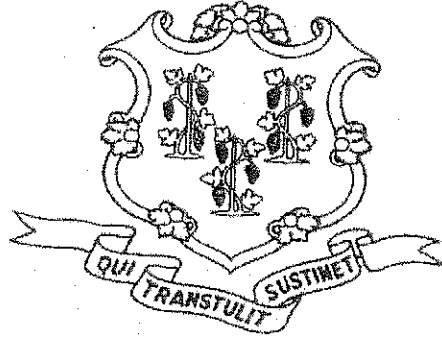


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Chestnut Point Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 171 Main Street, East Windsor, CT 06088	
Type of Facility	
Rest Home with Nursing	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Supervision only (RHNS)
<input checked="" type="checkbox"/> NurseFac-Aids	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2314-CCNH	RHNS 234-RH	NurseFac-Aids AIDS	Medicare Provider 07-5436
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Medicaid Provider Numbers:	CCNH 23143	RHNS 90209	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) <i>Chestnut Point Care Center LLC</i>	License No. <i>2314-CCNH</i>	Report for Year Ended <i>9/30/2016</i>	Page <i>1</i>	of <i>37</i>
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for *Chestnut Point Care Center LLC* [facility name], for the cost report period beginning *Oct - 1, 2015* and ending *Sept. 30, 2016*, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

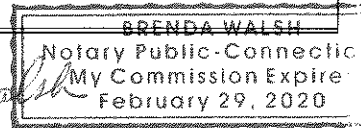
I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the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

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

Signed (Administrator) <i>[Signature]</i>		Date <i>2/7/17</i>	Signed (Owner) <i>[Signature]</i>		Date <i>2/10/17</i>
Printed Name (Administrator) <i>John Kolenda</i>			Printed Name (Owner) <i>Chris S. Wright</i>		
Subscribed and Sworn to before me: <i>John Kolenda</i>	State of <i>CT</i>	Date <i>2/7/17</i>	Signed (Notary Public) <i>[Signature]</i>	Comm. Expires <i>11,30,19</i>	
Address of Notary Public <i>11 Iroquois Rd Enfield, CT 06082</i>					

(Notary Seal)

2/10/17
Brenda Walsh
 Brenda Walsh
 for Chris Wright's signature
 341 Bidwell St.
 Manchester, CT 06040



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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Chestnut Point Care Center, LLC		Period Covered: From 10/1/2015	To 9/30/2016
Address of Facility 171 Main Street, East Windsor, CT 06088			
Report Prepared By iCare		Phone Number 860-570-2140	Date 2/15/2016
Item	Total	CCNH	RHNS NurseFac- Aids
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-292-5394		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Chestnut Point Care Center, LLC			Address (No. & Street, City, State, Zip) 171 Main Street, East Windsor, CT 06088		
License Numbers:	CCNH 2314-CCNH	RHNS 234-RH	NurseFac-Aids AIDS	Medicare Provider No. 07-5436	
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 checked="" type="checkbox"/> NurseFac-Aids	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator John Kolenda			Nursing Home Administrator's License No.:	001943	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Chestnut Point Care Center, LLC		License No. 2314-CCNH	Report for Year Ended 9/30/2016	Page 3	of 37
Legal Name of Partnership/LLC Chestnut Point Care Center, LLC		Business Address 171 Main Street, East Windsor, CT 06088		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	

Related Parties*

Name of Facility		License No.	Report for Year Ended	Page	of		
Chestnut Point Care Center, LLC		2314-CCNH	9/3/2016	4	37		
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 %**				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees		-	-
Chelsea Place Care Center, LLC	29 Lorraine St. Hartford, CT 06105			Shared Employees		(200)	200
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19 3	-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees		-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16 M	740	(740)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees		944	(944)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19 3	67,207	(67,207)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		1,515	(1,515)
Meriden Care Center, LLC (Silver-Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		(20)	20
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees		23,601	(23,601)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees		(2,040)	2,040
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees		32	(32)
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees		2,169	(2,169)
Tenchipoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	369,846	(369,846)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	326,997	(326,997)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15 M,E	23,845	(23,845)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt Management Services, Direct	20 51	57,692	(57,692)
				Management Services, Indirect	20 51	58,291	(58,291)
				Management Services, Administrative	16 M12	13,316	(13,316)
						156,898	(156,898)
						-	-
						-	-
						-	-
						-	-
All 9 Care Centers, mgmt co. reahly cas				Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

* 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 Chestnut Point Care Center, LLC	License No. 2314-CCNH	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire
Accounting Basis

Name of Facility Chestnut Point Care Center, LLC	License No. 2314-CCNH	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period?				
		<input checked="" type="radio"/> Yes If "No," explain. <input type="radio"/> No		
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 O'Connor, Davies LLP		100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Taxes, financial statements, accounting support	\$	3,533	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 3,533	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 iCare Health Management, LLC			860-570-2140	
2 Starble and Harris			860-678-7775	
3 Durant Nichols / Robinson & Cole, LLP			860-275-8200	
4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis))				
5 Starble and Harris, iCare Health Management LLC			860-678-7775 & 860-570-2140	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 341 Bidwell Street, Manchester CT				
2 32 Main Street, Avon, CT				
3 280 Trumbull St, Hartford, CT				
4				
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT				
Services Provided by This Firm (<i>describe fully</i>)				
1	Lease and contract issues, general legal advice, Labor Law	\$	21,147	
2	Lease and contract issues, general legal advice, union funds advice	\$	6,287	
3	Employment law, arbitrations, contract negotiations	\$	536	
4	Employment Arbitrations, healthcare law	\$	3,568	
5	Collections	\$	1,869	
			Charge for Services Provided	
			\$ 33,407	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15E				

Schedule of Resident Statistics (Cont'd)

Name of Facility Chestnut Point Care Center, LLC			License No. 2314-CCNH			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(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	NurseFac-Aids			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	NurseFac-Aids	R.C.H.	ICF-MR				
No. of Residents	7		40	1	3								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	492.00		209.00	153.00	411.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	NurseFac-Aids		
A. Medicare - Part B								3,042	3,042				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								1,070	1,070				
C. Other								6,187	6,187				
D. Total Physical Therapy Treatments								10,299	10,299				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								219	219				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								72	72				
C. Other								425	425				
D. Total Speech Therapy Treatments								716	716				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								939	939				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								730	730				
C. Other								4,759	4,759				
D. Total Occupational Therapy Treatments								6,428	6,428				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Chestnut Point Care Center, LLC	2314-CCNH	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	NurseFac-Aids	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	133,395	2,275				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	111,119	4,183				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	40,517	2,091				
c. Dietary Workers	140,983	10,713				
6. Housekeeping Service						
a. Head Housekeeper	54,185	1,939				
b. Other Housekeeping Workers	79,913	6,562				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	19,500	1,771				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	194,647	4,227				
b. RN						
1. Direct Care	303,623	8,609				
2. Administrative**	88,843	2,091				
c. LPN						
1. Direct Care	366,642	12,951				
2. Administrative**						
d. Aides and Attendants	526,293	35,110				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	60,074	3,552				
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	49,867	2,091				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	15,397	1,055				
<i>A-13. Total Salary Expenditures</i>	2,184,997	99,222				

* 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 Chestnut Point Care Center, LLC		License No. 2314-CCNH		Report for Year Ended 9/30/2016		Page 11	of 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	NurseFac- Aids							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Chestnut Point Care Center, LLC	License No. 2314-CCNH	Report for Year Ended 9/30/2016		Line Where Claimed on Page 10	Name and Address of All Other Employment**	Page 12	of 37			
		CCNH	RHNS							
Name	CCNH	RHNS	NurseFac- Aids	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
Section III - Administrators***										
Brian Nyberg	75,327			same as employees less union funds	Administrator	1,171	A2			
John Kolenda	58,068			same as employees less union funds	Administrator	1,104	A2			
Section IV - Assistant Administrators				same as employees less union funds	Administrator		A2			

*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		
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	20,675	461				
2. Dentist						
3. Pharmacist	3,720	64				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	203,526	2,727				
b. Other						
6. Social Worker	442	training				
7. Recreation Worker	11,918	24+Cable				
8. Physicians						
a. Medical Director (entire facility)	21,600	137				
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) Physician Care Contract Services	6,991	40				
9. Speech Therapist						
a. Resident Care	30,757	404				
b. Other						
10. Occupational Therapist						
a. Resident Care	128,873	1,693				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	174,132	2,560				
2. Administrative***	15,808	326				
b. LPN						
1. Direct Care	15,446	353				
2. Administrative***						
c. Aides	40,576	1,776				
d. Other						
12. Other (Specify) See Attached Schedule	70,039	2,108				
B-13 Total Fees Paid in Lieu of Salaries	744,504	12,647				

* 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 Chestnut Point Care Center, LLC		License No. 2314-CCNH		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			
Omnicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Tocuhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN, CNA)	<input type="radio"/>	<input checked="" type="radio"/>			
Dr Cagna Richard	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016		15	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 106,723	106,723			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 243,036	243,036			
5. Health Insurance	\$ 142,379	142,379			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 34,894	34,894			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 6,684	6,684			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 55,683	55,683			
d. Accounting and Auditing	\$ 3,533	3,533			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 33,407	33,407			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 13,427	13,427			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 14,030	14,030			
2. Cellular Phones	\$ 447	447			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 397,110	397,110			
Subtotal	\$ 1,051,354	1,051,354			

* 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**

Chestnut Point Care Center, LLC
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 6,684		\$ -
Total	\$ 6,684	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac-Aids
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	16	37
Item	Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:	1,051,354	1,051,354		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 606	606		
5. Education Expenses Related to Seminars and Conventions	\$ 1,785	1,785		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 608	608		
7. Other (<i>Specify</i>) See Attached Schedule	\$ 244	244		
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 2,630	2,630		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 13,185	13,185		
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	\$ 3,330	3,330		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,444	4,444		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$ 1,057	1,057		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 86,428	86,428		
12. Administrative Management Services**	\$ 156,898	156,898		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 23,525	23,525		
C-14 Total Administrative & General Expenditures	\$ 1,346,095	1,346,095		

* 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	NurseFac-Aids
MEALS	\$ 244		\$ -
Total Other Travel and Entertainment	\$ 244	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 13,185		\$ -
Total Other Advertising	\$ 13,185	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAHCF Dues	\$ 4,444.40		\$ -
OTHER DUES			
Total Dues	\$ 4,444	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
contributions	\$ 1,057		\$ -
Total Contributions	\$ 1,057	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,079		\$ -
EMPLOYEE RELATIONS	\$ 4,388		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 1,687		\$ -
PERMITS & LICENSES	\$ 2,319		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 11,811		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 10		\$ -
LATE FEES	\$ 880		\$ -
INTERNET EXPENSES	\$ 1,350		\$ -
Rounding	\$ 0		\$ -
Total Other Administrative and General	\$ 23,525	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
iCare Management, LLC/iCare Health Management, LLC	156,898	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	58,291	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	13,316	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

* 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
Chestnut Point Care Center, LLC		2314-CCNH	9/30/2016		18	37
Item		Total	CCNH	RHNS	NurseFac-Aids	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 117,649	117,649			
2.	Non-Food Supplies	\$ 14,612	14,612			
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 12,498	12,498			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 400	400			
c. Management Services**		\$				
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT		\$ 3,130	3,130			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 148,289	148,289			
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids	
G.	Resident Meals: Total no. of meals served per day:*	155	155			
H.	Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I.	Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
L.	Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
O.	Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Chestnut Point Care Center, LLC		License No. 2314-CCNH	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
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. \$	5,210	5,210	
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)		\$	66,947	66,947	
c. Management Services**		\$			
d. Other (Specify) LAUNDRY SUPPLIES		\$	1,647	1,647	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	73,803	73,803	
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
Chestnut Point Care Center, LLC		2314-CCNH	9/30/2016		20	37
Item			Total	CCNH	RHNS	NurseFac-Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	14,445	14,445		
	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>)	\$				
	HOUSEKEEPING MINIR EQUIPMENT					
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	14,445	14,445		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from OMNICARE PHARMACY	\$	84,336	84,336		
	b. Medicine Cabinet Drugs	\$	8,184	8,184		
	c. Medical and Therapeutic Supplies	\$	27,027	27,027		
	d. Ambulance/Limousine***	\$	8,240	8,240		
	e. Oxygen					
	1. For Emergency Use	\$	2,925	2,925		
	2. Other***	\$				
	f. X-rays and Related Radiological Procedures***	\$	2,526	2,526		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	6,043	6,043		
	i. Recreation	\$				
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$	168,226	168,226		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	307,507	307,507		

* 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	NurseFac- Aids
NURSING ADMIN SUPPLIES	\$ 583		\$ -
NURSING MINOR EQUIP	\$ 5,009		\$ -
MEDICAL RECORDS SUPPLIES	\$ 64		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 58,291		\$ -
NON-COVERED PPS DR. VISITS	\$ 485		\$ -
RESIDENT CARE SUPPLIES	\$ -		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 5,279		\$ -
PERSONAL CARE SUPPLIES	\$ 3,076		\$ -
INCONTINENCY SUPPLIES	\$ 18,911		\$ -
VACCINE RESIDENTS	\$ 3,860		\$ -
PATIENT SPECIAL NEEDS	\$ 257		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 32,274		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 645		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ 164		\$ -
IV THERAPY SUPPLIES	\$ 18,685		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 973		\$ -
ACTIVITIES SUPPLIES	\$ 4,412		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 13,316		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ 1,944		\$ -
Total Other Resident Care	\$ 168,226	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-21 Rev. 10/2001

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

Name of Facility Chestnut Point Care Center, LLC		License No. 2314-CCNH		Report for Year Ended 9/30/2016		Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	NurseFac-Aids	Pg	Line
Kettle Brook Care Center		<input type="radio"/>	<input type="radio"/>	VENDOR	Laundry Services	67,207			19	3b
		<input type="radio"/>	<input type="radio"/>	VENDOR					22	6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	VENDOR	Medical Waste	973			22	6F
The Brickman Group/PMC Landscaping		<input type="radio"/>	<input type="radio"/>	VENDOR	Snow Removal/Landscaping	11,194			22	6F
CWPM - Recycling	Box 415, Plainville, CT 06062	<input type="radio"/>	<input type="radio"/>	VENDOR	Trash removal	10,582			22	6F
American Health Tech		<input type="radio"/>	<input type="radio"/>	VENDOR	Software Maintenance Contract	18,013			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	VENDOR	Payroll Services	24,880			16	M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	VENDOR	Resident Trust Software	2,423			16	M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>	VENDOR	Computer Consulting Services	20,186			16	M11
Priority Express		<input type="radio"/>	<input type="radio"/>	VENDOR	Courier Services	2,168			16	M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Nursing Software	4,680			16	M11
		<input type="radio"/>	<input type="radio"/>	VENDOR						
		<input type="radio"/>	<input type="radio"/>	VENDOR						
		<input type="radio"/>	<input type="radio"/>	VENDOR						
		<input type="radio"/>	<input type="radio"/>	VENDOR						

* 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
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 24,060	24,060				
b. Heat	\$ 8,789	8,789				
c. Light & Power	\$ 48,909	48,909				
d. Water	\$ 10,219	10,219				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 32,300	32,300				
f. Other (<i>itemize</i>)	\$ 41,815	41,815				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 166,092	166,092				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 2,240	2,240				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 33,370	33,370				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 35,610	35,610				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 116,892	116,892				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 116,892	116,892				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 242,064	242,064				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 56,283	56,283				
c. Personal property taxes	\$ 8,913	8,913				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 459,763	459,763				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	NurseFac-Aids
PLANT SUPPLIES	\$ 6,315		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 477		\$ -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,002		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 7,196		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 3,999		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 10,582		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 3,617		\$ -
PLANT MINOR EQUIPMENT	\$ 4,628		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 41,815	\$ -	\$ -

Depreciation Schedule

Name of Facility Chestnut Point Care Center, LLC		License No. 2314-CCNH		Report for Year Ended 9/30/2016				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. auto				836	836				
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
E. Total Depreciation									
								11,052	33,370
									35,610

Total deletions for Non-Movable Equipment		\$		\$ **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/14/2016	Ice Machine: Proline	\$ 4,204	60	\$ 350
9/30/2015	3 Laptops: Primecare	\$ 2,250	36	\$ 750
10/1/2015	Clinical AHT Project: Phase One (Hardware)	\$ 16,909	36	\$ 5,636
10/1/2015	Clinical AHT Project: Phase One (Software)	\$ 12,947	36	\$ 4,316
Total additions for Movable Equipment		\$ 36,310		\$ 11,052 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/21/2015	Sewer Ling Plumbing: AMGGG LLC	\$ 1,861	240	93
9/28/2015	TXV Replacement for AC: Crest Mechanical	\$ 2,629	120	263
12/31/2015	Upgrade Heating System: Crest Mechanical LLC	\$ 2,212	120	166
1/27/2016	Replace STU Board: Unitech Sound & Security, LLC	\$ 1,578	120	105
8/21/2016	Replaced Condenser for Freezer: Crest Mechanical	\$ 3,825	120	32
9/30/2016	Upgrade Freezer: Crest Mechanical	\$ 1,598	120	
Total additions for Leasehold Improvement		\$ 13,704		\$ 659 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Chestnut Point Care Center, LLC	License No. 2314-CCNH	Report for Year Ended 9/30/2016		Page 24	of 37						
		Item	Date of Acquisition Month Year			Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year
A. Organization Expense											
1.											
2.											
3.											
A-4. Subtotal											
B. Mortgage Expense											
1.											
2.											
3.											
B-4. Subtotal											
C. Leasehold Improvements and Other											
1. Acquired prior to this report period							1,312,144	569,122			116,233
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)							13,704				659
C-4. Subtotal											116,892
D. Total Amortization											116,892

* 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 Chestnut Point Care Center, LLC	License No. 2314-CCNH	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	04/01/99			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	60			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed HUD			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	3.25%			
d. Term of Mortgage (number of years)	24			
e. Amount of Principal Borrowed	1,185,300			
f. Principal balance outstanding as of 9/30/2016	1,074,586			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Chestnut Point Care Center, LLC		2314-CCNH	9/30/2016		26	37
Item			Total	CCNH	RHNS	NurseFac-Aids
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Chestnut Point Care Center, LLC		2314-CCNH		9/30/2016			27	37
Item				Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$	30,446	30,446		
INTEREST								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	30,446	30,446		
14. Insurance								
a. Insurance on Property (buildings only)				\$	6,072	6,072		
b. Insurance on Automobiles				\$	1,798	1,798		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	22,578	22,578		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	1,812	1,812		
14d. Total Insurance Expenditures (14a + b + c)				\$	32,260	32,260		
15. Total All Expenditures (A-13 thru C-14)				\$	5,508,200	5,508,200		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Chestnut Point Care Center, LLC			2314-CCNH	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 55,683	55,683		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 13,185	13,185		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 46,934	46,934		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 115,802	115,802		

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Chestnut Point Care Center, LLC			2314-CCNH	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 115,802	115,802		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 8,240	8,240		
29.			X-rays, etc	\$ 2,526	2,526		
30.			Laboratory	\$ 6,043	6,043		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 485	485		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1	1		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 133,098	133,098		

*** 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.

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Chestnut Point Care Center, LLC
 9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	485.13		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 485	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 0		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 0		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 0		
22	6D	water (for outpatient therapy see schedule)	\$ 1		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 0		
Total Other Adjustments			\$ 1	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility Chestnut Point Care Center, LLC	License No. 2314-CCNH	Report for Year Ended 9/30/2016			Page 30	of 37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 3,135,419	3,135,419				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,081,412	1,081,412				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 592,480	592,480				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 77,317	77,317				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (77,317)	(77,317)				
c. Prescription Drugs - Non-Medicare	\$ 14,394	14,394				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (14,394)	(14,394)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 242,467	242,467				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (189,520)	(189,520)				
c. Physical Therapy - Non-Medicare	\$ 61,935	61,935				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (61,935)	(61,935)				
4. a. Speech Therapy - Medicare	\$ 51,789	51,789				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (34,685)	(34,685)				
c. Speech Therapy - Non-Medicare	\$ 6,493	6,493				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (6,493)	(6,493)				
5. a. Occupational Therapy - Medicare	\$ 186,364	186,364				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (164,051)	(164,051)				
c. Occupational Therapy - Non-Medicare	\$ 42,933	42,933				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (42,379)	(42,379)				
6. a. Other (Specify) - Medicare	\$ 33,439	33,439				
b. Other (Specify) - Non-Medicare	\$ 123,371	123,371				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,059,038	5,059,038				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 720	720				
V. Total Other Revenue (1 thru 8)	\$ 720	720				
VI. Total All Revenue (III+V)	\$ 5,059,758	5,059,758				

* 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	Nurse/Fac-Aids
	Lab Medicare	\$ 23,542		
	Lab Medicare CA	\$ (23,542)		
	Oxygen Medicare	\$ 124		
	Oxygen Medicare CA	\$ (124)		
	Equipment rental	\$ 2,563		
	Equipment rental CA	\$ (2,563)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 1,977		
	Radiology Medicare CA	\$ (1,977)		
	IV Therapy	\$ 22,360		
	IV Therapy CA	\$ (22,360)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ 33,439		
	Total Other Resident Revenue - Medicare	\$ 33,439	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Fac-Aids
	Lab	4,455.00		
	Lab CA	(4,455.00)		
	Oxygen	\$ 190		\$ -
	Oxygen CA	\$ (190)		\$ -
	Equipment rental	\$ 2,577		
	Equipment rental CA	\$ (2,577)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 260		
	Radiology CA	\$ (260)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 567		\$ -
	IV therapy CA	\$ (567)		\$ -
	Flu shot revenue	\$ 4,444		
	Outpatient therapy	\$ -		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ 118,927		
	rounding	\$ -		
	Total Other Resident Revenue	\$ 123,371	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Nurse/Fac-Aids
	INTEREST INCOME		\$ -		
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Nurse/Fac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ 720		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ -		
	Total Other Revenue	\$ 720	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(12,010)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	378,832
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(100,516)
4. Inventories			\$	19,527
5. Prepaid Expenses			\$	116,859
a. Prepaid Insurance	110,747			
b. Prepaid Property Taxes	1,935			
c. Prepaid Expenses Other	4,176			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(42,392)
Due From (to) Related Parties	(61,052)			
Other Owners reserves	18,660			
A-9. Total Current Assets (Lines A1 thru 8)			\$	360,299
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
3. Buildings	*Historical Cost	101,355	\$	98,406
	Accum. Depreciation	2,949		
		Net		
4. Leasehold Improvements	*Historical Cost	1,325,848	\$	639,835
	Accum. Depreciation	686,014		
		Net		
5. Non-Movable Equipment	*Historical Cost	12,016	\$	(1)
	Accum. Depreciation	12,017		
		Net		
6. Movable Equipment	*Historical Cost	454,962	\$	104,707
	Accum. Depreciation	350,256		
		Net		
7. Motor Vehicles	*Historical Cost	836	\$	
	Accum. Depreciation	836		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	842,947

* 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
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,203,246
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$ 20,162				
Patient Trust Funds 17,607				
Long Term Deposit - primicare 2,555				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address				
Amount				
Loan Date				
7. Other Assets (<i>itemize</i>)				
\$				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 20,162				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 1,223,408				

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	144,057
2. Notes Payable (<i>itemize</i>)			\$	804,388
Working Capital Line of Credit				804,388
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>)			\$	82,797
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	241,305
Related Party Payables				126,932
Accrued Expenses				(39,621)
Accrued Resident User Fees				84,290
Accrued Workers Comp Expense				69,705
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,272,547

* 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 Chestnut Point Care Center, LLC		License No. 2314-CCNH	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,272,547	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Patient Trust Funds		17,607		17,607	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 17,607	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,290,154	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	380,697
6. Gain or Loss for Period			\$	(448,443)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	(66,746)
C. Total Reserves and Net Worth			\$	(66,746)
D. Total Liabilities, Reserves, and Net Worth			\$	1,223,408

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$ 5,059,758		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$ 5,508,200		
D. Net Income or Deficit			\$ (448,443)		
E. Balance			\$ (448,443)		
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period		09/30/16	\$ (448,443)		

I. Preparer's/Reviewer's Certification

Name of Facility Chestnut Point Care Center, LLC		License No. 2314-CCNH	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 checked="" type="checkbox"/> NurseFac-Aids			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>iCare Management LLC</i>		Title	Date Signed <i>2/14/17</i>		
Printed Name of Preparer iCare Management LLC					
Address Address 341 Bidwell Street, Manchester, CT 06040			Phone Number 860-570-2140		