	\$ 459
4/25/2016	ELECTRIC FOR O2 ROOM	\$ 1,820	20	\$ 91
<b>Total additions for Building Improvements</b>		\$ 18,495		\$ 941 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
6/1/2011	CCI SERVER FOR NORWICHTOWN	\$ (12,545)	5	\$ -
4/8/1997	AVAYA PHONE SYSTEM	\$ (13,833)	10	\$ -
1/1/1982	GENERATOR 1982	\$ (29,793)	10	\$ -
<b>Total deletions for Non-Movable Equipment</b>		\$ (56,171)		\$ - **

\*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
<b>Additions:</b>				
1/5/2016	DELL R430 SERVER AND BACK UP APPLIANCE	\$ 18,061	5	\$ 3,612
3/17/2016	TIME CLOCK FOR PBJ	\$ 5,018	3	\$ 1,673
5/3/2016	OXYGEN CONCENTRATORS	\$ 9,700	10	\$ 970
8/25/2016	ULTRA STIM REHAB EQUIPMENT	\$ 5,351	7	\$ 764
9/13/2016	DIATHERMY UNIT REHAB EQUIPMENT	\$ 17,235	10	\$ 1,724
<b>Total additions for Movable Equipment</b>		\$ 55,365		\$ 8,743 *
<b>Deletions:</b>				
9/1/1990	OXYGEN CONCENTRATORS	\$ (7,740)	10	\$ -
12/27/2012	TIMECLOCK PLUS	\$ (7,583)	10	\$ -
<b>Total deletions for Movable Equipment</b>		\$ (15,323)		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

Norwichtown Convalescent Home, Inc.  
 Cost Report Year 2016  
 Medicaid Cost Report - Depreciation Summary

	Historical Cost	Method	Life	9/30/2015 Accumulated Depreciation	9/30/2016 Depreciation Expense	9/30/2016 Accumulated Depreciation	Net Book Value
Land							
Per 2010 Cost Report	15,542						15,542
<b>Total Land</b>	<b>15,542</b>						<b>15,542</b>
<b>Building &amp; Building Improvements</b>							
Prior to 2004	3,659,581	S/L	VAR	3,659,581	-	3,659,581	-
2004 Additions	22,347	S/L	10	22,347	-	22,347	-
2005 Additions	73,320	S/L	10	73,320	-	73,320	-
2006 Additions	34,430	S/L	5	34,430	-	34,430	-
2008 Additions	169,987	S/L	10	124,759	16,999	141,758	28,229
2010 Additions	47,739	S/L	10	28,643	4,774	33,417	14,322
2011 Additions	246,914	S/L	Var	99,166	22,037	121,202	125,712
<b>Total prior to 2012</b>	<b>4,254,318</b>			<b>4,042,246</b>	<b>43,809</b>	<b>4,086,055</b>	<b>168,262</b>
<b>2012 Additions</b>							
WALLPAPER AND PAINT 6 ROOMS	5,397	S/L	5	3,778	1,079	4,857	540
ELECTRICAL ADDITIONS	3,084	S/L	20	540	154	694	2,390
PAINTING/WALLPAPERING WEST WING	6,590	S/L	5	4,613	1,318	5,931	659
PAINTING/WALLPAPERING	3,385	S/L	5	2,370	677	3,047	339
PAINTING/WALLPAPERING	3,385	S/L	5	2,370	677	3,047	339
WALLPAPER	5,397	S/L	5	3,778	1,079	4,857	540
LANDSCAPING	47,702	S/L	10	16,696	4,770	21,466	26,236
UPPER PARKING LOT EXPANSION	18,500	S/L	20	3,238	925	4,163	14,338
DRIVEWAY TAX	1,175	S/L	20	206	59	264	910
ADARAMP	15,390	S/L	20	2,693	770	3,463	11,927
<b>Total 2012 Additions</b>	<b>110,005</b>			<b>40,280</b>	<b>11,508</b>	<b>51,788</b>	<b>58,217</b>
<b>2014 Additions</b>							
400Kw GENERATOR	241,721	S/L	20	22,158	11,079	33,237	208,484
AWNING FOR PATIENT PATIO	6,861	S/L	5	1,372	686	2,058	4,803
ELECTRICAL HOOKUP FOR WALKIN FREEZE	3,084	S/L	20	26	13	39	3,046
LABOR&MATERIAL TO INSTALL WALKIN FRI	18,015	S/L	15	200	100	300	17,715
NOR-LAKE WALKIN FRIDGE/FREEZER	34,579	S/L	15	384	192	576	34,003
HARTFORD PROVISION ARCHITECT FEES W	4,254	S/L	15	47	24	71	4,183
<b>Total 2014 Additions</b>	<b>308,514</b>			<b>24,187</b>	<b>12,094</b>	<b>36,281</b>	<b>272,233</b>
<b>2015 Additions</b>							
WANDERGUARD UPGRADE	3,288	S/L	5	658	658	1,316	1,972
NEW GUTTERS	7,896	S/L	20	395	395	790	7,106
FACILITY WIDE LIGHTING UPGRADE	148,731	S/L	30	4,958	4,958	9,916	138,815
NDPU LIGHTING REBATE	(48,948)	S/L	30	(1,632)	(1,632)	(3,264)	(45,684)
REPAIR TO SPRINKLER SYSTEM	6,375	S/L	15	426	426	852	5,523
LOCHINVAR HOLDING TANKS	6,500	S/L	20	325	325	650	5,850
<b>Total 2015 Additions</b>	<b>123,842</b>			<b>5,130</b>	<b>5,130</b>	<b>10,260</b>	<b>113,582</b>

Norwichtown Convalescent Home, Inc.  
 Cost Report Year 2016  
 Medicaid Cost Report - Depreciation Summary

	Historical Cost	Method	Life	9/30/2015 Accumulated Depreciation	9/30/2016 Depreciation Expense	9/30/2016 Accumulated Depreciation	Net Book Value
<b>2014 Adjustments from Myers &amp; Stauffer LLC (Adjusted on 2015 Report)</b>							
CALL BELL SYSTEM	65,873.96	S/L	20	6,313	3,294	9,607	56,267
CALL BELL SYSTEM	41,318.18	S/L	20	3,960	2,066	6,026	35,293
CALL BELL SYSTEM	22,634.00	S/L	20	2,169	1,132	3,301	19,333
LOCHINVAR REPLACEMENT	4,743.21	S/L	15	501	316	817	3,927
SIGN ON FRONT LAWN	3,508.55	S/L	5	1,053	702	1,755	1,755
LOCHINVAR REPLACEMENT	5,168.61	S/L	15	459	345	804	4,364
<b>Total 2014 Adj from Myers &amp; Stauffer</b>	<b>143,248</b>			<b>14,455</b>	<b>7,855</b>	<b>22,310</b>	<b>120,938</b>
<b>2015 Disposals</b>							
COLONIAL CARPET 2005	(9,291)	S/L	10	(9,291)	-	(9,291)	-
COLONIAL CARPET 11012006	(2,815)	S/L	10	(2,815)	-	(2,815)	-
<b>Total 2015 Disposals</b>	<b>(12,106)</b>			<b>(12,106)</b>		<b>(12,106)</b>	
<b>2016 Additions</b>							
SPRINKLER REPAIR	9,786	S/L	25	-	391	391	9,395
O2 ROOM ON WEST WING	6,889	S/L	15	-	459	459	6,430
ELECTRIC FOR O2 ROOM	1,820	S/L	20	-	91	91	1,729
<b>Total 2016 Additions</b>	<b>18,495</b>				<b>941</b>	<b>941</b>	<b>17,554</b>
<b>Total Building Improvements</b>	<b>4,946,315</b>			<b>4,114,191</b>	<b>81,338</b>	<b>4,195,529</b>	<b>750,786</b>
<b>Non-Moveable Equipment</b>							
Prior to 2005	92,630	S/L	VAR	92,630	-	92,630	-
2005 Additions	2,653	S/L	10	2,653	-	2,653	-
2006 Additions	6,638	S/L	10	6,638	-	6,638	-
2007 Additions	2,815	S/L	10	2,535	280	2,815	-
2010 Additions	84,188	S/L	10	50,513	8,419	58,932	25,256
2011 Additions	12,545	S/L	5	10,036	2,509	12,545	-
<b>Total prior to 2011</b>	<b>201,469</b>			<b>165,005</b>	<b>11,208</b>	<b>176,213</b>	<b>25,256</b>
<b>2016 Disposals</b>							
CCI SERVER FOR NORWICHTOWN	(12,545)	S/L	5.00	-	-	(12,545)	-
AVAYA PHONE SYSTEM	(13,833)	S/L		-	-	(13,833)	-
GENERATOR 1982	(29,793)	S/L		-	-	(29,793)	-
<b>Total 2016 Disposals</b>	<b>(56,171)</b>					<b>(56,171)</b>	
<b>Total Non-Moveable Equipment</b>	<b>145,299</b>			<b>165,005</b>	<b>11,208</b>	<b>120,042</b>	<b>25,256</b>
<b>Moveable Equipment</b>							
Prior to 2004	1,362,809	S/L	VAR	1,362,809	-	1,362,809	-
2004 Additions	4,738	S/L	5	4,738	-	4,738	-
2005 Additions	18,084	S/L	5	18,084	-	18,084	-
2006 Additions	3,257	S/L	10	3,095	162	3,257	-
2006 Additions	15,787	S/L	15	10,004	1,053	11,057	4,730



Norwichtown Convalescent Home, Inc.  
 Cost Report Year 2016  
 Medicaid Cost Report - Depreciation Summary

	Historical Cost	Method	Life	9/30/2015 Accumulated Depreciation	9/30/2016 Depreciation Expense	9/30/2016 Accumulated Depreciation	Net Book Value
2007 Additions	17,719	S/L	15	10,041	1,181	11,222	6,497
2007 Additions	8,041	S/L	10	6,835	804	7,639	402
2007 Additions	29,134	S/L	10	24,763	2,913	27,677	1,457
2008 Additions	24,838	S/L	10	19,043	2,484	21,527	3,311
2008 Additions	12,936	S/L	5	12,936	-	12,936	-
2009 Additions	4,216	S/L	5	4,216	-	4,216	-
2009 Additions	20,002	S/L	10	13,001	2,000	15,002	5,001
2009 Additions	8,882	S/L	5	8,882	-	8,882	-
2009 Additions*	(7,547)	S/L	5	(7,547)	-	(7,547)	-
2011 Additions	7,373	S/L	5	6,636	737	7,373	-
<b>Total Prior to 2011</b>	<b>1,530,269</b>			<b>1,497,536</b>	<b>11,335</b>	<b>1,508,871</b>	<b>21,399</b>

**2012 Additions**

CHAIR BEDS	5,172	S/L	15	1,207	345	1,552	3,620
FURNITURE IN WEST WING	6,128	S/L	10	2,145	613	2,758	3,370
FLAT PANEL TVS	3,924	S/L	5	2,747	785	3,532	392
PT ROOM DESKS	3,722	S/L	20	651	186	838	2,885
WEST WING FURNITURE	6,128	S/L	10	2,145	613	2,758	3,370
FURNITURE	15,848	S/L	10	5,547	1,585	7,131	8,716
WEST WING FURNITURE	6,128	S/L	10	2,145	613	2,758	3,370
WEST WING ROOM FURNITURE	6,128	S/L	10	2,145	613	2,758	3,370
DIRECT SUPPLY WEST WING FURNITURE	6,128	S/L	10	2,145	613	2,758	3,370
DIRECT SUPPLY WEST WING FURNITURE	6,128	S/L	10	2,145	613	2,758	3,371
10 POC STATIONS	12,240	S/L	5	8,568	2,448	11,016	1,224
6 Dell Vostro Workstations	3,907	S/L	5	2,735	781	3,517	391
4 DELL VOSTRO WORKSTATIONS	2,629	S/L	5	1,840	526	2,366	263
<b>Total 2012 Additions</b>	<b>84,210</b>			<b>36,164</b>	<b>10,333</b>	<b>46,497</b>	<b>37,714</b>

**2013 Additions**

New Timeclock System	7,583	S/L	3	7,162	421	7,583	-
Steam Table	2,498	S/L	5	1,332	500	1,832	666
Beds	2,945	S/L	3	2,863	82	2,945	-
Beds HI-LO	5,428	S/L	5	2,985	1,086	4,071	1,357
Beds for West Wing	4,863	S/L	5	2,594	973	3,566	1,297
Dining Room Tables	5,089	S/L	5	2,629	1,018	3,647	1,442
Speed Scrubber	3,977	S/L	5	2,055	795	2,850	1,127
Dining Room Armchairs	12,913	S/L	5	6,672	2,583	9,254	3,659
Patio Furniture for Residents	2,530	S/L	5	1,223	506	1,729	801
Resident Room Furniture	47,950	S/L	5	20,778	9,590	30,368	17,582
<b>2013 Total Additions</b>	<b>95,776</b>			<b>50,293</b>	<b>17,553</b>	<b>67,846</b>	<b>27,930</b>

**2014 Additions**

CALL BELL SYSTEM	65,873.95	S/L	20	6,313	3,294	9,607	56,267
CALL BELL SYSTEM	41,318.18	S/L	20	3,960	2,066	6,026	35,293
CALL BELL SYSTEM	22,634.00	S/L	20	2,169	1,132	3,301	19,333

Norwichtown Convalescent Home, Inc.  
 Cost Report Year 2016  
 Medicaid Cost Report - Depreciation Summary

	Historical Cost	Method	Life	9/30/2015 Accumulated Depreciation	9/30/2016 Depreciation Expense	9/30/2016 Accumulated Depreciation	Net Book Value
LOCHINVAR REPLACEMENT	4,743.21	S/L	15	501	316	817	3,926
SIGN ON FRONT LAWN	3,509.55	S/L	5	1,053	702	1,755	1,755
LOCHINVAR REPLACEMENT	5,168.61	S/L	15	459	345	804	4,365
WANDERGUARD UPGRADE	2,589.82	S/L	3	1,511	863	2,374	216
BEDS AND FOOTBOARDS	12,591.63	S/L	12	1,224	1,049	2,273	10,318
<b>2014 Total Additions</b>	<b>158,429</b>			<b>17,190</b>	<b>9,767</b>	<b>26,956</b>	<b>131,473</b>
<b>2014 Adjustments from Myers &amp; Stauffer LLC (Adjusted on 2015 Report)</b>							
CALL BELL SYSTEM	(65,874)	S/L	20	(6,313)	(3,294)	(9,607)	(56,267)
CALL BELL SYSTEM	(41,318)	S/L	20	(3,960)	(2,066)	(6,026)	(35,293)
CALL BELL SYSTEM	(22,634)	S/L	20	(2,169)	(1,132)	(3,301)	(19,333)
LOCHINVAR REPLACEMENT	(4,743)	S/L	15	(501)	(316)	(817)	(3,927)
SIGN ON FRONT LAWN	(3,510)	S/L	5	(1,053)	(702)	(1,755)	(1,755)
LOCHINVAR REPLACEMENT	(5,169)	S/L	15	(459)	(345)	(804)	(4,364)
<b>Total 2014 Adj from Myers &amp; Stauffer</b>	<b>(143,248)</b>			<b>(14,455)</b>	<b>(7,855)</b>	<b>(22,310)</b>	<b>(120,938)</b>
<b>2015 Additions</b>							
NEW POC FOR EAST WING	1,224	S/L	3	408	408	816	408
NEW MATTRESSES	5,274	S/L	5	1,053	1,053	2,106	3,168
<b>2015 Total Additions</b>	<b>6,498</b>			<b>1,461</b>	<b>1,461</b>	<b>2,922</b>	<b>3,576</b>
<b>2015 Disposals</b>							
COMPUTER EQUIPMENT 1990	(1,487)	S/L	10	(1,487)	-	(1,487)	-
COMPUTER SOLUTIONS	(4,404)	S/L	10	(4,404)	-	(4,404)	-
COMPUTER SOLUTIONS	(2,827)	S/L	10	(2,827)	-	(2,827)	-
SIMPLEX TIMECLOCK	(3,850)	S/L	10	(3,850)	-	(3,850)	-
COMPUTER SOLUTIONS	(1,819)	S/L	10	(1,819)	-	(1,819)	-
COMPUTER SOLUTIONS	(2,360)	S/L	10	(2,360)	-	(2,360)	-
MODEM 1990	(546)	S/L	10	(546)	-	(546)	-
SEARS LAWN TRACTOR	(1,589)	S/L	10	(1,589)	-	(1,589)	-
SYSTEMS FAX	(885)	S/L	10	(885)	-	(885)	-
STAPLES	(509)	S/L	10	(509)	-	(509)	-
<b>2015 Total Disposals</b>	<b>(20,276)</b>			<b>(20,276)</b>	-	<b>(20,276)</b>	-
<b>2016 Additions</b>							
DELL R430 SERVER AND BACK UP APPLIANCE	18,061	S/L	5	-	3,612	3,612	14,449
TIME CLOCK FOR PBJ	5,018	S/L	3	-	1,673	1,673	3,345
OXYGEN CONCENTRATORS	9,700	S/L	10	-	970	970	8,730
ULTRA STIM REHAB EQUIPMENT	5,351	S/L	7	-	764	764	4,587
DIATHERMY UNIT REHAB EQUIPMENT	17,235	S/L	10	-	1,724	1,724	15,511
<b>2016 Total Additions</b>	<b>55,365</b>			-	<b>8,743</b>	<b>8,743</b>	<b>46,622</b>
<b>2016 Disposals</b>							
OXYGEN CONCENTRATORS	(7,740)	S/L	10	-	-	(7,740)	-

Norwichtown Convalescent Home, Inc.  
 Cost Report Year 2016  
 Medicaid Cost Report - Depreciation Summary

	Historical Cost	Method	Life	9/30/2015 Accumulated Depreciation	9/30/2016 Depreciation Expense	9/30/2016 Accumulated Depreciation	Net Book Value
TIMECLOCK PLUS	(7,583)	S/L	10	-	-	(7,583)	-
<b>2016 Total Disposals</b>	<b>(15,323)</b>					<b>(15,323)</b>	
<b>Total Moveable Equipment</b>	<b>1,751,701</b>			<b>1,567,912</b>	<b>51,336</b>	<b>1,603,925</b>	<b>147,775</b>
<b>Vehicles</b>							
Prior to 2002	26,148	S/L	5	26,148	-	26,148	-
2009 Additions	7,416	S/L	5	7,416	-	7,416	-
2010 Additions	10,261	S/L	5	10,261	-	10,261	-
<b>Total Prior to 2013</b>	<b>43,825</b>	S/L	Var.	<b>43,825</b>	-	<b>43,825</b>	-
<b>2013 Additions</b>							
2013 Chevy Express	42,663	S/L	5	22,042	8,533	30,575	12,088
<b>2013 Disposals</b>							
Cube van 1993	(8,119)	S/L	5	(8,119)	-	(8,119)	-
Cube Van 2002	(18,029)	S/L	5	(18,029)	-	(18,029)	-
Cube Van 2008	(7,416)	S/L	5	(7,416)	-	(7,416)	-
Cube Van 2010	(10,261)	S/L	5	(10,261)	-	(10,261)	-
<b>Total 2013 Disposals</b>	<b>(43,825)</b>			<b>(43,825)</b>	-	<b>(43,825)</b>	-
<b>Total Vehicles</b>	<b>42,663</b>			<b>22,042</b>	<b>8,533</b>	<b>30,575</b>	<b>12,088</b>
<b>Total for 2015</b>	<b>\$ 6,901,519</b>			<b>\$ 5,869,151</b>	<b>\$ 152,414</b>	<b>\$ 5,950,074</b>	<b>\$ 951,448</b>
Plus Land	40,600			-	-	-	40,600
Plus Asset not on CR	4,396	{a}		-	-	-	4,396
Rounding	(1)	(1)		2	1	3	(4)
<b>TB Amount</b>	<b>\$ 6,946,514</b>			<b>\$ 5,869,153</b>	<b>\$ 152,415</b>	<b>\$ 5,950,074</b>	<b>\$ 996,440</b>
<b>F/S vs C/R Variance</b>	<b>\$ 6,946,514</b>					<b>5,888,143</b>	<b>1,058,371</b>
	<b>\$ 0</b>					<b>(33,887)</b>	<b>(61,931)</b>
							<b>{a}</b>
<b>F/S vs C/R NBV - Page 31, Line B9</b>	<b>\$ 66,326</b>	{a}					
<b>F/S vs C/R Depreciation - Page 36, Line F1</b>	<b>\$ 33,887</b>	{b}					

**Amortization Schedule\***

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwichtown R	Date of Acquisition		License No. 859-C	Report for Year Ended 9/30/2016			Page 24	of 37
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations		
<b>A. Organization Expense</b>								
1.								
2.								
3.								
A-4. Subtotal								
<b>B. Mortgage Expense</b>								
1.								
2.								
3.								
B-4. Subtotal								
<b>C. Leasehold Improvements and Other</b>								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								
<b>D. Total Amortization</b>								

\* 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 Norwichtown Convalescent Home, Inc	License No. 859-C	Report for Year Ended 9/30/2016	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input 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.				
<b>Description</b>		<b>Total</b>		
1. Date Land Purchased		1964/1991		
2. Date Structure Completed		1965		
3. If NOT Original Owner, Date of Purchase		1964		
4. Date of Initial Licensure		1964		
5. Total Licensed Bed Capacity		120		
6. Square Footage		44,390		
7. Acquisition Cost				
a. Land		21,000/19,142		
b. Building		328,616		
<b>Part B - Owner and Related Parties</b>		<b>1st Mortgage</b>	<b>2nd Mortgage</b>	<b>3rd Mortgage</b>
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		04/01/06		
c. Interest Rate for the Cost Year		7.02%		
d. Term of Mortgage (number of years)		20		
e. Amount of Principal Borrowed		5,310,000		
f. Principal balance outstanding as of 9/30/2016		4,431,591		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
<b>Name and Address of Lessor</b>	<b>Property Leased</b>	<b>Date of Lease</b>	<b>Term of Lease</b>	<b>Annual Amount of Lease</b>

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
Norwichtown Convalescent Home, Inc		859-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 201,332	201,332		
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>			<b>\$ 201,332</b>	<b>201,332</b>		

*(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
Norwichtown Convalescent Home,		859-C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				201,332	201,332		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	1,171	1,171	
Working Capital Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	202,503	202,503	
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	70,372	70,372	
General Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	70,372	70,372	
15. Total All Expenditures (A-13 thru C-14)				\$	11,213,947	11,213,947	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rel				859-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 111,555	111,555		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 533,598	533,598		
7.			Other - See attached Schedule	\$ 20,834	20,834		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 109,111	109,111		
10.	15	1d/e	Accounting & Legal	\$ 15,084	15,084		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 150	150		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 3,956	3,956		
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.	22	6e	Automobile Expense (e.g. personal use)	\$ 117	117		
18.	16	m3	Unallowable Advertising *	\$ 21,919	21,919		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 61,994	61,994		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 878,318	878,318		

\* 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	A1	Owner's Salary	\$ 100,982		
10	A12n	Marketer Salary	\$ 10,573		
<b>Total Other Salaries Adjustment</b>			<b>\$ 111,555</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	12o	Physician Other - Cardiac Med A Consolidated Billing (Disallowed)	\$ 367		
13	12o	Physician Other - Telemetry Med A Consolidated Billing (Disallowed)	\$ 766		
13	12o	Physician Other - Orthotics Med A Consolidated Billing (Disallowed)	\$ 588		
13	12o	Med A Consolidated Billing (Disallowed)	\$ 4,798		
13	12o	Pulmonologist (Disallowed)	\$ 14,292		
13	B4	Podiatrist	\$ 23		
<b>Total Other Fees Adjustments</b>			<b>\$ 20,834</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 540		
16	m13	Small Balance Adjustments	\$ 5		
16	m13	Owner/Administrator Allowance	\$ 28,141		
16	m13	Licenses - CLIA Laboratory	\$ 150		
16	m13	Miscellaneous - Donation (Disallowed)	\$ 100		
16	m13	Miscellaneous - Appraisal (Disallowed)	\$ 4,483		
16	m13	Miscellaneous - Flowers (Disallowed)	\$ 165		
16	m13	Fines & Penalties	\$ 464		
16	m13	Purchased Service - Patient Referral Services	\$ 6,110		
15	Var	Owner's Benefits	\$ 19,321		
15	Var	Marketing Benefits	\$ 2,515		
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 61,994</b>	<b>\$ -</b>	<b>\$ -</b>

**Norwichtown Convalescent Home**  
**September 30, 2016**  
**Cell Phone Disallowance Calculation**

Number of Beds for 9/30/2016	120
Allowable # of Phones	4
Allowable Expense per Month per Phone	\$ 30
Total Allowable Amount	<u>1,440</u>
Amount Reported (G/L # 730485)	<u>1,406</u>
Disallowance	<u>-</u>
Marketing Cell Phone (G/L # 740485)	<u>150</u>
Total Disallowance	<u><u>150</u></u>

**Norwichtown Convalescent Home**  
**Cost Report Year 2016**  
**Disallowance of Gifts, Flowers and Coffee Shops**  
**Attachment 28a, Line 14**

<u>Page/Line on Cost Report</u>	<u>Account</u>	<u>Descriptions</u>	<u>Amount</u>
Page 16 / Line 13	Marcum 03	Employee Recognition/Pizz Party (Self-Disallowed)	1,593
Page 16 / Line 13	Marcum 03	Holiday Thanksgiving Gift Cards	3,325
Page 16 / Line 13	Marcum 03	Flowers for Employees (Self-Disallowed)	416
Page 16 / Line 13	Marcum 03	Employee T-Shirts/Nurse Day Gifts (Self-Disallowed)	1,847
Page 16 / Line 13	Marcum 03	Employee Xmas Party Lunch	1,033
Page 16 / Line 13	Marcum 03	B-Day Scratch Tickets (Self-Disallowed)	100
			<b>\$ 8,313</b>
<b>Amount Disallowed from Page 16, Line 13</b>			
Page 28 / Line 14	Marcum 03	Employee Recognition/Pizz Party (Self-Disallowed)	1,593
Page 28 / Line 14	Marcum 03	Flowers for Employees (Self-Disallowed)	416
Page 28 / Line 14	Marcum 03	Employee T-Shirts/Nurse Day Gifts (Self-Disallowed)	1,847
Page 28 / Line 14	Marcum 03	B-Day Scratch Tickets (Self-Disallowed)	100
<b>Total Disallowed Gifts and Flowers</b>			<b>\$ 3,956</b>

**Norwichtown Rehabilitation and Care Center**  
**September 30, 2016**  
**Benefits Disallowance**  
**Page 28a Attachment**

**Marketing**

Marketing Salary	10,573	TB Linked
Total Salaries	<u>5,326,452</u>	TB Linked
Percent to Total Salaries	0.20%	

Total Benefits (Pg 15, Line 1a1 - 1a7) 1,266,909 TB Linked

Marketing Benefits Disallowed **2,515** Page 28 attachment

**Owner**

Owner's Salary	100,982	TB Linked
Total Salaries	<u>5,326,452</u>	TB Linked
Percent to Total Salaries	1.90%	

Total Benefits (Pg 15, Line 1a3 - 1a6) 1,019,135 TB Linked

Owner's Benefits Disallowed **19,321** Page 28 attachment

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown			859-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 878,318	878,318		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 447,886	447,886		
28.	20	5d	Ambulance/Limousine	\$ 1,539	1,539		
29.	20	5f	X-rays, etc	\$ 41,772	41,772		
30.	20	5h	Laboratory	\$ 50,914	50,914		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 53,426	53,426		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 117,040	117,040		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV 8	Vending Machine Revenue	\$ 118	118		
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	\$ 40,535	40,535		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 1,631,548	1,631,548		

\*\*\* 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.

Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center  
 9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	\$ 22,768		
20	5j	Med A Consolidated Billing - PPS Billing	\$ 915		
20	5j	Equipment Rental - Wound Care/Vac Pump	\$ 30,342		
20	5j	Therapy Supplies	\$ 2,057		
20	5j	Drugs - IV	\$ 59,552		
20	5j	Billable	\$ 1,406		
<b>Total Other Ancillary Costs</b>			<b>\$ 117,040</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 1	Meals Sold to Guests, Employees and Others	\$ 35		
30	IV 8	Laundry	\$ 40,500		
<b>Total Other Adjustments</b>			<b>\$ 40,535</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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

**Norwichtown Convalescent Home**  
**September 30, 2016**  
**Cable Disallowance Calculation**  
**Page 29a Attachment**

Total Allowable Amount		3,600
Amount Reported	Page 20, LN 5i	<u>26,368</u>
<b>Disallowance</b>		<u><u>(22,768)</u></u> Page 29a



**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Norwichtown Convalescent Home, Inc.	d. 859-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 8,729,805	8,729,805			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,765,483)	(4,765,483)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,168,385	3,168,385			
b. Medicare Room and Board Contractual Allowance **	\$ 1,836,914	1,836,914			
4. a. Private-Pay Residents and Other	\$ 3,374,425	3,374,425			
b. Private-Pay Room and Board Contractual Allowance **	\$ (96,775)	(96,775)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 663,854	663,854			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 212,576	212,576			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 10,740	10,740			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 2,059	2,059			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 2,671,993	2,671,993			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 562,320	562,320			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 210,212	210,212			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 34,440	34,440			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 3,053,284	3,053,284			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 640,560	640,560			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (6,463,187)	(6,463,187)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (1,085,396)	(1,085,396)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 12,760,726	12,760,726			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 35	35			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 18,892	18,892			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 46,049	46,049			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 64,976	64,976			
<b>VI. Total All Revenue</b> (III + V)	\$ 12,825,702	12,825,702			

\* 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	Medicare A - Sequestration	\$ (87,683)		
30 II 6a	Medicare A - Oxygen	\$ 7,010		
30 II 6a	Medicare A - Equipment Rental	\$ 18,843		
30 II 6a	Medicare A - IV Therapy	\$ 81,383		
30 II 6a	Medicare A - X-Ray	\$ 60,524		
30 II 6a	Medicare A - Lab	\$ 369,816		
30 II 6a	Medicare A - Complex Medical	\$ 19,332		
30 II 6a	Medicare A - Contractual Adjustment	\$ (6,355,637)		
30 II 6a	Medicare A - Prior Year Adjustment	\$ 10,406		
30 II 6a	Medicare B - Contractual Adjustment	\$ (527,655)		
30 II 6a	Medicare B - Sequestration	\$ (4,222)		
30 II 6a	Medicare B - Prior Year Adjustment	\$ (42,179)		
30 II 6a	Managed Care B - Vaccines	\$ 414		
30 II 6a	Managed Care B - Contractual Allowance	\$ (13,539)		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ (6,463,187)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Private - Vaccines	\$ 88		
30 II 6b	Private - Oxygen	\$ 520		
30 II 6b	Private - Contractual Adjustment	\$ (707)		
30 II 6b	Private - Prior Year Adjustment	\$ 16,441		
30 II 6b	Medicaid - Vaccines	\$ 352		
30 II 6b	Medicaid - Oxygen	\$ 5,950		
30 II 6b	Medicaid - IV Therapy	\$ 594		
30 II 6b	Medicaid - Lab	\$ 489		
30 II 6b	Medicaid - Prior Year Adjustment	\$ 8,158		
30 II 6b	Managed Care - Vaccines	\$ 352		
30 II 6b	Managed Care - Oxygen	\$ 2,000		
30 II 6b	Managed Care - Equipment Rental	\$ 8,624		
30 II 6b	Managed Care - IV Therapy	\$ 4,885		
30 II 6b	Managed Care - X-Ray	\$ 13,285		
30 II 6b	Managed Care - Lab	\$ 69,545		
30 II 6b	Managed Care - Complex Med	\$ 11,355		
30 II 6b	Managed Care - Contractual Adjustment	\$ (1,144,925)		
30 II 6b	Managed Care - Prior Year Adjustment	\$ 8,455		
30 II 6b	Insurance - Vaccines	\$ 88		
30 II 6b	Insurance - X-Ray	\$ 4,055		
30 II 6b	Insurance - Lab	\$ 4,353		
30 II 6b	Insurance - Contractual Adjustment	\$ (99,171)		
30 II 6b	Hospice - IV Therapy	\$ 127		
30 II 6b	Hospice - Contractual Adjustment	\$ (309)		
	<b>Total Other Resident Revenue</b>	<b>\$ (1,085,396)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Income - Note Receivable	3,836,101	\$ 17,564		
30 IV 5	Interest Income - Savings	167,603	\$ 813		
30 IV 5	Interest Income - Resident Account Interest	360,332	\$ 515		
	<b>Total Interest Income</b>		<b>\$ 18,892</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Insurance - Prior Year Adjustment	\$ 14,407		
30 IV 8	Hospice - Prior Year Adjustment	\$ (1,878)		
30 IV 8	Laundry (Disallowed)	\$ 40,500		
30 IV 8	Vending Income (Disallowed)	\$ 118		
30 IV 8	Loss On Disposal Of Fixed Asset	\$ (7,098)		
	<b>Total Other Revenue</b>	<b>\$ 46,049</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc.	859-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	516,509
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,522,418
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	279,385
a. Prepaid Dietary / Insurance	10,369			
b. Prepaid Property Tax	17,428			
c. Prepaid Real Estate	90,072			
d. Prepaid Federal Corp Tax	161,516			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>2,318,312</b>
B. Fixed Assets				
1. Land			\$	40,600
2. Land Improvements	*Historical Cost	15,542	\$	15,542
	Accum. Depreciation			Net
3. Buildings	*Historical Cost	4,946,316	\$	750,785
	Accum. Depreciation	4,195,531		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	145,298	\$	25,256
	Accum. Depreciation	120,042		Net
6. Movable Equipment	*Historical Cost	1,751,701	\$	147,778
	Accum. Depreciation	1,603,923		Net
7. Motor Vehicles	*Historical Cost	42,663	\$	12,084
	Accum. Depreciation	30,579		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	66,326
F/S vs C/R NBV	66,326			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>1,058,371</b>

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

(Carry Total forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc.	859-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	3,376,683
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	51,073
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	3,836,101
Name and Address		Amount	Loan Date	
L. Kallen		3,836,101		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	3,887,174
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	7,263,857

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

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

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

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a N		License No. 859-C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	827,825
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	253,065
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	19,801
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	183,932
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	157,158
Accrued Expenses		162,548			
Resident Refunds		(5,390)			
_____					
_____					
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,441,781

\* 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 Norwichtown Convalescent Home, Inc. d/b/a	License No. 859-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount
Total Brought Forward:				1,441,781
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 4,247,659
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> )				\$ 198,318
Interest Rate Swap		198,318		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 4,445,977
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 5,887,758

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

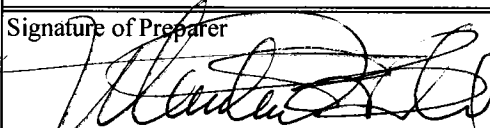
Name of Facility	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc	859-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve 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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	10,000
3. Paid-in Surplus			\$	16,625
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(228,394)
6. Gain or Loss for Period			\$	1,577,868
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	1,376,099
<b>C. Total Reserves and Net Worth</b>			\$	1,376,099
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,263,857

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc. d/	859-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	910,631
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	12,825,702
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	11,247,834
D. Net Income or Deficit			\$	1,577,868
E. Balance			\$	2,488,499
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
Expenses Per Page 27	\$11,213,947			
F/S vs C/R Depreciation	33,887			
Total F/S Expenses	\$11,247,834			
2. Other ( <i>itemize</i> )				
Interest Rate Swap		(96,693)		
F-3. Total Additions			\$	(96,693)
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> )			\$	1,015,707
Purpose			Amount	
Distributions			1,015,707	
3. Total Deductions			\$	1,015,707
H. <b>Balance at End of Period</b>			\$	1,376,099
	09/30/16			



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

Name of Facility Norwichtown Convalescent Home, Inc.	License No. 859-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Principal	Date Signed 1/5/17		
Printed Name of Preparer Matthew S. Bivolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		

Subject to the attached accountants' consulting report



## ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation & Care Center for the year ended September 30, 2016, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation & Care Center. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation & Care Center and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

**MARCUM LLP**

New Haven, CT  
January 5, 2017



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

**Facility Name** Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehab & Care Center

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

2. Are the methods of allocating costs consistent with cost year 2015? If not, explain the reporting change.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

6. During cost year 2016, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

**Yes** **No**

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

**Yes** **No**

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2015?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

**Yes** **No**

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

**Yes** **No**

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

**Yes** **No**

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

**Yes** **No**

17. Have all contractual allowances been properly reported on Page 30?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
100100	Cash - Operating	360,332.00			360,332.00
100150	Cash - Payroll	(13,745.00)			(13,745.00)
100200	Cash - Petty	500.00			500.00
100250	Cash - Impress	1,819.00			1,819.00
100400	Cash - Savings	142,230.00			142,230.00
100600	Cash - Century Bank Savings	25,373.00			25,373.00
111000	A/R - Private	271,495.00			271,495.00
112000	A/R - Medicaid	299,018.00			299,018.00
113000	A/R - Medicare Part A	346,303.00			346,303.00
114000	A/R - Medicare Part B	27,937.00			27,937.00
115000	A/R - Co-Insurance	172,025.00			172,025.00
117000	A/R - Managed Care	240,306.00			240,306.00
118000	A/R - Insurance	24,730.00			24,730.00
119300	A/R - Hospice	35,105.00			35,105.00
119600	A/R - Resource	(99,686.00)			(99,686.00)
119800	A/R - Intercompany	274,487.00			274,487.00
120000	A/R - Allowance For Bad Debt	(69,302.00)			(69,302.00)
142000	Dietary	9,719.00			9,719.00
152000	Prepaid - Insurance	650.00			650.00
161000	Building	5,120,434.00			5,120,434.00
161100	Land	56,142.00			56,142.00
161500	Automobile	42,663.00			42,663.00
162000	Furniture Fixture & Equipment	1,683,344.00			1,683,344.00
162500	Computer Hardware	38,913.00			38,913.00
163000	Computer Software	5,018.00			5,018.00
165000	Accum. Dep. - Building	(4,244,038.00)			(4,244,038.00)
165500	Accum. Dep. - Automobile	(30,575.00)			(30,575.00)
166000	Accum. Dep. - FF&E	(1,589,434.00)			(1,589,434.00)
166500	Accum. Dep. - Computer Hardware	(23,120.00)			(23,120.00)
167000	Accum. Dep. - Computer Software	(976.00)			(976.00)
171000	N/R - L Kallen	3,836,101.00			3,836,101.00
181000	Property Tax	17,428.00			17,428.00
182000	Real Estate	90,072.00			90,072.00
183000	Federal Corp Tax	161,516.00			161,516.00
185000	Goodwill	51,073.00			51,073.00
200100	Accounts Payable	(827,825.00)			(827,825.00)
200200	Accrued Expenses	(162,548.00)			(162,548.00)
200299	Interest Rate Swap	(198,318.00)			(198,318.00)
201100	Federal Withholding	102.00			102.00
201200	State Withholding	(37.00)			(37.00)
201300	FICA Social Security	(326.00)			(326.00)
201350	FICA Medicare	19.00			19.00
202000	Accrued Wages	(124,870.00)			(124,870.00)
202300	Accrued Vacation	(128,195.00)			(128,195.00)
202350	Accrued Vacation Taxes	(9,807.00)			(9,807.00)
210000	FUTA Liability	3,527.00			3,527.00
210050	SUTA Liability	(13,279.00)			(13,279.00)
215100	Resident Refunds	5,390.00			5,390.00
215400	Mortgage Payable	(183,932.00)			(183,932.00)
251000	Mortgage Payable	(4,247,659.00)			(4,247,659.00)
301000	Capital Stock	(10,000.00)			(10,000.00)
301500	Capital Surplus	(16,625.00)			(16,625.00)
302000	Sub-S Distributions	1,015,707.00			1,015,707.00
308000	Retained Earnings	(985,631.00)			(985,631.00)
309100	Other Comprehensive Income	198,318.00			198,318.00
400100	Medicare A - Room And Board	(3,168,385.00)			(3,168,385.00)
400111	Medicare A - R&B Contractual Adjustment	(1,839,153.00)			(1,839,153.00)
400112	Medicare A - Co-Ins Adjustment	2,239.00			2,239.00
400113	Medicare A - Sequestration	87,683.00			87,683.00
400200	Medicare A - Medical Supplies	(3,345.00)			(3,345.00)
400250	Medicare A - Pharmacy	(663,854.00)			(663,854.00)
400300	Medicare A - Oxygen	(7,010.00)			(7,010.00)
400350	Medicare A - Equipment Rental	(18,843.00)			(18,843.00)
400400	Medicare A - Physical Therapy	(2,265,120.00)			(2,265,120.00)
400450	Medicare A - Occupational Therapy	(2,692,560.00)			(2,692,560.00)
400500	Medicare A - Speech Therapy	(173,850.00)			(173,850.00)
400600	Medicare A - IV Therapy	(81,383.00)			(81,383.00)
400700	Medicare A - X-Ray	(60,524.00)			(60,524.00)
400850	Medicare A - Lab	(369,816.00)			(369,816.00)
400860	Medicare A - Complex Medical	(19,332.00)			(19,332.00)
400900	Medicare A - Contractual Adjustment	6,355,637.00			6,355,637.00
400999	Medicare A - Prior Year Adjustment	(10,406.00)			(10,406.00)
410100	Private - Room And Board	(2,316,640.00)			(2,316,640.00)
410110	Private - Private Room Differential	12,560.00			12,560.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
410111	Private - R&B Contractual Adjustment	37,668.00			37,668.00
410250	Private - Pharmacy	(4,450.00)			(4,450.00)
410260	Private - Vaccines	(88.00)			(88.00)
410300	Private - Oxygen	(520.00)			(520.00)
410400	Private - Physical Therapy	(1,320.00)			(1,320.00)
410900	Private - Contractual Adjustment	707.00			707.00
410999	Private - Prior Year Adjustment	(16,441.00)			(16,441.00)
430100	Medicaid - Room And Board	(8,729,805.00)			(8,729,805.00)
430111	Medicaid - R&B Contractual Adjustment	4,533,218.00			4,533,218.00
430250	Medicaid - Pharmacy	(25,890.00)			(25,890.00)
430260	Medicaid - Vaccines	(352.00)			(352.00)
430300	Medicaid - Oxygen	(5,950.00)			(5,950.00)
430400	Medicaid - Physical Therapy	(93,960.00)			(93,960.00)
430450	Medicaid - Occupational Therapy	(101,880.00)			(101,880.00)
430500	Medicaid - Speech Therapy	(3,270.00)			(3,270.00)
430600	Medicaid - IV Therapy	(594.00)			(594.00)
430850	Medicaid - Lab	(489.00)			(489.00)
430900	Medicaid - Contractual Adjustment	232,265.00			232,265.00
430999	Medicaid - Prior Year Adjustment	(8,158.00)			(8,158.00)
450100	Managed Care - Room And Board	(650,440.00)			(650,440.00)
450111	Managed Care - R&B Contractual Adjustment	(55,115.00)			(55,115.00)
450200	Managed Care - Medical Supplies	(1,463.00)			(1,463.00)
450250	Managed Care - Pharmacy	(174,659.00)			(174,659.00)
450260	Managed Care - Vaccines	(352.00)			(352.00)
450300	Managed Care - Oxygen	(2,000.00)			(2,000.00)
450350	Managed Care - Equipment Rental	(8,624.00)			(8,624.00)
450400	Managed Care - Physical Therapy	(420,660.00)			(420,660.00)
450450	Managed Care - Occupational Therapy	(485,040.00)			(485,040.00)
450500	Managed Care - Speech Therapy	(31,050.00)			(31,050.00)
450600	Managed Care - IV Therapy	(4,885.00)			(4,885.00)
450700	Managed Care - X-Ray	(13,285.00)			(13,285.00)
450850	Managed Care - Lab	(69,545.00)			(69,545.00)
450860	Managed Care - Complex Med	(11,355.00)			(11,355.00)
450900	Managed Care - Contractual Adjustment	1,144,925.00			1,144,925.00
450999	Managed Care - Prior Year Adjustment	(8,455.00)			(8,455.00)
460100	Insurance - Room And Board	(100,055.00)			(100,055.00)
460111	Insurance - R&B Contractual Adjustment	(50,125.00)			(50,125.00)
460200	Insurance - Medical Supplies	(596.00)			(596.00)
460250	Insurance - Pharmacy	(7,395.00)			(7,395.00)
460260	Insurance - Vaccines	(88.00)			(88.00)
460400	Insurance - Physical Therapy	(46,380.00)			(46,380.00)
460450	Insurance - Occupational Therapy	(53,640.00)			(53,640.00)
460500	Insurance - Speech Therapy	(120.00)			(120.00)
460700	Insurance - X-Ray	(4,055.00)			(4,055.00)
460850	Insurance - Lab	(4,353.00)			(4,353.00)
460900	Insurance - Contractual Adjustment	99,171.00			99,171.00
460999	Insurance - Prior Year Adjustment	(14,407.00)			(14,407.00)
470100	Hospice - Room And Board	(319,850.00)			(319,850.00)
470111	Hospice - R&B Contractual Adjustment	164,347.00			164,347.00
470250	Hospice - Pharmacy	(182.00)			(182.00)
470600	Hospice - IV Therapy	(127.00)			(127.00)
470900	Hospice - Contractual Adjustment	309.00			309.00
470999	Hospice - Prior Year Adjustment	1,878.00			1,878.00
500260	Medicare B - Vaccines	(7,395.00)			(7,395.00)
500400	Medicare B - Physical Therapy	(397,085.00)			(397,085.00)
500450	Medicare B - Occupational Therapy	(353,284.00)			(353,284.00)
500500	Medicare B - Speech Therapy	(33,002.00)			(33,002.00)
500900	Medicare B - Contractual Adjustment	527,655.00			527,655.00
500901	Medicare B - Sequestration	4,222.00			4,222.00
500999	Medicare B - Prior Year Adjustment	42,179.00			42,179.00
505260	Managed Care B - Vaccines	(414.00)			(414.00)
505400	Managed Care - B Physical Therapy	(9,788.00)			(9,788.00)
505450	Managed Care - B Occupational Therapy	(7,440.00)			(7,440.00)
505500	Managed Care - B Speech Therapy	(3,360.00)			(3,360.00)
505900	Managed Care B - Contractual Allowance	13,539.00			13,539.00
599020	Laundry	(40,500.00)			(40,500.00)
599040	Employee/Guest Meals	(35.00)			(35.00)
599050	Interest Income	(18,377.00)		(515.00)	(18,892.00)
599060	Vending Income	(118.00)			(118.00)
599080	Misc. Income	(515.00)		515.00	0.00
599090	Small Balance Adjustments	5.00			5.00
610100	Wages - Supervisor	55,503.00			55,503.00
610110	Wages - Regular	90,352.00			90,352.00
610650	Supplies	3,052.00			3,052.00
610660	Entertainment	30.00			30.00
610810	Dues & Subscriptions	3,397.00		(3,397.00)	0.00
610850	Purchased Services	95.00			95.00
620110	Wages - Regular	90,389.00			90,389.00



Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
630100	Wages - R.N.	791,013.00			791,013.00
630100.000	Wages - R.N.	0.00		870.00	870.00
630110	Wages - L.P.N.	816,812.00			816,812.00
630110.000	Wages - L.P.N.	0.00			0.00
630120	Wages - Aides	1,385,124.00			1,385,124.00
630120.000	Wages - Aides	0.00		1,914.00	1,914.00
630125	Wages - Orientation	2,784.00		(2,784.00)	0.00
630130	Wages - Medical Records	37,726.00			37,726.00
630600	Supplies (Non-Medical)	41,009.00			41,009.00
630700	Equipment Rental (Non-Medical)	915.00			915.00
630710	Medical Director	72,000.00			72,000.00
630720	Medical Staff	14,732.00		(14,292.00)	440.00
630730	Oxygen	53,426.00			53,426.00
630750	Podiatrist	23.00			23.00
630760	Dentist	11,946.00			11,946.00
630775	Physician - Other	1,721.00			1,721.00
630780	Ambulance	1,539.00			1,539.00
630790	Laboratory	50,914.00			50,914.00
630800	Radiology	41,772.00			41,772.00
630900	Other	4,798.00			4,798.00
670100	Wages - DON	130,821.00			130,821.00
670110	Wages - ADON	90,156.00			90,156.00
670120	Wages - MDS Coordinator	165,400.00			165,400.00
670130	Wages - Infection Control	74,196.00			74,196.00
670135	Wages - Inservice	59,493.00			59,493.00
670145	Wages - Staff Scheduler	41,022.00			41,022.00
670146	Wages - QA Nurse	5,486.00			5,486.00
670600	Supplies (Non-Medical)	1,208.00			1,208.00
670700	Equipment Rental	33,402.00		(3,060.00)	30,342.00
670720	Small Equipment Purchased	3,921.00			3,921.00
670730	Equipment Repair & Maintenance	423.00			423.00
670810	Dues And Subscriptions	119.00		(119.00)	0.00
670830	Education	1,040.00			1,040.00
670850	Purchased Services	13,390.00		(7,875.00)	5,515.00
680100	Wages - Respiratory Therapist	1,666.00			1,666.00
690100	Wages - Supervisor	57,355.00			57,355.00
690110	Wages - Regular	245,325.00			245,325.00
690120	Wages - Dietician	15,838.00			15,838.00
690660	Chemicals	2,789.00			2,789.00
690670	Supplies (Non-Food)	27,365.00			27,365.00
690680	Food Supplements	23,664.00			23,664.00
690690	Raw Food	294,059.00			294,059.00
690695	Nutritional Supplements	6,031.00			6,031.00
690720	Small Equipment Purchase	907.00			907.00
690730	Equipment Repair & Maintenance	2,941.00			2,941.00
690830	Education	413.00			413.00
690850	Purchased Services	2,292.00			2,292.00
700100	Wages - Supervisor	23,351.00			23,351.00
700110	Wages - Regular	140,755.00			140,755.00
700660	Chemicals	10,170.00			10,170.00
700670	Supplies	1,032.00			1,032.00
700690	Linen	13,951.00			13,951.00
700730	Equipment Repair & Maintenance	6,172.00			6,172.00
700860	Van	6,391.00			6,391.00
710100	Wages - Supervisor	24,723.00			24,723.00
710110	Wages - Regular	167,890.00			167,890.00
710670	Supplies	38,468.00			38,468.00
720100	Wages - Supervisor	57,715.00			57,715.00
720110	Wages - Regular	73,084.00			73,084.00
720510	Gas	56,297.00			56,297.00
720520	Electricity	164,246.00			164,246.00
720530	Water	20,266.00			20,266.00
720535	Sewer	33,268.00			33,268.00
720540	Trash Removal	17,970.00			17,970.00
720550	Service Contracts	3,150.00			3,150.00
720660	Building Repair & Maintenance	21,292.00			21,292.00
720670	Supplies	19,469.00			19,469.00
720690	Grounds Maintenance	8,506.00			8,506.00
720695	Grounds Landscaping	7,272.00			7,272.00
720720	Small Equipment Purchase	2,393.00			2,393.00
720850	Purchased Services	20,897.00			20,897.00
720855	Rent	1,468.00			1,468.00
730100	Wages - Administrator	222,472.00			222,472.00
730105	Wages - Controller	110,578.00			110,578.00
730110	Wages - Regular	190,669.00			190,669.00
730115	Wages - Financial Consultant	100,982.00			100,982.00
730200	FUTA	40,618.00			40,618.00
730205	SUTA	100,484.00			100,484.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
730210	FICA	319,531.00			319,531.00
730215	FICAM	78,016.00			78,016.00
730250	Workers Compensation	247,774.00			247,774.00
730260	Employee Benefit - Misc	10,730.00		(8,313.00)	2,417.00
730270	Employee Pre-Employment Screening	8,997.00			8,997.00
730300	Health Insurance	466,106.00			466,106.00
730310	Dental Insurance	7,399.00			7,399.00
730320	Vision Insurance	(366.00)			(366.00)
730330	Life Insurance	5,381.00			5,381.00
730340	Aflac Insurance	1,966.00			1,966.00
730430	Legal Fees	12,718.00			12,718.00
730440	Accounting Fees	39,725.00			39,725.00
730445	Telephone	9,774.00			9,774.00
730460	Professional Fees	11,628.00		(11,548.00)	80.00
730470	Owner/Administrator Allowance	28,141.00			28,141.00
730475	Owner Auto Lease	117.00			117.00
730480	Administrator Auto Gas	43.00			43.00
730485	Administrator Phone	1,406.00			1,406.00
730490	Marketing	9,342.00			9,342.00
730510	Advertising - Recruitment	55.00			55.00
730515	Advertising - Promotional	12,577.00			12,577.00
730520	Software Maintenance	28,608.00			28,608.00
730530	Insurance	70,372.00			70,372.00
730540	Bad Debt Expense	109,111.00			109,111.00
730550	Depreciation	186,302.00			186,302.00
730555	Loss/(Gain) On Disposal Of Fixed Asset	7,098.00			7,098.00
730560	Interest	1,171.00			1,171.00
730570	Interest - Mortgage	201,332.00			201,332.00
730580	Real Estate Taxes	119,448.00			119,448.00
730585	Personal Property Tax	25,881.00			25,881.00
730670	Office Supplies	20,303.00			20,303.00
730675	Postage	3,513.00			3,513.00
730700	Equipment Rental	24,224.00		3,060.00	27,284.00
730720	Small Equipment Purchase	4,653.00			4,653.00
730740	Copier Equipment	2,194.00			2,194.00
730810	Dues & Subscriptions	540.00		(540.00)	0.00
730820	Travel & Seminar	355.00			355.00
730830	Education	100.00			100.00
730840	Mileage Reimbursement	52.00			52.00
730850	Purchased Services	7,565.00			7,565.00
730851	Cable TV	26,368.00			26,368.00
730852	Internet Provider	2,545.00			2,545.00
730870	Licenses	1,130.00			1,130.00
730900	Miscellaneous	4,748.00			4,748.00
730910	Service Charges - Bank	9,954.00			9,954.00
730930	CT User Fee Tax	654,951.00			654,951.00
730935	CT State Corp Tax	250.00			250.00
730950	Fines and Penalties	464.00			464.00
740100	Wages - Admissions	47,199.00			47,199.00
740110	Wages - Marketer	10,573.00			10,573.00
740485	Cell Phone	150.00			150.00
740840	Mileage Reimbursement	581.00			581.00
740850	Purchased Services	6,110.00			6,110.00
800670	Supplies	2,057.00			2,057.00
800900	Other	14,084.00			14,084.00
800950	Purchased Services	532,833.00			532,833.00
810950	Purchased Services	533,598.00			533,598.00
820950	Purchased Services	89,743.00			89,743.00
850050	Pharmacy Consultant	7,920.00			7,920.00
850650	Drugs - Medicare Part A	422,617.00			422,617.00
850660	Drugs - Legend	20,785.00			20,785.00
850670	Drugs - Non-Legend	4,484.00			4,484.00
850680	Drugs - IV	59,552.00			59,552.00
860660	Billable	1,406.00			1,406.00
860690	Non-Billable	139,150.00			139,150.00
marcum 02	Chamber of Commerce	0.00		540.00	540.00
Marcum 03	Gifts to staff and Residents	0.00		8,313.00	8,313.00
Marcum 07	Nursing Consultants	0.00		3,520.00	3,520.00
Marcum 09	Subscriptions	0.00		3,516.00	3,516.00
Marcum 11	Pulmonologist	0.00		14,292.00	14,292.00
Marcum 12	Nursing Admin Consultants	0.00		4,355.00	4,355.00
Marcum 13	Purchased Service - Admin	0.00		11,548.00	11,548.00
<b>Total</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>Net (Income) Loss</b>					<b>0.00</b>

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - TB-CCNH Combined Detail LS**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
<b>Group : [10-A]</b>	<b>Salaries and Wages</b>				
<b>Subgroup : [1]</b>	<b>Operators/Owners</b>				
730115	Wages - Financial Consultant	100,982.00		0.00	100,982.00
<b>Subtotal [1] Operators/Owners</b>		<b>100,982.00</b>		<b>0.00</b>	<b>100,982.00</b>
<b>Subgroup : [2]</b>	<b>Administrators</b>				
730100	Wages - Administrator	222,472.00		0.00	222,472.00
<b>Subtotal [2] Administrators</b>		<b>222,472.00</b>		<b>0.00</b>	<b>222,472.00</b>
<b>Subgroup : [4]</b>	<b>Other Administrative Salaries</b>				
730110	Wages - Regular	190,669.00		0.00	190,669.00
740100	Wages - Admissions	47,199.00		0.00	47,199.00
<b>Subtotal [4] Other Administrative Salaries</b>		<b>237,868.00</b>		<b>0.00</b>	<b>237,868.00</b>
<b>Subgroup : [5A]</b>	<b>Head Dietitian</b>				
690120	Wages - Dietician	15,838.00		0.00	15,838.00
<b>Subtotal [5A] Head Dietitian</b>		<b>15,838.00</b>		<b>0.00</b>	<b>15,838.00</b>
<b>Subgroup : [5B]</b>	<b>Food Service Supervisor</b>				
690100	Wages - Supervisor	57,355.00		0.00	57,355.00
<b>Subtotal [5B] Food Service Supervisor</b>		<b>57,355.00</b>		<b>0.00</b>	<b>57,355.00</b>
<b>Subgroup : [5C]</b>	<b>Dietary Workers</b>				
690110	Wages - Regular	245,325.00		0.00	245,325.00
<b>Subtotal [5C] Dietary Workers</b>		<b>245,325.00</b>		<b>0.00</b>	<b>245,325.00</b>
<b>Subgroup : [6A]</b>	<b>Head Housekeeper</b>				
710100	Wages - Supervisor	24,723.00		0.00	24,723.00
<b>Subtotal [6A] Head Housekeeper</b>		<b>24,723.00</b>		<b>0.00</b>	<b>24,723.00</b>
<b>Subgroup : [6B]</b>	<b>Other Housekeeping Workers</b>				
710110	Wages - Regular	167,890.00		0.00	167,890.00
<b>Subtotal [6B] Other Housekeeping Workers</b>		<b>167,890.00</b>		<b>0.00</b>	<b>167,890.00</b>
<b>Subgroup : [7A]</b>	<b>Engineer or Chief of Maintenance</b>				
720100	Wages - Supervisor	57,715.00		0.00	57,715.00
<b>Subtotal [7A] Engineer or Chief of Maintenance</b>		<b>57,715.00</b>		<b>0.00</b>	<b>57,715.00</b>
<b>Subgroup : [7B]</b>	<b>Other Maintenance Workers</b>				
720110	Wages - Regular	73,084.00		0.00	73,084.00
<b>Subtotal [7B] Other Maintenance Workers</b>		<b>73,084.00</b>		<b>0.00</b>	<b>73,084.00</b>
<b>Subgroup : [8A]</b>	<b>Laundry Supervisor</b>				
700100	Wages - Supervisor	23,351.00		0.00	23,351.00
<b>Subtotal [8A] Laundry Supervisor</b>		<b>23,351.00</b>		<b>0.00</b>	<b>23,351.00</b>
<b>Subgroup : [8B]</b>	<b>Other Laundry Workers</b>				
700110	Wages - Regular	140,755.00		0.00	140,755.00
<b>Subtotal [8B] Other Laundry Workers</b>		<b>140,755.00</b>		<b>0.00</b>	<b>140,755.00</b>
<b>Subgroup : [11A]</b>	<b>Head Accountant</b>				
730105	Wages - Controller	110,578.00		0.00	110,578.00
<b>Subtotal [11A] Head Accountant</b>		<b>110,578.00</b>		<b>0.00</b>	<b>110,578.00</b>
<b>Subgroup : [12A]</b>	<b>Director of Nurses/Assistant Director</b>				
670100	Wages - DON	130,821.00		0.00	130,821.00
670110	Wages - ADON	90,156.00		0.00	90,156.00
<b>Subtotal [12A] Director of Nurses/Assistant Director</b>		<b>220,977.00</b>		<b>0.00</b>	<b>220,977.00</b>
<b>Subgroup : [12B1]</b>	<b>RNs - Direct Care</b>				
630100	Wages - R.N.	791,013.00		0.00	791,013.00
630100.000	Wages - R.N.	0.00		870.00	870.00
<b>Subtotal [12B1] RNs - Direct Care</b>		<b>791,013.00</b>	RJE - 3	<b>870.00</b>	<b>791,883.00</b>
<b>Subgroup : [12B2]</b>	<b>RNs - Administrative</b>				
630125	Wages - Orientation	2,784.00		(2,784.00)	0.00
670120	Wages - MDS Coordinator	165,400.00	RJE - 3	0.00	165,400.00
670130	Wages - Infection Control	74,196.00		0.00	74,196.00
670135	Wages - Inservice	59,493.00		0.00	59,493.00
670146	Wages - QA Nurse	5,486.00		0.00	5,486.00
<b>Subtotal [12B2] RNs - Administrative</b>		<b>307,359.00</b>		<b>(2,784.00)</b>	<b>304,575.00</b>

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - TB-CCNH Combined Detail LS**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
<b>Subgroup : [12C1] LPNs - Direct Care</b>					
630110	Wages - L.P.N.	816,812.00		0.00	816,812.00
630110.000	Wages - L.P.N.	0.00		0.00	0.00
			RJE - 3	(0.00)	
<b>Subtotal [12C1] LPNs - Direct Care</b>		<u>816,812.00</u>		<u>0.00</u>	<u>816,812.00</u>
<b>Subgroup : [12D] Aides and Attendants</b>					
630120	Wages - Aides	1,385,124.00		0.00	1,385,124.00
630120.000	Wages - Aides	0.00		1,914.00	1,914.00
			RJE - 3	1,914.00	
<b>Subtotal [12D] Aides and Attendants</b>		<u>1,385,124.00</u>		<u>1,914.00</u>	<u>1,387,038.00</u>
<b>Subgroup : [12H] Recreation Workers</b>					
610100	Wages - Supervisor	55,503.00		0.00	55,503.00
610110	Wages - Regular	90,352.00		0.00	90,352.00
<b>Subtotal [12H] Recreation Workers</b>		<u>145,855.00</u>		<u>0.00</u>	<u>145,855.00</u>
<b>Subgroup : [12M] Social Workers/Case Management</b>					
620110	Wages - Regular	90,389.00		0.00	90,389.00
<b>Subtotal [12M] Social Workers/Case Management</b>		<u>90,389.00</u>		<u>0.00</u>	<u>90,389.00</u>
<b>Subgroup : [12N] Marketing</b>					
740110	Wages - Marketer	10,573.00		0.00	10,573.00
<b>Subtotal [12N] Marketing</b>		<u>10,573.00</u>		<u>0.00</u>	<u>10,573.00</u>
<b>Subgroup : [12O] Other</b>					
630130	Wages - Medical Records	37,726.00		0.00	37,726.00
670145	Wages - Staff Scheduler	41,022.00		0.00	41,022.00
680100	Wages - Respiratory Therapist	1,666.00		0.00	1,666.00
<b>Subtotal [12O] Other</b>		<u>80,414.00</u>		<u>0.00</u>	<u>80,414.00</u>
<b>Total [10-A] Salaries and Wages</b>		<u>5,326,452.00</u>		<u>0.00</u>	<u>5,326,452.00</u>
<b>Group : [13-B] Professional Fees</b>					
<b>Subgroup : [2] Dentist</b>					
630760	Dentist	11,946.00		0.00	11,946.00
<b>Subtotal [2] Dentist</b>		<u>11,946.00</u>		<u>0.00</u>	<u>11,946.00</u>
<b>Subgroup : [3] Pharmacist</b>					
850050	Pharmacy Consultant	7,920.00		0.00	7,920.00
<b>Subtotal [3] Pharmacist</b>		<u>7,920.00</u>		<u>0.00</u>	<u>7,920.00</u>
<b>Subgroup : [4] Podiatrist</b>					
630750	Podiatrist	23.00		0.00	23.00
<b>Subtotal [4] Podiatrist</b>		<u>23.00</u>		<u>0.00</u>	<u>23.00</u>
<b>Subgroup : [5A] PT - Resident Care</b>					
800950	Purchased Services	532,833.00		0.00	532,833.00
<b>Subtotal [5A] PT - Resident Care</b>		<u>532,833.00</u>		<u>0.00</u>	<u>532,833.00</u>
<b>Subgroup : [8A] Medical Director</b>					
630710	Medical Director	72,000.00		0.00	72,000.00
<b>Subtotal [8A] Medical Director</b>		<u>72,000.00</u>		<u>0.00</u>	<u>72,000.00</u>
<b>Subgroup : [8E] Other</b>					
630720	Medical Staff	14,732.00		(14,292.00)	440.00
			RJE - 8	(14,292.00)	
<b>Subtotal [8E] Other</b>		<u>14,732.00</u>		<u>(14,292.00)</u>	<u>440.00</u>
<b>Subgroup : [9A] ST - Resident Care</b>					
820950	Purchased Services	89,743.00		0.00	89,743.00
<b>Subtotal [9A] ST - Resident Care</b>		<u>89,743.00</u>		<u>0.00</u>	<u>89,743.00</u>
<b>Subgroup : [10A] OT - Resident Care</b>					
810950	Purchased Services	533,598.00		0.00	533,598.00
<b>Subtotal [10A] OT - Resident Care</b>		<u>533,598.00</u>		<u>0.00</u>	<u>533,598.00</u>
<b>Subgroup : [11A1] RN's - Direct Care</b>					
Marcum 07	Nursing Consultants	0.00		3,520.00	3,520.00
			RJE - 2	3,520.00	
<b>Subtotal [11A1] RN's - Direct Care</b>		<u>0.00</u>		<u>3,520.00</u>	<u>3,520.00</u>
<b>Subgroup : [11A2] RN's - Administrative</b>					
Marcum 12	Nursing Admin Consultants	0.00		4,355.00	4,355.00
			RJE - 2	4,355.00	
<b>Subtotal [11A2] RN's - Administrative</b>		<u>0.00</u>		<u>4,355.00</u>	<u>4,355.00</u>

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - TB-CCNH Combined Detail LS**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
<b>Subgroup : [12]</b>	<b>Other</b>				
630775	Physician - Other	1,721.00		0.00	1,721.00
630900	Other	4,798.00		0.00	4,798.00
Marcum 11	Pulmonologist	0.00		14,292.00	14,292.00
			RJE - 8	14,292.00	
<b>Subtotal [12] Other</b>		<b>6,519.00</b>		<b>14,292.00</b>	<b>20,811.00</b>
<b>Total [13-B] Professional Fees</b>		<b>1,269,314.00</b>		<b>7,875.00</b>	<b>1,277,189.00</b>
<b>Group : [15]</b>	<b>Expenditures Other than Salaries</b>				
<b>Subgroup : [1A1]</b>	<b>Workmen's Compensation</b>				
730250	Workers Compensation	247,774.00		0.00	247,774.00
<b>Subtotal [1A1] Workmen's Compensation</b>		<b>247,774.00</b>		<b>0.00</b>	<b>247,774.00</b>
<b>Subgroup : [1A3]</b>	<b>Unemployment Insurance</b>				
730200	FUTA	40,618.00		0.00	40,618.00
730205	SUTA	100,484.00		0.00	100,484.00
<b>Subtotal [1A3] Unemployment Insurance</b>		<b>141,102.00</b>		<b>0.00</b>	<b>141,102.00</b>
<b>Subgroup : [1A4]</b>	<b>Social Security (FICA)</b>				
730210	FICA	319,531.00		0.00	319,531.00
730215	FICAM	78,016.00		0.00	78,016.00
<b>Subtotal [1A4] Social Security (FICA)</b>		<b>397,547.00</b>		<b>0.00</b>	<b>397,547.00</b>
<b>Subgroup : [1A5]</b>	<b>Health Insurance</b>				
730300	Health Insurance	466,106.00		0.00	466,106.00
730310	Dental Insurance	7,399.00		0.00	7,399.00
730320	Vision Insurance	(366.00)		0.00	(366.00)
730340	Aflac Insurance	1,966.00		0.00	1,966.00
<b>Subtotal [1A5] Health Insurance</b>		<b>475,105.00</b>		<b>0.00</b>	<b>475,105.00</b>
<b>Subgroup : [1A6]</b>	<b>Life Insurance</b>				
730330	Life Insurance	5,381.00		0.00	5,381.00
<b>Subtotal [1A6] Life Insurance</b>		<b>5,381.00</b>		<b>0.00</b>	<b>5,381.00</b>
<b>Subgroup : [1A9]</b>	<b>Other</b>				
730270	Employee Pre-Employment Screening	8,997.00		0.00	8,997.00
<b>Subtotal [1A9] Other</b>		<b>8,997.00</b>		<b>0.00</b>	<b>8,997.00</b>
<b>Subgroup : [1C]</b>	<b>Bad Debts</b>				
730540	Bad Debt Expense	109,111.00		0.00	109,111.00
<b>Subtotal [1C] Bad Debts</b>		<b>109,111.00</b>		<b>0.00</b>	<b>109,111.00</b>
<b>Subgroup : [1D]</b>	<b>Accounting and Auditing</b>				
730440	Accounting Fees	39,725.00		0.00	39,725.00
<b>Subtotal [1D] Accounting and Auditing</b>		<b>39,725.00</b>		<b>0.00</b>	<b>39,725.00</b>
<b>Subgroup : [1E]</b>	<b>Legal</b>				
730430	Legal Fees	12,718.00		0.00	12,718.00
<b>Subtotal [1E] Legal</b>		<b>12,718.00</b>		<b>0.00</b>	<b>12,718.00</b>
<b>Subgroup : [1G]</b>	<b>Office Supplies</b>				
730670	Office Supplies	20,303.00		0.00	20,303.00
<b>Subtotal [1G] Office Supplies</b>		<b>20,303.00</b>		<b>0.00</b>	<b>20,303.00</b>
<b>Subgroup : [1H1]</b>	<b>Telephone and Telegraph</b>				
730445	Telephone	9,774.00		0.00	9,774.00
<b>Subtotal [1H1] Telephone and Telegraph</b>		<b>9,774.00</b>		<b>0.00</b>	<b>9,774.00</b>
<b>Subgroup : [1H2]</b>	<b>Cellular Phones and Beepers</b>				
730485	Administrator Phone	1,406.00		0.00	1,406.00
740485	Cell Phone	150.00		0.00	150.00
<b>Subtotal [1H2] Cellular Phones and Beepers</b>		<b>1,556.00</b>		<b>0.00</b>	<b>1,556.00</b>
<b>Subgroup : [1J]</b>	<b>Corporation Business Taxes</b>				
730935	CT State Corp Tax	250.00		0.00	250.00
<b>Subtotal [1J] Corporation Business Taxes</b>		<b>250.00</b>		<b>0.00</b>	<b>250.00</b>
<b>Subgroup : [1K3]</b>	<b>Resident Day User Fee</b>				
730930	CT User Fee Tax	654,951.00		0.00	654,951.00
<b>Subtotal [1K3] Resident Day User Fee</b>		<b>654,951.00</b>		<b>0.00</b>	<b>654,951.00</b>
<b>Total [15] Expenditures Other than Salaries</b>		<b>2,124,294.00</b>		<b>0.00</b>	<b>2,124,294.00</b>
<b>Group : [16]</b>	<b>Expenditures Other than Salaries (cont'd) - Admin. and General</b>				
<b>Subgroup : [3]</b>	<b>Gifts to Staff and Residents</b>				

Client: **Norwichtown Rehabilitation and Care Center**  
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 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - TB-CCNH Combined Detail LS**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
Marcum 03	Gifts to staff and Residents	0.00		8,313.00	8,313.00
<b>Subtotal [3] Gifts to Staff and Residents</b>		<b>0.00</b>	RJE - 7	<b>8,313.00</b>	<b>8,313.00</b>
<b>Subgroup : [4] Employee Travel</b>					
730820	Travel & Seminar	355.00		0.00	355.00
730840	Mileage Reimbursement	52.00		0.00	52.00
740840	Mileage Reimbursement	581.00		0.00	581.00
<b>Subtotal [4] Employee Travel</b>		<b>988.00</b>		<b>0.00</b>	<b>988.00</b>
<b>Subgroup : [5] Education Expense</b>					
670830	Education	1,040.00		0.00	1,040.00
690830	Education	413.00		0.00	413.00
730830	Education	100.00		0.00	100.00
<b>Subtotal [5] Education Expense</b>		<b>1,553.00</b>		<b>0.00</b>	<b>1,553.00</b>
<b>Subgroup : [6] Automobile Expense</b>					
730480	Administrator Auto Gas	43.00		0.00	43.00
<b>Subtotal [6] Automobile Expense</b>		<b>43.00</b>		<b>0.00</b>	<b>43.00</b>
<b>Subgroup : [M1] Advertising Help Wanted</b>					
730510	Advertising - Recruitment	55.00		0.00	55.00
<b>Subtotal [M1] Advertising Help Wanted</b>		<b>55.00</b>		<b>0.00</b>	<b>55.00</b>
<b>Subgroup : [M3] Advertising Other</b>					
730490	Marketing	9,342.00		0.00	9,342.00
730515	Advertising - Promotional	12,577.00		0.00	12,577.00
<b>Subtotal [M3] Advertising Other</b>		<b>21,919.00</b>		<b>0.00</b>	<b>21,919.00</b>
<b>Subgroup : [M7] Postage</b>					
730675	Postage	3,513.00		0.00	3,513.00
<b>Subtotal [M7] Postage</b>		<b>3,513.00</b>		<b>0.00</b>	<b>3,513.00</b>
<b>Subgroup : [M8] Dues and Membership Fees to Professional Associations</b>					
610810	Dues & Subscriptions	3,397.00		(3,397.00)	0.00
670810	Dues And Subscriptions	119.00	RJE - 5	(3,397.00)	0.00
730460	Professional Fees	11,628.00	RJE - 5	(119.00)	80.00
730810	Dues & Subscriptions	540.00	RJE - 6	(11,548.00)	0.00
<b>Subtotal [M8] Dues and Membership Fees to Professional Associations</b>		<b>15,684.00</b>	RJE - 5	<b>(540.00)</b>	<b>80.00</b>
<b>Subgroup : [M8A] Dues to Chamber of Commerce</b>					
marcum 02	Chamber of Commerce	0.00		540.00	540.00
<b>Subtotal [M8A] Dues to Chamber of Commerce</b>		<b>0.00</b>	RJE - 5	<b>540.00</b>	<b>540.00</b>
<b>Subgroup : [M9] Subscriptions</b>					
Marcum 09	Subscriptions	0.00		3,516.00	3,516.00
<b>Subtotal [M9] Subscriptions</b>		<b>0.00</b>	RJE - 5	<b>3,516.00</b>	<b>3,516.00</b>
<b>Subgroup : [M11] Services Provided by Contract</b>					
730520	Software Maintenance	28,608.00		0.00	28,608.00
730852	Internet Provider	2,545.00		0.00	2,545.00
Marcum 13	Purchased Service - Admin	0.00		11,548.00	11,548.00
<b>Subtotal [M11] Services Provided by Contract</b>		<b>31,153.00</b>	RJE - 6	<b>10,119.00</b>	<b>42,701.00</b>
<b>Subgroup : [M13] Other</b>					
599090	Small Balance Adjustments	5.00		0.00	5.00
730260	Employee Benefit - Misc	10,730.00		(8,313.00)	2,417.00
730470	Owner/Administrator Allowance	28,141.00	RJE - 7	<b>(8,313.00)</b>	<b>28,141.00</b>
730870	Licenses	1,130.00		0.00	1,130.00
730900	Miscellaneous	4,748.00		0.00	4,748.00
730910	Service Charges - Bank	9,954.00		0.00	9,954.00
730950	Fines and Penalties	464.00		0.00	464.00
740850	Purchased Services	6,110.00		0.00	6,110.00
<b>Subtotal [M13] Other</b>		<b>61,282.00</b>		<b>(8,313.00)</b>	<b>52,969.00</b>
<b>Total [16] Expenditures Other than Salaries (cont'd) - Admin. and General</b>		<b>136,190.00</b>		<b>0.00</b>	<b>136,190.00</b>

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 Workpaper: **A.02 - TB-CCNH Combined Detail LS**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
<b>Group : [18]</b>	<b>Dietary Basis for Allocation of Costs</b>				
<b>Subgroup : [2A1]</b>	<b>Raw Food</b>				
690690	Raw Food	294,059.00		0.00	294,059.00
	<b>Subtotal [2A1] Raw Food</b>	<b>294,059.00</b>		<b>0.00</b>	<b>294,059.00</b>
<b>Subgroup : [2A2]</b>	<b>Non-Food Supplies</b>				
690660	Chemicals	2,789.00		0.00	2,789.00
690670	Supplies (Non-Food)	27,365.00		0.00	27,365.00
690680	Food Supplements	23,664.00		0.00	23,664.00
690695	Nutritional Supplements	6,031.00		0.00	6,031.00
	<b>Subtotal [2A2] Non-Food Supplies</b>	<b>59,849.00</b>		<b>0.00</b>	<b>59,849.00</b>
<b>Subgroup : [2B]</b>	<b>Purchased Services</b>				
690850	Purchased Services	2,292.00		0.00	2,292.00
	<b>Subtotal [2B] Purchased Services</b>	<b>2,292.00</b>		<b>0.00</b>	<b>2,292.00</b>
<b>Subgroup : [2D]</b>	<b>Other</b>				
690730	Equipment Repair & Maintenance	2,941.00		0.00	2,941.00
	<b>Subtotal [2D] Other</b>	<b>2,941.00</b>		<b>0.00</b>	<b>2,941.00</b>
	<b>Total [18] Dietary Basis for Allocation of Costs</b>	<b>359,141.00</b>		<b>0.00</b>	<b>359,141.00</b>
<b>Group : [19]</b>	<b>Laundry-Basis for Allocation of Costs</b>				
<b>Subgroup : [3A1]</b>	<b>Bed Linens, etc...washed, ironed..</b>				
700660	Chemicals	10,170.00		0.00	10,170.00
700670	Supplies	1,032.00		0.00	1,032.00
700690	Linen	13,951.00		0.00	13,951.00
700860	Van	6,391.00		0.00	6,391.00
	<b>Subtotal [3A1] Bed Linens, etc...washed, ironed..</b>	<b>31,544.00</b>		<b>0.00</b>	<b>31,544.00</b>
<b>Subgroup : [3D]</b>	<b>Other</b>				
700730	Equipment Repair & Maintenance	6,172.00		0.00	6,172.00
	<b>Subtotal [3D] Other</b>	<b>6,172.00</b>		<b>0.00</b>	<b>6,172.00</b>
	<b>Total [19] Laundry-Basis for Allocation of Costs</b>	<b>37,716.00</b>		<b>0.00</b>	<b>37,716.00</b>
<b>Group : [20]</b>	<b>Housekeeping and Resident Care Basis for Allocation of Costs</b>				
<b>Subgroup : [4A1]</b>	<b>In-House Care Supplies</b>				
710670	Supplies	38,468.00		0.00	38,468.00
	<b>Subtotal [4A1] In-House Care Supplies</b>	<b>38,468.00</b>		<b>0.00</b>	<b>38,468.00</b>
<b>Subgroup : [5A2]</b>	<b>Purchased from</b>				
850650	Drugs - Medicare Part A	422,617.00		0.00	422,617.00
850660	Drugs - Legend	20,785.00		0.00	20,785.00
850670	Drugs - Non-Legend	4,484.00		0.00	4,484.00
	<b>Subtotal [5A2] Purchased from</b>	<b>447,886.00</b>		<b>0.00</b>	<b>447,886.00</b>
<b>Subgroup : [5B]</b>	<b>Medicine Cabinet Drugs</b>				
630600	Supplies (Non-Medical)	41,009.00		0.00	41,009.00
670600	Supplies (Non-Medical)	1,208.00		0.00	1,208.00
860690	Non-Billable	139,150.00		0.00	139,150.00
	<b>Subtotal [5B] Medicine Cabinet Drugs</b>	<b>181,367.00</b>		<b>0.00</b>	<b>181,367.00</b>
<b>Subgroup : [5D]</b>	<b>Ambulance/Limousine</b>				
630780	Ambulance	1,539.00		0.00	1,539.00
	<b>Subtotal [5D] Ambulance/Limousine</b>	<b>1,539.00</b>		<b>0.00</b>	<b>1,539.00</b>
<b>Subgroup : [5E2]</b>	<b>Oxygen - Other</b>				
630730	Oxygen	53,426.00		0.00	53,426.00
	<b>Subtotal [5E2] Oxygen - Other</b>	<b>53,426.00</b>		<b>0.00</b>	<b>53,426.00</b>
<b>Subgroup : [5F]</b>	<b>X-Rays and related radiological</b>				
630800	Radiology	41,772.00		0.00	41,772.00
	<b>Subtotal [5F] X-Rays and related radiological</b>	<b>41,772.00</b>		<b>0.00</b>	<b>41,772.00</b>
<b>Subgroup : [5H]</b>	<b>Laboratory</b>				
630790	Laboratory	50,914.00		0.00	50,914.00
	<b>Subtotal [5H] Laboratory</b>	<b>50,914.00</b>		<b>0.00</b>	<b>50,914.00</b>
<b>Subgroup : [5I]</b>	<b>Recreation</b>				
610650	Supplies	3,052.00		0.00	3,052.00
610660	Entertainment	30.00		0.00	30.00
610850	Purchased Services	95.00		0.00	95.00
730851	Cable TV	26,368.00		0.00	26,368.00
	<b>Subtotal [5I] Recreation</b>	<b>29,545.00</b>		<b>0.00</b>	<b>29,545.00</b>

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Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
<b>Subgroup : [5J]</b>	<b>Other</b>				
630700	Equipment Rental (Non-Medical)	915.00		0.00	915.00
670700	Equipment Rental	33,402.00		(3,060.00)	30,342.00
			RJE - 1	(3,060.00)	
670720	Small Equipment Purchased	3,921.00		0.00	3,921.00
670850	Purchased Services	13,390.00		(7,875.00)	5,515.00
			RJE - 2	(7,875.00)	
690720	Small Equipment Purchase	907.00		0.00	907.00
730720	Small Equipment Purchase	4,653.00		0.00	4,653.00
800670	Supplies	2,057.00		0.00	2,057.00
850680	Drugs - IV	59,552.00		0.00	59,552.00
860660	Billable	1,406.00		0.00	1,406.00
<b>Subtotal [5J] Other</b>		<b>120,203.00</b>		<b>(10,935.00)</b>	<b>109,268.00</b>
<b>Total [20] Housekeeping and Resident Care Basis for Allocation of Costs</b>		<b>965,120.00</b>		<b>(10,935.00)</b>	<b>954,185.00</b>
<b>Group : [22]</b>	<b>Maintenance and Property</b>				
<b>Subgroup : [6A]</b>	<b>Repairs and Maintenance</b>				
670730	Equipment Repair & Maintenance	423.00		0.00	423.00
720660	Building Repair & Maintenance	21,292.00		0.00	21,292.00
720670	Supplies	19,469.00		0.00	19,469.00
<b>Subtotal [6A] Repairs and Maintenance</b>		<b>41,184.00</b>		<b>0.00</b>	<b>41,184.00</b>
<b>Subgroup : [6B]</b>	<b>Heat</b>				
720510	Gas	56,297.00		0.00	56,297.00
<b>Subtotal [6B] Heat</b>		<b>56,297.00</b>		<b>0.00</b>	<b>56,297.00</b>
<b>Subgroup : [6C]</b>	<b>Light &amp; Power</b>				
720520	Electricity	164,246.00		0.00	164,246.00
<b>Subtotal [6C] Light &amp; Power</b>		<b>164,246.00</b>		<b>0.00</b>	<b>164,246.00</b>
<b>Subgroup : [6D]</b>	<b>Water</b>				
720530	Water	20,266.00		0.00	20,266.00
720535	Sewer	33,268.00		0.00	33,268.00
<b>Subtotal [6D] Water</b>		<b>53,534.00</b>		<b>0.00</b>	<b>53,534.00</b>
<b>Subgroup : [6E]</b>	<b>Equipment Lease</b>				
730475	Owner Auto Lease	117.00		0.00	117.00
730700	Equipment Rental	24,224.00		3,060.00	27,284.00
			RJE - 1	3,060.00	
800900	Other	14,084.00		0.00	14,084.00
<b>Subtotal [6E] Equipment Lease</b>		<b>38,425.00</b>		<b>3,060.00</b>	<b>41,485.00</b>
<b>Subgroup : [6F]</b>	<b>Other</b>				
720540	Trash Removal	17,970.00		0.00	17,970.00
720550	Service Contracts	3,150.00		0.00	3,150.00
720690	Grounds Maintenance	8,506.00		0.00	8,506.00
720695	Grounds Landscaping	7,272.00		0.00	7,272.00
720720	Small Equipment Purchase	2,393.00		0.00	2,393.00
720850	Purchased Services	20,897.00		0.00	20,897.00
720855	Rent	1,468.00		0.00	1,468.00
730740	Copier Equipment	2,194.00		0.00	2,194.00
730850	Purchased Services	7,565.00		0.00	7,565.00
<b>Subtotal [6F] Other</b>		<b>71,415.00</b>		<b>0.00</b>	<b>71,415.00</b>
<b>Subgroup : [7D]</b>	<b>Movable Equipment</b>				
730550	Depreciation	186,302.00		0.00	186,302.00
<b>Subtotal [7D] Movable Equipment</b>		<b>186,302.00</b>		<b>0.00</b>	<b>186,302.00</b>
<b>Subgroup : [10A]</b>	<b>Real estate taxes paid by owner</b>				
730580	Real Estate Taxes	119,448.00		0.00	119,448.00
<b>Subtotal [10A] Real estate taxes paid by owner</b>		<b>119,448.00</b>		<b>0.00</b>	<b>119,448.00</b>
<b>Subgroup : [10C]</b>	<b>Personal property taxes</b>				
730585	Personal Property Tax	25,881.00		0.00	25,881.00
<b>Subtotal [10C] Personal property taxes</b>		<b>25,881.00</b>		<b>0.00</b>	<b>25,881.00</b>
<b>Total [22] Maintenance and Property</b>		<b>756,732.00</b>		<b>3,060.00</b>	<b>759,792.00</b>
<b>Group : [26]</b>	<b>Interest</b>				
<b>Subgroup : [12A1]</b>	<b>First Mortgage</b>				
730570	Interest - Mortgage	201,332.00		0.00	201,332.00
<b>Subtotal [12A1] First Mortgage</b>		<b>201,332.00</b>		<b>0.00</b>	<b>201,332.00</b>
<b>Total [26] Interest</b>		<b>201,332.00</b>		<b>0.00</b>	<b>201,332.00</b>
<b>Group : [27]</b>	<b>Interest and Insurance</b>				
<b>Subgroup : [12D]</b>	<b>Other Interest Expense</b>				



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Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
730560	Interest	1,171.00		0.00	1,171.00
<b>Subtotal [12D] Other Interest Expense</b>		<b>1,171.00</b>		<b>0.00</b>	<b>1,171.00</b>
<b>Subgroup : [14C3] Other</b>					
730530	Insurance	70,372.00		0.00	70,372.00
<b>Subtotal [14C3] Other</b>		<b>70,372.00</b>		<b>0.00</b>	<b>70,372.00</b>
<b>Total [27] Interest and Insurance</b>		<b>71,543.00</b>		<b>0.00</b>	<b>71,543.00</b>
<b>Group : [30] Statement of Revenue</b>					
<b>Subgroup : [1A] Medicaid Residents (CT only)</b>					
430100	Medicaid - Room And Board	(8,729,805.00)		0.00	(8,729,805.00)
<b>Subtotal [1A] Medicaid Residents (CT only)</b>		<b>(8,729,805.00)</b>		<b>0.00</b>	<b>(8,729,805.00)</b>
<b>Subgroup : [1B] Medicaid room and board contractual allowance</b>					
430111	Medicaid - R&B Contractual Adjustment	4,533,218.00		0.00	4,533,218.00
430900	Medicaid - Contractual Adjustment	232,265.00		0.00	232,265.00
<b>Subtotal [1B] Medicaid room and board contractual allowance</b>		<b>4,765,483.00</b>		<b>0.00</b>	<b>4,765,483.00</b>
<b>Subgroup : [3A] Medicare Residents (All inclusive)</b>					
400100	Medicare A - Room And Board	(3,168,385.00)		0.00	(3,168,385.00)
<b>Subtotal [3A] Medicare Residents (All inclusive)</b>		<b>(3,168,385.00)</b>		<b>0.00</b>	<b>(3,168,385.00)</b>
<b>Subgroup : [3B] Medicare room and board contractual allowance</b>					
400111	Medicare A - R&B Contractual Adjustment	(1,839,153.00)		0.00	(1,839,153.00)
400112	Medicare A - Co-Ins Adjustment	2,239.00		0.00	2,239.00
<b>Subtotal [3B] Medicare room and board contractual allowance</b>		<b>(1,836,914.00)</b>		<b>0.00</b>	<b>(1,836,914.00)</b>
<b>Subgroup : [4A] Private-pay residents and other</b>					
410100	Private - Room And Board	(2,316,640.00)		0.00	(2,316,640.00)
410110	Private - Private Room Differential	12,560.00		0.00	12,560.00
450100	Managed Care - Room And Board	(650,440.00)		0.00	(650,440.00)
460100	Insurance - Room And Board	(100,055.00)		0.00	(100,055.00)
470100	Hospice - Room And Board	(319,850.00)		0.00	(319,850.00)
<b>Subtotal [4A] Private-pay residents and other</b>		<b>(3,374,425.00)</b>		<b>0.00</b>	<b>(3,374,425.00)</b>
<b>Subgroup : [4B] Private-pay room and board contractual allowance</b>					
410111	Private - R&B Contractual Adjustment	37,668.00		0.00	37,668.00
450111	Managed Care - R&B Contractual Adjustment	(55,115.00)		0.00	(55,115.00)
460111	Insurance - R&B Contractual Adjustment	(50,125.00)		0.00	(50,125.00)
470111	Hospice - R&B Contractual Adjustment	164,347.00		0.00	164,347.00
<b>Subtotal [4B] Private-pay room and board contractual allowance</b>		<b>96,775.00</b>		<b>0.00</b>	<b>96,775.00</b>
<b>Subgroup : [5A] Prescription Drugs - Medicare</b>					
400250	Medicare A - Pharmacy	(663,854.00)		0.00	(663,854.00)
<b>Subtotal [5A] Prescription Drugs - Medicare</b>		<b>(663,854.00)</b>		<b>0.00</b>	<b>(663,854.00)</b>
<b>Subgroup : [5C] Prescription Drugs - Non-medicare</b>					
410250	Private - Pharmacy	(4,450.00)		0.00	(4,450.00)
430250	Medicaid - Pharmacy	(25,890.00)		0.00	(25,890.00)
450250	Managed Care - Pharmacy	(174,659.00)		0.00	(174,659.00)
460250	Insurance - Pharmacy	(7,395.00)		0.00	(7,395.00)
470250	Hospice - Pharmacy	(182.00)		0.00	(182.00)
<b>Subtotal [5C] Prescription Drugs - Non-medicare</b>		<b>(212,576.00)</b>		<b>0.00</b>	<b>(212,576.00)</b>
<b>Subgroup : [6A] Medical Supplies - Medicare</b>					
400200	Medicare A - Medical Supplies	(3,345.00)		0.00	(3,345.00)
500260	Medicare B - Vaccines	(7,395.00)		0.00	(7,395.00)
<b>Subtotal [6A] Medical Supplies - Medicare</b>		<b>(10,740.00)</b>		<b>0.00</b>	<b>(10,740.00)</b>
<b>Subgroup : [6C] Medical Supplies - Non-medicare</b>					
450200	Managed Care - Medical Supplies	(1,463.00)		0.00	(1,463.00)
460200	Insurance - Medical Supplies	(596.00)		0.00	(596.00)
<b>Subtotal [6C] Medical Supplies - Non-medicare</b>		<b>(2,059.00)</b>		<b>0.00</b>	<b>(2,059.00)</b>
<b>Subgroup : [7A] Physical Therapy - Medicare</b>					
400400	Medicare A - Physical Therapy	(2,265,120.00)		0.00	(2,265,120.00)
500400	Medicare B - Physical Therapy	(397,085.00)		0.00	(397,085.00)
505400	Managed Care - B Physical Therapy	(9,788.00)		0.00	(9,788.00)
<b>Subtotal [7A] Physical Therapy - Medicare</b>		<b>(2,671,993.00)</b>		<b>0.00</b>	<b>(2,671,993.00)</b>
<b>Subgroup : [7C] Physical Therapy - Non-medicare</b>					
410400	Private - Physical Therapy	(1,320.00)		0.00	(1,320.00)
430400	Medicaid - Physical Therapy	(93,960.00)		0.00	(93,960.00)
450400	Managed Care - Physical Therapy	(420,660.00)		0.00	(420,660.00)
460400	Insurance - Physical Therapy	(46,380.00)		0.00	(46,380.00)

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - TB-CCNH Combined Detail LS**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
<b>Subtotal [7C] Physical Therapy - Non-medicare</b>		<u>(562,320.00)</u>		<u>0.00</u>	<u>(562,320.00)</u>
<b>Subgroup : [8A] Speech Therapy - Medicare</b>					
400500	Medicare A - Speech Therapy	(173,850.00)		0.00	(173,850.00)
500500	Medicare B - Speech Therapy	(33,002.00)		0.00	(33,002.00)
505500	Managed Care - B Speech Therapy	(3,360.00)		0.00	(3,360.00)
<b>Subtotal [8A] Speech Therapy - Medicare</b>		<u>(210,212.00)</u>		<u>0.00</u>	<u>(210,212.00)</u>
<b>Subgroup : [8C] Speech Therapy - Non-medicare</b>					
430500	Medicaid - Speech Therapy	(3,270.00)		0.00	(3,270.00)
450500	Managed Care - Speech Therapy	(31,050.00)		0.00	(31,050.00)
460500	Insurance - Speech Therapy	(120.00)		0.00	(120.00)
<b>Subtotal [8C] Speech Therapy - Non-medicare</b>		<u>(34,440.00)</u>		<u>0.00</u>	<u>(34,440.00)</u>
<b>Subgroup : [9A] Occupational Therapy - Medicare</b>					
400450	Medicare A - Occupational Therapy	(2,692,560.00)		0.00	(2,692,560.00)
500450	Medicare B - Occupational Therapy	(353,284.00)		0.00	(353,284.00)
505450	Managed Care - B Occupational Therapy	(7,440.00)		0.00	(7,440.00)
<b>Subtotal [9A] Occupational Therapy - Medicare</b>		<u>(3,053,284.00)</u>		<u>0.00</u>	<u>(3,053,284.00)</u>
<b>Subgroup : [9C] Occupational Therapy - Non-medicare</b>					
430450	Medicaid - Occupational Therapy	(101,880.00)		0.00	(101,880.00)
450450	Managed Care - Occupational Therapy	(485,040.00)		0.00	(485,040.00)
460450	Insurance - Occupational Therapy	(53,640.00)		0.00	(53,640.00)
<b>Subtotal [9C] Occupational Therapy - Non-medicare</b>		<u>(640,560.00)</u>		<u>0.00</u>	<u>(640,560.00)</u>
<b>Subgroup : [10A] Other - Medicare</b>					
400113	Medicare A - Sequestration	87,683.00		0.00	87,683.00
400300	Medicare A - Oxygen	(7,010.00)		0.00	(7,010.00)
400350	Medicare A - Equipment Rental	(18,843.00)		0.00	(18,843.00)
400600	Medicare A - IV Therapy	(81,383.00)		0.00	(81,383.00)
400700	Medicare A - X-Ray	(60,524.00)		0.00	(60,524.00)
400850	Medicare A - Lab	(369,816.00)		0.00	(369,816.00)
400860	Medicare A - Complex Medical	(19,332.00)		0.00	(19,332.00)
400900	Medicare A - Contractual Adjustment	6,355,637.00		0.00	6,355,637.00
400999	Medicare A - Prior Year Adjustment	(10,406.00)		0.00	(10,406.00)
500900	Medicare B - Contractual Adjustment	527,655.00		0.00	527,655.00
500901	Medicare B - Sequestration	4,222.00		0.00	4,222.00
500999	Medicare B - Prior Year Adjustment	42,179.00		0.00	42,179.00
505260	Managed Care B - Vaccines	(414.00)		0.00	(414.00)
505900	Managed Care B - Contractual Allowance	13,539.00		0.00	13,539.00
<b>Subtotal [10A] Other - Medicare</b>		<u>6,463,187.00</u>		<u>0.00</u>	<u>6,463,187.00</u>
<b>Subgroup : [10B] Other - Non-medicare</b>					
410260	Private - Vaccines	(88.00)		0.00	(88.00)
410300	Private - Oxygen	(520.00)		0.00	(520.00)
410900	Private - Contractual Adjustment	707.00		0.00	707.00
410999	Private - Prior Year Adjustment	(16,441.00)		0.00	(16,441.00)
430260	Medicaid - Vaccines	(352.00)		0.00	(352.00)
430300	Medicaid - Oxygen	(5,950.00)		0.00	(5,950.00)
430600	Medicaid - IV Therapy	(594.00)		0.00	(594.00)
430850	Medicaid - Lab	(489.00)		0.00	(489.00)
430999	Medicaid - Prior Year Adjustment	(8,158.00)		0.00	(8,158.00)
450260	Managed Care - Vaccines	(352.00)		0.00	(352.00)
450300	Managed Care - Oxygen	(2,000.00)		0.00	(2,000.00)
450350	Managed Care - Equipment Rental	(8,624.00)		0.00	(8,624.00)
450600	Managed Care - IV Therapy	(4,885.00)		0.00	(4,885.00)
450700	Managed Care - X-Ray	(13,285.00)		0.00	(13,285.00)
450850	Managed Care - Lab	(69,545.00)		0.00	(69,545.00)
450860	Managed Care - Complex Med	(11,355.00)		0.00	(11,355.00)
450900	Managed Care - Contractual Adjustment	1,144,925.00		0.00	1,144,925.00
450999	Managed Care - Prior Year Adjustment	(8,455.00)		0.00	(8,455.00)
460260	Insurance - Vaccines	(88.00)		0.00	(88.00)
460700	Insurance - X-Ray	(4,055.00)		0.00	(4,055.00)
460850	Insurance - Lab	(4,353.00)		0.00	(4,353.00)
460900	Insurance - Contractual Adjustment	99,171.00		0.00	99,171.00
470600	Hospice - IV Therapy	(127.00)		0.00	(127.00)
470900	Hospice - Contractual Adjustment	309.00		0.00	309.00
<b>Subtotal [10B] Other - Non-medicare</b>		<u>1,085,396.00</u>		<u>0.00</u>	<u>1,085,396.00</u>
<b>Subgroup : [11] Meals sold to guests, employees, and others</b>					
599040	Employee/Guest Meals	(35.00)		0.00	(35.00)
<b>Subtotal [11] Meals sold to guests, employees, and others</b>		<u>(35.00)</u>		<u>0.00</u>	<u>(35.00)</u>
<b>Subgroup : [15] Interest Income</b>					

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - TB-CCNH Combined Detail LS**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
599050	Interest Income	(18,377.00)		(515.00)	(18,892.00)
<b>Subtotal [15] Interest Income</b>		<u>(18,377.00)</u>	RJE - 4	<u>(515.00)</u>	<u>(18,892.00)</u>
<b>Subgroup : [18] Other Revenue</b>					
460999	Insurance - Prior Year Adjustment	(14,407.00)		0.00	(14,407.00)
470999	Hospice - Prior Year Adjustment	1,878.00		0.00	1,878.00
599020	Laundry	(40,500.00)		0.00	(40,500.00)
599060	Vending Income	(118.00)		0.00	(118.00)
599080	Misc. Income	(515.00)		515.00	0.00
730555	Loss/(Gain) On Disposal Of Fixed Asset	7,098.00	RJE - 4	515.00	7,098.00
<b>Subtotal [18] Other Revenue</b>		<u>(46,564.00)</u>		<u>515.00</u>	<u>(46,049.00)</u>
<b>Total [30] Statement of Revenue</b>		<u>(12,825,702.00)</u>		<u>0.00</u>	<u>(12,825,702.00)</u>

Group : [31]	Balance Sheet Accounts				
<b>Subgroup : None</b>					
100100	Cash - Operating	360,332.00		0.00	360,332.00
100150	Cash - Payroll	(13,745.00)		0.00	(13,745.00)
100200	Cash - Petty	500.00		0.00	500.00
100250	Cash - Impress	1,819.00		0.00	1,819.00
100400	Cash - Savings	142,230.00		0.00	142,230.00
100600	Cash - Century Bank Savings	25,373.00		0.00	25,373.00
111000	A/R - Private	271,495.00		0.00	271,495.00
112000	A/R - Medicaid	299,018.00		0.00	299,018.00
113000	A/R - Medicare Part A	346,303.00		0.00	346,303.00
114000	A/R - Medicare Part B	27,937.00		0.00	27,937.00
115000	A/R - Co-Insurance	172,025.00		0.00	172,025.00
117000	A/R - Managed Care	240,306.00		0.00	240,306.00
118000	A/R - Insurance	24,730.00		0.00	24,730.00
119300	A/R - Hospice	35,105.00		0.00	35,105.00
119600	A/R - Resource	(99,686.00)		0.00	(99,686.00)
119800	A/R - Intercompany	274,487.00		0.00	274,487.00
120000	A/R - Allowance For Bad Debt	(69,302.00)		0.00	(69,302.00)
142000	Dietary	9,719.00		0.00	9,719.00
152000	Prepaid - Insurance	650.00		0.00	650.00
161000	Building	5,120,434.00		0.00	5,120,434.00
161100	Land	56,142.00		0.00	56,142.00
161500	Automobile	42,663.00		0.00	42,663.00
162000	Furniture Fixture & Equipment	1,683,344.00		0.00	1,683,344.00
162500	Computer Hardware	38,913.00		0.00	38,913.00
163000	Computer Software	5,018.00		0.00	5,018.00
165000	Accum. Dep. - Building	(4,244,038.00)		0.00	(4,244,038.00)
165500	Accum. Dep. - Automobile	(30,575.00)		0.00	(30,575.00)
166000	Accum. Dep. - FF&E	(1,589,434.00)		0.00	(1,589,434.00)
166500	Accum. Dep. - Computer Hardware	(23,120.00)		0.00	(23,120.00)
167000	Accum. Dep. - Computer Software	(976.00)		0.00	(976.00)
171000	N/R - L Kallen	3,836,101.00		0.00	3,836,101.00
181000	Property Tax	17,428.00		0.00	17,428.00
182000	Real Estate	90,072.00		0.00	90,072.00
183000	Federal Corp Tax	161,516.00		0.00	161,516.00
185000	Goodwill	51,073.00		0.00	51,073.00
200100	Accounts Payable	(827,825.00)		0.00	(827,825.00)
200200	Accrued Expenses	(162,548.00)		0.00	(162,548.00)
200299	Interest Rate Swap	(198,318.00)		0.00	(198,318.00)
201100	Federal Withholding	102.00		0.00	102.00
201200	State Withholding	(37.00)		0.00	(37.00)
201300	FICA Social Security	(326.00)		0.00	(326.00)
201350	FICA Medicare	19.00		0.00	19.00
202000	Accrued Wages	(124,870.00)		0.00	(124,870.00)
202300	Accrued Vacation	(128,195.00)		0.00	(128,195.00)
202350	Accrued Vacation Taxes	(9,807.00)		0.00	(9,807.00)
210000	FUTA Liability	3,527.00		0.00	3,527.00
210050	SUTA Liability	(13,279.00)		0.00	(13,279.00)
215100	Resident Refunds	5,390.00		0.00	5,390.00
215400	Mortgage Payable	(183,932.00)		0.00	(183,932.00)
251000	Mortgage Payable	(4,247,659.00)		0.00	(4,247,659.00)
301000	Capital Stock	(10,000.00)		0.00	(10,000.00)
301500	Capital Surplus	(16,625.00)		0.00	(16,625.00)
302000	Sub-S Distributions	1,015,707.00		0.00	1,015,707.00
308000	Retained Earnings	(985,631.00)		0.00	(985,631.00)
309100	Other Comprehensive Income	198,318.00		0.00	198,318.00
<b>Subtotal : None</b>		<u>1,577,868.00</u>		<u>0.00</u>	<u>1,577,868.00</u>
<b>Total [31] Balance Sheet Accounts</b>		<u>1,577,868.00</u>		<u>0.00</u>	<u>1,577,868.00</u>

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - TB-CCNH Combined Detail LS**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2016			9/30/2016
	Sum of Account Groups	(1,577,868.00)		0.00	(1,577,868.00)
	Net (Income) Loss	(1,577,868.00)		0.00	(1,577,868.00)

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **H.01 - Reclassifying Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
<b>Reclassifying Journal Entries JE # 1</b>		<b>D.01 - Page 79</b>		
To reclass Bladder Scanner leased equipment from rental equipment				
730700	Equipment Rental		3,060.00	
670700	Equipment Rental			3,060.00
<b>Total</b>			<u><b>3,060.00</b></u>	<u><b>3,060.00</b></u>
<b>Reclassifying Journal Entries JE # 2</b>		<b>D.01 - Page 75</b>		
Re-Class Nursing Consultants out of Nursing Purchased Services				
Marcum 07	Nursing Consultants		3,520.00	
Marcum 12	Nursing Admin Consultants		4,355.00	
670850	Purchased Services			7,875.00
<b>Total</b>			<u><b>7,875.00</b></u>	<u><b>7,875.00</b></u>
<b>Reclassifying Journal Entries JE # 3</b>		<b>N.02 - Q#1</b>		
Reclass Orientation to Correct Salary Category				
630100.000	Wages - R.N.		870.00	
630120.000	Wages - Aides		1,914.00	
630110.000	Wages - L.P.N.			
630125	Wages - Orientation			2,784.00
<b>Total</b>			<u><b>2,784.00</b></u>	<u><b>2,784.00</b></u>
<b>Reclassifying Journal Entries JE # 4</b>		<b>D.01 - Page 77</b>		
To reclass resident account interest income				
599080	Misc. Income		515.00	
599050	Interest Income			515.00
<b>Total</b>			<u><b>515.00</b></u>	<u><b>515.00</b></u>
<b>Reclassifying Journal Entries JE # 5</b>		<b>D.01 - Page 72</b>		
Reclass subscriptions to the correct line of the cost report				
marcum 02	Chamber of Commerce		540.00	
Marcum 09	Subscriptions		3,516.00	
610810	Dues & Subscriptions			3,397.00
670810	Dues And Subscriptions			119.00
730810	Dues & Subscriptions			540.00
<b>Total</b>			<u><b>4,056.00</b></u>	<u><b>4,056.00</b></u>
<b>Reclassifying Journal Entries JE # 6</b>		<b>D.01 - Page 76 &amp; N.02</b>		
Reclass server install contracted labor, 401k plan setup				
Marcum 13	Purchased Service - Admin		212.00	
Marcum 13	Purchased Service - Admin		1,217.00	
Marcum 13	Purchased Service - Admin		10,119.00	
730460	Professional Fees			11,548.00
<b>Total</b>			<u><b>11,548.00</b></u>	<u><b>11,548.00</b></u>
<b>Reclassifying Journal Entries JE # 7</b>		<b>D.01 - Page 78</b>		
To reclass gifts to Staff and residents from other employee benefits				
Marcum 03	Gifts to staff and Residents		8,313.00	
730260	Employee Benefit - Misc			8,313.00
<b>Total</b>			<u><b>8,313.00</b></u>	<u><b>8,313.00</b></u>

Client: **Norwichtown Rehabilitation and Care Center**  
 Engagement: **Medicaid - Norwichtown Rehabilitation and Care Center 2016**  
 Period Ending: **9/30/2016**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **H.01 - Reclassifying Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
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**Reclassifying Journal Entries JE # 8**

**D.01 - Page 68**

To reclass the pulmonologist out of the medical staff account

Marcum 11	Pulmonologist		14,292.00	
630720	Medical Staff			14,292.00
<b>Total</b>			<b><u>14,292.00</u></b>	<b><u>14,292.00</u></b>



Provider Name: Norwichtown Convalescent Home  
 Provider Number: 8599  
 Period Ended: 9/30/16

Name of Workpaper: VHCL CKLST

**VEHICLE COMPLIANCE CHECKLIST**

**PURPOSE:** To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

**Conclusion:**