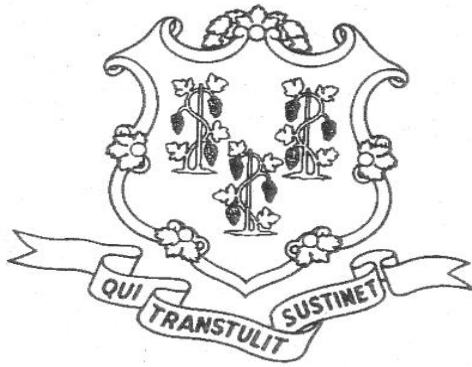


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) FILOSA FOR NURSING AND REHABILITATION	
Address (No. & Street, City, State, Zip Code) 13 HAKIM STREET, DANBURY, CT. 06810	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 461-C	RHNS	(Specify)	Medicare Provider 07-5074
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Medicaid Provider Numbers:	CCNH 4614	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
FILOSA FOR NURSING AND REHABILITATION	461-C	9/30/2017	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 FILOSA FOR NURSING AND REHABILITATION [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) MICHAEL D. MALONE			Printed Name (Owner) BARBARA A. MALONE		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility FILOSA FOR NURSING AND REHABILITATION		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 13 HAKIM STREET, DANBURY, CT. 06810				
Report Prepared By		Phone Number	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-744-3666		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) FILOSA FOR NURSING AND REHABILITATION		Address (No. & Street, City, State, Zip) 13 HAKIM STREET, DANBURY, CT. 06810		
License Numbers:	CCNH 461-C	RHNS	(Specify)	Medicare Provider No. 07-5074
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.				
Administrator				
Name of Administrator MICHAEL D. MALONE		Nursing Home Administrator's License No.:	001685	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility FILOSA FOR NURSING AND REHABILITATION	License No. 461-C	Report for Year Ended 9/30/2017	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		
FILOSA CONVALESCENT HOME, INC	13 HAKIM STREET, DANBURY, CT. 06810	CONNECTICUT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
FRANK D. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06810	TREASURER	128	
BARBARA A. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06810	SECRETARY	491	
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	VICE-PRES	119	
MICHAEL D. MALONE	197 GUINEA ROAD, MONROE, CT 06468	PRESIDENT	129	
JOHN M. MALONE	22 NORTH DUTCHER STREET, IRVINGTON, NY 10533	DIRECTOR	119	
Names of Stockholders Owning at Least 10% of Shares				
FRANK D. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06810	TREASURER	128	
BARBARA A. MALONE	105 MIDDLE RIVER ROAD, DANBURY, CT 06810	SECRETARY	491	
JENNIFER MALONE-SEIXAS	592 MANVILLE ROAD, PLEASANTVILLE, NY 10570	VICE-PRES	129	
MICHAEL D. MALONE	197 GUINEA ROAD, MONROE, CT 06468	PRESIDENT	119	
JOHN M. MALONE	22 NORTH DUTCHER STREET, IRVINGTON, NY 10533	DIRECTOR	119	

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility FILOSA FOR NURSING AND REHABILITATION	License No. 461-C	Report for Year Ended 9/30/2017	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	%**				
FILOSA CARE CENTER DBA HANCOCK HALL (BAMCO, LLC)	31 STAPLES ST., DANBURY, CT 06810	<input checked="" type="radio"/>	<input type="radio"/>		SHARED EXPENSES	SEE ATTACHED	SEE ATTACHED	SEE ATTACHED
	105 MIDDLE RIVER ROAD, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		BUILDING RENTAL	Page 22 Line 9	563,123	563,123
SPACE PANTS, LLC	197 GUINEA ROAD, MONROE, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		PARKING LOT RENTAL	Page 22 Line 9	6,600	6,600
SPACE PANTS, LLC	197 GUINEA ROAD, MONROE, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		OFF SITE STORAGE	Page 22 Line 9	5,400	5,400
		<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.

**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

ATTACHMENT TO PAGE 4 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

Name of Related Individual or Company	Description of Goods / Services Provided	Indicate Where Costs are Included in Annual Report Page# / Line#	FCH Portion	HH Portion
HANCOCK HALL 31 STAPLES STREET, DANBURY, CT 06810	THE FACILITY SHARES A NON-DISCRIMINATORY PENSION PLAN, WITH HANCOCK HALL. WITH EACH FACILITY PAYING THEIR SHARE	15.1.A.9.D	\$19,403	\$30,285
	401K FINANCIAL STATEMENT AUDIT	* 15.1.A.9.D	\$4,380	\$5,370
HANCOCK HALL 31 STAPLES STREET, DANBURY, CT 06810	INSURANCE IN CONJUNCTION WITH HANCOCK HALL VARIOUS INSURANCES			
	WORKMENS COMPENSATION	* 15.1.A.1	\$125,982	\$174,814
	DISABILITY	15.1.A.2	\$21,301	\$25,372
	HEALTH AND DENTAL	15.1.A.5	\$301,364	\$285,065
	PROPERTY:			
	INSURANCE ON PROPERTY	27.14.A	\$9,952	\$14,929
	INSURANCE OF AUTOMOBILES	27.14.B	\$2,591	\$3,886
	UMBRELLA	27.14.C.1	\$6,873	\$10,371
	FIRE AND EXTENDED COVERAGE	27.14.C.2	\$20,710	\$31,257
	FIDUCIARY	27.14.C.3	\$1,170	\$1,473
	DIRECTORS AND OFFICER CYBER LIABILITY	27.14.C.3	\$5,040	\$7,560
	TOTAL PROPERTY INS		\$48,656	\$72,956
	BOTH HANCOCK HALL & FILOSA CONVALESCENT HOME, SHARE THE WAGES OF THESES EMPLOYEES			
HANCOCK HALL 31 STAPLES STREET, DANBURY, CT 06810	SHARED EMPLOYEE WAGES:			
	HEAD ACCOUNTANT'S (2)	* 10.11.A	\$45,842	\$68,764
	OTHER ACCOUNTANTS (5)	* 10.A6.B	\$95,903	\$144,672
	HEAD HOUSEKEEPER (1)	** 10.A.6.A	\$33,433	\$48,110
	ENGINEER OR CHIEF OF MAINTENANCE (1)	** 10.A.7.A	\$44,097	\$63,421
	OTHER MAINTENANCE WORKERS (1)	** 10.A.7.B	\$20,842	\$24,745
	FOOD SERVICE SUPERVISOR (1)	* 10.A5.B	\$22,431	\$33,647
	RN - ADMINISTRATIVE (1)	* 10.A.12.B.2	\$31,729	\$47,595
	LPN - ADMINISTRATIVE (1)	* 10.A.12.C.2	\$20,134	\$43,812
	OTHER ADMINISTRATIVE SALARIES (1)	* 10.A.4	\$28,617	\$43,626
	RECREATION WORKERS (2)	* 10.A.12.H	\$21,131	\$29,601
	TOTAL WAGES		\$364,159	\$547,993
HANCOCK HALL 31 STAPLES STREET, DANBURY, CT 06810	VEHICLE EXPENSES-BOTH HANCOCK HALL & FILOSA CONVALESCENT HOME SHARE, USE OF THE COMPANY UTILITY TRUCK & VAN.			
	EXPENSES FOR VAN ON HANCOCK AND EXPENSES FOR TRUCK ON FILOSA	16.L.7	\$1,677	\$445
HANCOCK HALL 31 STAPLES STREET, DANBURY, CT 06810	TELEPHONE LEASE INTEREST	* 27.2.B	\$1,031	\$1,544

* Allocated according to the facilities ratio of its beds to 160- the combined total of bot Hancock Hall and Filosa. Under this method of allocaton Hancock is charged 60% (96/160) of expense while Filosa is charged 40% (64/160).

** Allocated according to the facilities rationof it's square footage to 95,905 square feet. - the combined square footage of both Hancock Hall & Filosa. Under this method of allocation Hancock Hall is charged 59% (56,300/95,905) of expense while Filosa is charged 41% (39,605/95,905)

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility FILOSA FOR NURSING AND REHABILITA	License No. 461-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

ALLOCATION OF RELATED PARTY COMPANY SHARED EXPENSES ARE BASED ON THE NUMBER OF BEDS IN EACH FACILITY AS FOLLOWS: HANCOCK HALL (96 BEDS) 60% AND FILOSA (64 BEDS) 40%. MAINTENANCE AND HOUSEKEEPING: HANCOCK HALL (56,300 SQ FT) 59% AND FILOSA (39,605 SQ FT) 41%

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility FILOSA FOR NURSING AND REHABILITATION			License No. 461-C	Report for Year Ended 9/30/2017			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
GE CAPITAL/RICOH USA , PO BOX 41554, PHILADELPHIA, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	COPIER MACHINE LEASE	07/29/15	60 MONTH LEASE	4,873	4,873	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***
							4,873	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility FILOSA FOR NURSING AND RE	License No. 461-C	Report for Year Ended 9/30/2017	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 CLIFTON LARSON ALLEN, LLP	300 CROWN COLONY DRIVE, STE 310, QUINCY MA 02169
2 CIRONE FRIEDBERG, LLP	24 STONY HILL ROAD, BETHEL, CT 06801
3 CLIFTON LARSON ALLEN, LLP	300 CROWN COLONY DRIVE, STE 310, QUINCY MA 02169
4	

Services Provided by This Firm (*describe fully*)

1 FINANCIAL STATEMENT REVIEW AND PREPARATION OF COST REPORT	\$ 23,810
2 PREPARATION OF ANNUAL PROPERTY TAX DECLARATION REPORT	\$ 750
3 401K FINANCIAL STATEMENT AUDIT	\$ 4,380
4	\$
	Charge for Services Provided
	\$ 28,940

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, LINE 1.A.9.D.

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 WIGGIN AND DANA LLP	203-498-4400
2	
3	
4	
5	

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

1 ONE CENTURY TOWER, NEW HAVEN, CT 06508
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 HIPPA PRIVACY POLICES	\$ 3,077
2 HR MATTERS	\$ 238
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 3,315

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, LINE 1.A.9.E.

Schedule of Resident Statistics

Name of Facility FILOSA FOR NURSING AND REHABILITATION			License No. 461-C		Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	64	64			64	64			64	64		
B. On last day of THIS report period	64	64			64	64			64	64		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	60	60			60	60			57	57		
B. As of midnight of THIS report period	62	62			57	57			62	62		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,077	1,077			847	847			230	230		
B. Medicaid (Conn.)	14,433	14,433			10,531	10,531			3,902	3,902		
C. Medicaid (other states)												
D. Private Pay	6,223	6,223			4,768	4,768			1,455	1,455		
E. State SSI for RCH												
F. Other (Specify) COMMERCIAL INS/MEDICA	76	76			54	54			22	22		
G. Total Care Days During Period (3A thru F)	21,809	21,809			16,200	16,200			5,609	5,609		
4. Total Number of Days Not Included in Figures in												
A. Medicaid Bed Reserve Days	39	39			29	29			10	10		
B. Other Bed Reserve Days	28	28			24	24			4	4		
5. Total Resident Days (3G + 4A + 4B)	21,876	21,876			16,253	16,253			5,623	5,623		

Schedule of Resident Statistics (Cont'd)

Name of Facility FILOSA FOR NURSING AND REHABILITATION	License No. 461-C	Report for Year Ended 43008	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	3	42		17				
Per Diem Rate								
a. One bed rm.				510.00				
b. Two bed rms.	646.00	249.00		480.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,308	1,308		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,458	2,458		
D. Total Physical Therapy Treatments	3,766	3,766		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	162	162		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	202	202		
D. Total Speech Therapy Treatments	364	364		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,027	2,027		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,865	2,865		
D. Total Occupational Therapy Treatments	4,892	4,892		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
FILOSA FOR NURSING AND REHABILITATION	461-C	9/30/2017	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	83,109					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	82,275	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	100,128	5,099				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	22,431	832				
c. Dietary Workers	309,632	20,009				
6. Housekeeping Service						
a. Head Housekeeper	33,433	852				
b. Other Housekeeping Workers	165,738	13,332				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	44,097	852				
b. Other Maintenance Workers	94,141	3,497				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	74,341	4,749				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	45,842	880				
b. Other Accountants	95,903	3,251				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	114,794	2,352				
b. RN						
1. Direct Care	682,945	21,144				
2. Administrative**	211,965	5,065				
c. LPN						
1. Direct Care	438,719	16,171				
2. Administrative**	45,149	1,446				
d. Aides and Attendants	1,034,904	62,622				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	109,650	4,497				
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	44,568	1,353				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,833,764	170,083				

* 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.

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility				License No.	Report for Year Ended			Page	of	
FILOSA FOR NURSING AND REHABILITATION				461-C	9/30/2017			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
FRANK MALONE	6,737						A1	HANCOCK HALL, 31 STAPLES ST, DANBURY, CT		7,860
MICHAEL MALONE	46,386						A1	HANCOCK HALL, 31 STAPLES ST, DANBURY, CT		69,579
JENNIFER MALONE-SEIXAS	29,986						A1	HANCOCK HALL, 31 STAPLES ST, DANBURY, CT	2,080	137,659
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.

**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

ATTACHMENT TO PAGE 11C OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

OWNER SALARY

	HANCOCK		FILOSA		COMBINED TOTAL		FICA	
	HRS	SALARY	HRS	SALARY	HRS	SALARY	ALLOW	DISALLOW
FRANK MALONE TREASUER	-	\$ 7,860 Disallow		\$ 6,737 Disallow	-	\$ 14,597	\$ -	\$ 515
JENNIFER MALONE-SEIXAS ADMINISTRATOR	2,080	94,232	-	-	2,080	94,232		
VICE PRESIDENT	-	43,427 Disallow	-	29,986 Disallow	-	73,413	-	2,294
	2,080	\$ 137,659	-	\$ 29,986	2,080	\$ 167,645		
MICHALE MALONE ADMINISTRATOR	-	-	2,080	82,275 SEE BELOW	2,080	82,275	5,687	607
PRESIDENT	-	69,579 Disallow	-	46,386 Disallow	-	115,965	-	3,444
	-	69,579	2,080	\$ 128,661	2,080	\$ 198,240	\$ 5,687	\$ 6,860

ADMINISTRATOR ALLOWANCE

	Total		MAXIMUM ALLOWABLE				Amount Allowed Total	
			@60 Beds	Per Bed	#Beds	Excess	Beds 64	
JENNIFER MALONE-SEIXAS	\$ 82,275	\$ 72,901	359		4	\$ 1,436	\$ 74,337	\$ 7,938 Disallow

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
FILOSA FOR NURSING AND REHABILITATION				461-C	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
MICHAEL MALONE	82,275					2,080	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
FILOSA FOR NURSING AND REHABILITATIO	461-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	19,868	442				
2. Dentist	2,432	24				
3. Pharmacist	4,270	99				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	73,379	1,184				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	27,600	141				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	1,140	6				
2. Pharmaceutical Committee (Quarterly meetings)	1,140	6				
3. Staff Development Committee (Once annually)	570	4				
e. Other (Specify) PSYCHIATRIC EVALUATIONS	10,000	52				
9. Speech Therapist						
a. Resident Care	12,863	666				
b. Other						
10. Occupational Therapist						
a. Resident Care	95,691	1,438				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,200	24				
B-13 Total Fees Paid in Lieu of Salaries	250,153	4,086				

* 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 FILOSA FOR NURSING AND REHABILITATION		License No. 461-C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
DEBORAH LYON, 7 NORTH BRANCH RD, NEWTOWN, CT 06470	DIETICIAN - DIETARY NEEDS AND REPORTS	<input type="radio"/>	<input checked="" type="radio"/>		
SERAFIMA GLOUZGAL,MD, 388 GROVE ST, RIDGEFIELD, CT 06877	COORDINATION OF MEDICAL CARE FOR RESIDENTS	<input type="radio"/>	<input checked="" type="radio"/>		
DANIEL WOLLMAN,MD, 580 LONG HILL AVE, SHELTON, CT 06474	COORDINATION OF MEDICAL CARE FOR RESIDENTS	<input type="radio"/>	<input checked="" type="radio"/>		
HEALTH DRIVE DENTAL GROUP, 888 WORCHESTER ST, WELLESLEY, MA	EVALUATION AND DENTAL GROUP	<input type="radio"/>	<input checked="" type="radio"/>		
ALLIANCE REHAB OF CT, 1520 KENSINGTON RD, SUITE105, OAKBROOK, IL	PT, OT AND SPEECH EVALUATIONS AND TREATMENT	<input type="radio"/>	<input checked="" type="radio"/>		
SYMBRIA REHAB, 28100 TORCH PARKWAY, WARRENVILLE, IL 60555	PT, OT AND SPEECH EVALUATIONS AND TREATMENT	<input type="radio"/>	<input checked="" type="radio"/>		
ORESTES ARCUNI, MD , 4 BARTRAM DRIVE, WEST REDDING, CT 06896	PSYCHIATRIC EVALUATIONS AND SERVICES	<input type="radio"/>	<input checked="" type="radio"/>		
REV. DAVID FRANKLIN, ST. JOSEPH'S ROMAN CATHOLIC CHURCH, 8 ROBINSON	MASS AND CLERGY VISITS TO FACILITY RESIDENTS	<input type="radio"/>	<input checked="" type="radio"/>		
MEMBERS OF ORGANIZED MEDICAL STAFF (ROBERT RUXIN, MD/ JEANINE	INFECTION CONTROL REVIEW, PHARMACEUTICAL REVIEW,	<input type="radio"/>	<input checked="" type="radio"/>		
OMNICARE PHARMACY, 525 KNOTTER DRIVE, CHESHIRE, CT	GENERAL SUPERVISION OF DRUG ADMINISTRATION	<input type="radio"/>	<input checked="" type="radio"/>		
VALURX PHARMACY, 54 TUTTLE PLACE, MIDDLETOWN, CT 06457	GENERAL SUPERVISION OF DRUG ADMINISTRATION	<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"/>		

* 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
FILOSA FOR NURSING AND REHABILITAT	461-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 116,542	116,542		
2. Disability Insurance	\$ 9,002	9,002		
3. Unemployment Insurance	\$ 54,605	54,605		
4. Social Security (F.I.C.A.)	\$ 281,964	281,964		
5. Health Insurance	\$ 323,551	323,551		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,441	4,441		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 19,403	19,403		
8. Uniform Allowance	\$ 5,466	5,466		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 6,890	6,890		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 40,308	40,308		
d. Accounting and Auditing	\$ 28,940	28,940		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,315	3,315		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,239	21,239		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,363	13,363		
2. Cellular Phones	\$ 2,693	2,693		
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*	\$ (6,964)	(6,964)		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 436,018	436,018		
Subtotal	\$ 1,360,776	1,360,776		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
FILOSA FOR NURSING AND REHABILITATION	461-C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,360,776	1,360,776		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 5,548	5,548		
2. Holiday Parties for Staff	\$ 1,329	1,329		
3. Gifts to Staff and Residents	\$ 9,857	9,857		
4. Employee Travel	\$ 178	178		
5. Education Expenses Related to Seminars and Conventions	\$ 1,590	1,590		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,677	1,677		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 6,530	6,530		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 717	717		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 25,186	25,186		
4. Fund-Raising***	\$			
5. Medical Records	\$ 3,299	3,299		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,964	2,964		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,417	9,417		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 510	510		
10. Contributions*** See Attached Schedule	\$ 1,955	1,955		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 18,597	18,597		
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 117,960	117,960		
C-14 Total Administrative & General Expenditures	\$ 1,568,090	1,568,090		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
PROMOTION/PUBLIC RELATIONS	\$ 25,186		
Total Other Advertising	\$ 25,186	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,367		
AANAC (American Association of Nurse Assessment Coordination)	\$ 238		
STATE OF CT DEPT OF CONSTRUCTION/ FEE	\$ 240		
BUSINESS ENTITY/ REFINANCE FEE	\$ 328		DISALLOW \$77.54
FAIRFIELD COUNTY ICNC/Membership	\$ 40		
RAC-CT Recertification	\$ 356		
APIC (Association for Professionals in infection Control and Epidemiology)	\$ 148		
S. Glouzal - CT Controlled Substance license renewal	\$ 40		
SECRETARY OF THE STATE - Business Entity report	\$ 120		
ALTFCM (Association for Long Term Care Financial Manager)	\$ 85		
CAHCF, INC(CT ASSOCIATION OF HEALTH CARE FACILITIES INC)/ Annual dues	\$ 350		
ACHCA MEMBERSHIP(American College of Health Care Administrators)	\$ 620		
CITY OF DANBURY HEALTH AND HUMAN SERVICES/license	\$ 300		
CLIENT SECURITY FUND	\$ 38		DISALLOW
UNION SAVING BANK/ Fee balance (payoff loan# 28039)	\$ 66		DISALLOW
BBB ACCREDITED BUSINESS/ FEE	\$ 845		DISALLOW
TREASURER, STATE OF CONNECTICUT/FEE	\$ 760		
DEP OF PUBLIC HEALTH- License Renewal	\$ 240		
AMAZON PRIME MEMBERSHIP	\$ 4		DISALLOW
DEPT. MOTOR VEHICLE/ Truck registration renewal - Ford	\$ 233		
Total Dues	\$ 9,417	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
WESTERN CT HEALTH NETWORK FOUND	\$ 1,000		
INSTITUTE FOR HOLISTIC HEALTH STUDIES	\$ 50		
THE HORD FOUNDATION INC	\$ 880		
YALE NEW HAVEN HOSPITAL	\$ 25		
Total Contributions	\$ 1,955	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
EQUIPMENT RENTAL (MONTH TO MONTH)	\$ 6,161		
CABLE TV	\$ 13,350		
OFFICE EQUIPMENT REPAIRS AND SERVICES			
SOFTWARE LEASING AND MAINTENANCE	\$ 23,750		
COMPUTER SERVICES AND HOSTING	\$ 11,100		
BUSINESS INTERNET	\$ 4,646		
OFFICE REPAIRS AND SUPPLIES	\$ 1,320		
PAYROLL SERVICE	\$ 19,401		
MISCELLANEOUS EXPENSE	\$ 100		DISALLOW
BANK SERVICE CHARGES	\$ 1,905		DISALLOW
RESIDENT RELATED MISCELLANEOUS EXPENSE	\$ 1,228		DISALLOW
LOSS ON DISPOSAL	\$ 23,144		DISALLOW
DIRECTOR FEE	\$ 9,000		DISALLOW
SMALL EQUIPMENT ADMINISTRATION	\$ 2,855		
Total Other Administrative and General	\$ 117,960	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility FILOSA FOR NURSING AND REHABI	License No. 461-C	Report for Year Ended 9/30/2017	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 #

*** 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) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility FILOSA FOR NURSING AND REHABILITATION		License No. 461-C	Report for Year Ended 9/30/2017		Page 19	of 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. \$	11,487	11,487		
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. \$	13,288	13,288		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$	9,204	9,204		
EQUIPMENT RENTAL AND REPAIRS						
3E. Total Laundry Expenditures (3a + b + c + d)		\$	33,979	33,979		
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 th		<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
FILOSA FOR NURSING AND REHABILITA		461-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced	39,605	39,605		
a.	In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	26,023	26,023		
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.	Total Housekeeping Expenditures (4a + b + c + d)	\$	26,023	26,023		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from OMNICARE/VALUERX PHARMACY SERVICE	\$	44,885	44,885		
b.	Medicine Cabinet Drugs	\$	2,220	2,220		
c.	Medical and Therapeutic Supplies	\$	121,878	121,878		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	3,949	3,949		
f.	X-rays and Related Radiological Procedures***	\$	624	624		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	2,732	2,732		
i.	Recreation	\$	6,445	6,445		
j.	Other (Specify)**** See Attached Schedule	\$	13,392	13,392		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	196,125	196,125		

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

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

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

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

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

Name of Facility FILOSA FOR NURSING AND REHABILITATION				License No. 461-C	Report for Year Ended 9/30/2017	Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners,		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CLIFTON LARSON ALLEN	DRIVE, STE 310, QUINCY MA 02169	<input type="radio"/>	<input checked="" type="radio"/>		ACCOUNTING SERVICES	28,190			15	7
ORESTES J. ARCUNI	WEST REDDING, CT 06896	<input type="radio"/>	<input checked="" type="radio"/>		EVALUATIONS AND SERVICES	10,400			13	
GRACE AHERN, R.D.	ROAD, DANBURY, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		DIETARY NEEDS AND REPORTS	19,867			13	B.1
SYMBRIA REHAB	PARKWAY, WARRENVILLE, IL	<input type="radio"/>	<input checked="" type="radio"/>		EVALUATIONS AND TREATMENT	142,897			13	
ALLIANCE REHAB OF CON	RD, SUITE105, OAKBROOK, IL 60523	<input type="radio"/>	<input checked="" type="radio"/>		EVALUATIONS AND TREATMENT	39,036			13	
SERAFIMA M. GLOUZGAL	RIDGEFIELD, CT 06877	<input type="radio"/>	<input checked="" type="radio"/>		MEDICAL DIRECTOR	27,600			13	B.8.A
CELTIC CONSULTING LLC	TORRINGTON, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>		MDS COMPLIANCE	15,663			16	M.11
MATRIXCARE	MINNEAPOLIS, MN, 55480	<input type="radio"/>	<input checked="" type="radio"/>		SOFTWARE MAINTENANCE	10,050			16	M.13
		<input type="radio"/>	<input checked="" type="radio"/>							
		<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"/>							

* 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
FILOSA FOR NURSING AND REHABILITATION	461-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 56,670	56,670				
b. Heat	\$ 42,817	42,817				
c. Light & Power	\$ 63,629	63,629				
d. Water	\$ 27,144	27,144				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 4,873	4,873				
f. Other (<i>itemize</i>)	\$ 75,253	75,253				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 270,386	270,386				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 120,877	120,877				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 59,924	59,924				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 180,801	180,801				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 76,449	76,449				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 76,449	76,449				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 575,123	575,123				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 57,259	57,259				
c. Personal property taxes	\$ 8,609	8,609				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 898,241	898,241				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
REFUSE	\$ 24,735		
OUTSIDE MAINTENANCE AND REPAIRS	\$ 17,693		
OUTSIDE GROUNDS - SERVICE	\$ 1,219		
EXTERMINATING	\$ 3,382		
BED ALARMS	\$ 213		
MANINTENACE AND REPAIR CONTRACTS	\$ 22,172		
INTERIOR DÉCOR	\$ 5,839		
Total Other Repairs and Maintenance	\$ 75,253	\$ -	\$ -

**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

ATTACHMENT TO PAGE 22 OF 37 - LINE 9 RENTAL PAYMENTS ON LEASED REAL PROPERTY LESS DEPRECIATION CLAIMED

	<u>TOTAL</u>	<u>CCNH</u>	<u>RHNS</u>
RENTAL PAYMENT OF FACILITY BUILDING	\$ 684,000	\$ 684,000	\$ -
LESS: DEPRECIATION ON PROPERTY FROM RELATED PARTY (Does not include depreciation on addition)	<u>(120,877)</u>	<u>(120,877)</u>	<u>-</u>
	\$ 563,123	\$ 563,123	-
 OTHER RENTAL PAYMENTS			
PARKING LOT RENTAL - SPACE PANTS, LLC	6,600	6,600	
RENT OF OFF SITE STORAGE - SPACE PANTS, LLC	<u>5,400</u>	<u>5,400</u>	<u>-</u>
	<u><u>\$ 575,123</u></u>	<u><u>\$ 575,123</u></u>	<u><u>\$ -</u></u>

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	SEE ATTACHED	\$ 134,766	VARIOUS	\$ 3,982
Total additions for Movable Equipment		\$ 134,766		\$ 3,982 *
Deletions:				
	SEE ATTACHED	\$ (92,713)		\$ 4,347
Total deletions for Movable Equipment		\$ (92,713)		\$ 4,347 **

*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:				
	SEE ATTACHED	\$ 125,103	VARIOUS	\$ 9,368
Total additions for Leasehold Improvement		\$ 125,103		\$ 9,368 *
Deletions:				
	SEE ATTACHED	\$ (51,495)		\$ 2,137
Total deletions for Leasehold Improvement		\$ (51,495)		\$ 2,137 **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

ATTACHMENT TO PAGE 23 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

PAGE 22. D. 2.C MOVABLE EQUIPMENT - ACQUIRED DURING THIS REPORT PERIOD

Description	Acquired	Method	Months	Cost	Current Dep	Accum Depreciation
2 Armed Benches	7/15/2017	SL	120	930.56	23.25	23.25
Food Container	7/3/2017	SL	120	792.31	19.80	19.80
lounge charis-2	7/1/2017	SL	120	1,898.36	47.46	47.46
Folding conference Tables (3)	6/15/2017	SL	180	1,458.06	32.40	32.40
Easy Care Electric bed with assist device	4/7/2017	SL	144	1,702.66	70.92	70.92
Wall protection-Top Caps-New Furniture	4/1/2017	SL	60	510.20	51.00	51.00
Resident Room Furniture Renovation Project	4/1/2017	SL	180	70,412.22	2,347.08	2,347.08
Window Treatment-REnovation project 1 of 2	4/28/2017	SL	60	3,012.50	301.26	301.26
Ice machine	12/8/2016	SL	120	3,158.60	263.20	263.20
Snow blower	2/10/2017	SL	60	1,913.24	255.12	255.12
2 Maxi 500 manual scale lifts	9/25/2017	SL	120	7,154.70	59.62	59.62
Nurse on a Stick	6/27/2017	SL	120	2,003.16	66.76	66.76
Carosel Capital Lease-Telephone System	9/30/2017	SL	120	37,888.33	315.74	315.74
HP Deskpro 400 All-in-one Computer plus installation	6/9/2017	SL	60	1,931.08	128.72	128.72

\$ 134,765.98

\$ 3,982.33

\$ 3,982.33

**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

**ATTACHMENT TO PAGE 23 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE
PAGE 23. D. 2.B DISPOSALS**

Account Name	Description	Acquired	DisposalDate	Cost	Depreciation	Accum Dep
Office	Decor-framed Pictures,vases Etc.	3/15/1995	9/30/2017	1,270.00	-	1,270.00
Moveable	Decor Items	6/15/1995	9/30/2017	7,664.00	-	7,664.00
Moveable	Piano	8/15/1995	9/30/2017	500.00	-	500.00
Maintenance	Radiator	8/31/1998	9/30/2017	5,811.00	170.88	3,275.20
Moveable	Wall Hangings	5/19/1999	9/30/2017	810.00	-	810.00
Office	Phone System(leased)	7/9/1999	2/28/2017	20,890.00	-	20,890.00
Moveable	3-label Quick Press	6/1/2002	9/30/2017	770.00	-	770.00
Medical	Ice Machine 2 Bin	9/30/2003	12/8/2016	1,760.00	-	1,760.00
Moveable	Compact Ice Machine	2/1/2005	9/30/2017	834.00	-	834.00
Medical	Patient Lift-sarita Model	1/1/2006	9/30/2017	3,853.00	256.92	3,018.81
Office	Laptop Computer	2/1/2006	9/30/2017	1,299.00	-	1,299.00
Medical	Patient Lift-sarita Model	2/1/2006	9/30/2017	3,850.00	256.68	2,994.60
Office	Computer Port Switch	7/1/2006	9/30/2017	346.00	-	346.00
Office	Battery Backup For Network Syn(split)	10/1/2006	9/30/2017	413.00	-	413.00
Office	Computer Server	10/1/2006	10/1/2017	6,026.00	-	6,026.00
Office	Network Syn-integratio(split)	10/1/2006	9/30/2017	932.00	-	932.00
Moveable	Electric Bed	4/1/2007	4/1/2017	1,473.00	61.38	1,227.60
Medical	Tracer Ex2 Wheelchairs (5)	8/1/2008	9/30/2017	956.00	-	956.00
Office	HP Color Laser Jet Printer CP3525X	10/8/2010	9/30/2017	1,442.00	-	1,442.00
Office	3 Pt Cisco Wireless Access Pt.w/antennas	12/15/2010	9/30/2017	7,383.00	-	7,383.00
Medical	Repair Marisa Lift Mast Assembly	6/23/2011	9/30/2017	2,126.00	-	2,126.00
Office	Laptop Computer	7/19/2011	9/30/2017	770.00	-	770.00
Office	EE Badges For Time Clocks	6/1/2012	9/30/2017	1,577.00	157.68	840.96
Maintenance	Blizzard Brand Snow Plow	11/26/2012	9/30/2017	3,935.00	81.94	3,935.00
Office	Computer System/network Upgrades	11/30/2012	9/30/2017	2,725.00	545.04	2,679.78
Office	Network Server Upgrade	2/7/2013	9/30/2017	2,586.00	517.20	2,413.60
Office	Set Up Domain Controller Server	4/8/2014	9/30/2017	343.40	68.65	240.24
Moveable	Washer motor replacement	7/24/2014	9/30/2017	1,391.22	139.08	452.01
Maintenance	Main Harness on Plow	12/2/2014	9/30/2017	1,072.89	214.56	607.92
Maintenance	replace transmission sander	1/20/2015	9/30/2017	1,254.53	250.92	690.03
Maintenance	V-Box Spreader/Sander	10/22/2015	9/30/2017	6,434.16	1,608.48	3,216.96
Moveable	2 staff control kits for electric beds	2/1/2016	9/30/2017	215.36	18.00	30.00
				92,712.56	4,347.41	81,741.71

**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

**ATTACHMENT TO PAGE 23 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE
PAGE 22. C. 3. LEASEHOLD IMPROVEMENTS AND OTHER - ACQUIRED DURING THIS REPORT PERIOD**

Description	Acquired	Method	Months	NetAmount	Current Dep	Accum Dep
New Floors 3 of 3	9/8/2017	SL	120	21,270.00	177.25	177.25
Replace existing jocky pump	8/2/2017	SL	240	6,221.48	51.84	51.84
Painting Supplies for Room Renovations	3/31/2017	SL	60	2,882.37	336.28	336.28
New Flooring 1st and 2nd resident rooms 2 of 3	1/26/2017	SL	120	21,270.00	1,595.25	1,595.25
FC Renovation 2017-Valance with lining	6/13/2017	SL	120	3,795.80	126.52	126.52
FCH 2017 Renovation Night Light Replacement	6/14/2017	SL	120	805.02	26.84	26.84
Extra Paiinting REnovation Project	4/25/2017	SL	60	3,175.00	317.52	317.52
LED night lights Renovation Project	4/4/2017	SL	120	8,633.49	431.70	431.70
Paint and supplies-Renovation Project	4/20/2017	SL	60	1,855.87	185.58	185.58
1st and 2nd Unit-Painting	3/31/2017	SL	60	25,000.00	2,916.69	2,916.69
New Flooring 1 of 3 1st and 2nd Resident Rooms	2/27/2017	SL	120	21,270.00	1,418.00	1,418.00
Major Generator Repairs	10/31/2016	SL	60	8,923.90	1,784.76	1,784.76

\$ 125,103	\$ 9,368	\$ 9,368
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**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

**ATTACHMENT TO PAGE 24 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE
PAGE 24. C. 2 DISPOSALS**

Account #	Description	Acquired	DisposalDate	Cost	Depreciation	Accum Dep
Leasehold Imp	Lighting Retrofit Kits(48)	12/1/2001	9/30/2017	2,162.00	-	2,162.00
Leasehold Imp	Lighting Retrofits	8/1/2002	9/30/2017	1,447.00	-	1,447.00
Leasehold Imp	Balance/shoes	7/1/2004	9/30/2017	1,658.00	-	1,658.00
Leasehold Imp	1st/2nd Floor Improvements	6/1/2005	9/30/2017	18,895.00	-	18,895.00
Leasehold Imp	Flooring	4/1/2007	9/30/2017	2,774.00	138.32	2,774.00
Leasehold Imp	Jockey Pump-new	11/1/2007	9/30/2017	3,953.00	263.52	2,613.24
Leasehold Imp	Re-cover Awning	4/1/2008	9/30/2017	2,843.00	284.28	2,700.66
Leasehold Imp	Emergency Exit Ramp Repair	12/1/2010	9/30/2017	5,740.00	382.68	2,614.98
Leasehold Imp	Heat Exchanger	9/29/2011	9/30/2017	4,275.00	171.00	1,040.25
Leasehold Imp	Design For Hallway Carpeting And Wall Coverings	12/2/2013	9/30/2017	1,800.00	360.00	1,380.00
Leasehold Imp	Replacement Insulated Windows	12/12/2013	9/30/2017	1,148.58	57.48	220.34
Leasehold Imp	Architectural Design Dining Room Addition	12/17/2013	9/30/2017	1,000.00	99.96	383.18
Leasehold Imp	Architech design dining room-Balance of Project	3/1/2014	9/30/2017	3,800.00	380.04	1,361.81

	\$ 51,495.58	\$ 2,137.28	\$ 39,250.46
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	Opening Balance \$ 38,298.00
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	Loss on Disposal \$ 12,245.12
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Amortization Schedule*

Name of Facility FILOSA FOR NURSING AND REHABILITATION			License No. 461-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year			Year's Operations				
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			VARIOUS	725,264	328,301	ACTUAL LIFE	VARI	64,944	
2. Disposals (attach schedule)				(51,495)	(38,298)			2,137	
3. Acquired during this report period (attach schedule)			VARIOUS	125,103		ACTUAL LIFE	VARI	9,368	
C-4. Subtotal									76,449
D. Total Amortization									76,449

* 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 FILOSA FOR NURSING AND REH/	License No. 461-C	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or Yes 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

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	1995 MAJOR RENOVATION
3. If NOT Original Owner, Date of Purchase	
4. Date of Initial Licensure	1947
5. Total Licensed Bed Capacity	64
6. Square Footage	39,605
7. Acquisition Cost	
a. Land	398,123
b. Building	4,835,483

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained	D			
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2017	2,268,672			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	FIXED			
h. Date of Refinancing	12/22/16			
i. New Interest Rate	3.95%			
j. Term of Mortgage (number of years)	10			
k. Amount of Principal Borrowed	2,476,000			
l. Principal Outstanding on Note Paid-Off	2,363,863			

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
FILOSA FOR NURSING AND REH		461-C	9/30/2017			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. 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
FILOSA FOR NURSING AND RE		461-C		9/30/2017			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$ 3,389	3,389			
A. Item		Rate	Amount					
MAINTENANCE VEHICLE		6.00%	35,813					
Lender								
FORD MOTOR CREDIT								
Address of Lender								
PO BOX 220564PITTSBURGH, PA 15257								
2. Other (Specify)				\$ 6,564	6,564			
A. Item		Rate	Amount					
SEE ATTACHED								
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 9,953	9,953			
12. D. Other Interest Expense (Specify)				\$ 10,122	10,122			
SEE ATTACHED								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 20,075	20,075			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 9,952	9,952			
b. Insurance on Automobiles				\$ 2,591	2,591			
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 6,873	6,873			
2. Fire and Extended Coverage				\$ 20,710	20,710			
3. Other (Specify)				\$ 10,241	10,241			
SEE ATTACHED								
14d. Total Insurance Expenditures (14a + b + c)				\$ 50,367	50,367			
15. Total All Expenditures (A-13 thru C-14)				\$ 7,350,463	7,350,463			

**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

ATTACHMENT TO PAGE 27 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

INSURANCE PAID

FIDUCIARY	\$	1,170	
DIRECTORS AND OFFICER		5,040	DISALLOW
PROFESSIONAL LIABILITY		1,076	
CYBER LIABILITY		2,320	
PRIOR YEAR INSURANCE			
RELATED ADJ		635	DISALLOW
TOTAL	\$	10,241	14.C.3

INTEREST EXPENSE

<u>ITEMS</u>	<u>AMOUNT</u>	<u>RATE</u>	<u>LENDER</u>	<u>ADDRESS</u>	<u>ORIGINAL AMT</u>
ELAVATOR	\$ 779	4%			\$30,000
HOT WATER HEATER	189	4%			
RENOVATION IMPROVEMENTS	4,079	4.5%	UNION SAVINGS BANK	225 MAIN STREET, DANBURY, CT 06810	\$160,000
PARKING LOT IMPROVEMENTS	182	4%			\$40,000
RENOVATION IMPROVEMENTS	304	4%			
TELEPHONE LEASE	1,031	5%	CAROUSEL INDUSTRIES	PO BOX 790488, ST LOUIS, MO 63179	\$53,441
	\$ 6,564				12C2B
LINE OF CREDIT	\$ 9,597	4%	UNION SAVINGS BANK	225 MAIN STREET, DANBURY, CT 06810	
FINANCIAL CHARGES		525			DISALLOW
	\$ 10,122				12.C.2.D

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
FILOSA FOR NURSING AND REHABILITATION				461-C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	A.1	Salaries not related to Resident Care	\$ 83,109	83,109		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 7,938	7,938		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.	15	I.A.6	Discriminatory Benefits	\$ 4,441	4,441		
9.	15	I.C	Bad Debts	\$ 40,308	40,308		
10.	15	I.E	Accounting & Legal	\$ 238	238		
11.			Telephone	\$			
12.	15	H.2	Cellular Telephone	\$ 1,613	1,613		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L.3	Gifts, flowers and coffee shops	\$ 6,087	6,087		
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.	16	M.3	Unallowable Advertising *	\$ 25,186	25,186		
19.	15	9.K.1	Income Tax / Corporate Business Tax	\$ (6,964)	(6,964)		
20.	16	M.10	Fund Raising / Contributions	\$ 1,955	1,955		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 43,268	43,268		
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)				\$ 207,179	207,179		

* 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	A.2	MICHAEL MALONE (EXCESS OVER LIMIT)	\$ 7,938		
Total Other Salaries Adjustment			\$ 7,938	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	I.A.4	FICA ON OWNER/OPERATOR SALARIES	\$ 6,860		
16	M.13	MISCELLANEOUS EXPENSE	\$ 100		
16	M.13	BANK SERVICE CHARGES	\$ 1,905		
16	M.13	RESIDENT RELATED MISCELLANEOUS EXPENSE	\$ 1,228		
16	M.13	DIRECTOR FEES	\$ 9,000		
16	M.13	LOSS ON DISPOSAL	\$ 23,144		
16	M.18	DUES AND MEMBERSHIP FEES	\$ 1,031		
Total Other A&G Adjustments			\$ 43,268	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
FILOSA FOR NURSING AND REHABILITATION				461-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 207,179	207,179		
Page 20 - Resident Care Supplies***							
27.	20	5.A.2	Prescription Drugs	\$ 44,885	44,885		
28.			Ambulance/Limousine	\$			
29.	20	5.D	X-rays, etc	\$ 624	624		
30.	20	5.H	Laboratory	\$ 2,732	2,732		
31.	20	5.C	Medical Supplies	\$ 1,780	1,780		
32.	20	5.E.2	Oxygen (non emergency)	\$ 3,949	3,949		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,439	3,439		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7.D	Depreciation on Unallowable Motor Vehicles	\$ 1,118	1,118		
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 1,896	1,896		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14.C.	Property Insurance	\$ 5,675	5,675		
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	\$ 525	525		
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)			\$ 273,802	273,802		

*** 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.

FILOSA FOR NURSING AND REHABILITATION
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.J	TECH COMPONENT PART A	\$ 3,439		
Total Other Ancillary Costs			\$ 3,439	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	C.1	INTEREST ON FORD F-250	\$ 1,896		
Total Other Property Adjustments			\$ 1,896	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	C.3.D	FINANCE CHARGES	\$ 525		
Total Other Adjustments			\$ 525	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
FILOSA FOR NURSING AND REHABI	461-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,837,476	6,837,476				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,229,814)	(3,229,814)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 523,017	523,017				
b. Medicare Room and Board Contractual Allowance **	\$ 159,390	159,390				
4. a. Private-Pay Residents and Other	\$ 3,146,953	3,146,953				
b. Private-Pay Room and Board Contractual Allowance **	\$ (153,193)	(153,193)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 70,970	70,970				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (12,485)	(12,485)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 8,904	8,904				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (1,252)	(1,252)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 44,935	44,935				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (19,081)	(19,081)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 3,720	3,720				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (17,726)	(17,726)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,361,814	7,361,814				
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 (<i>Specify</i>)	\$ 121	121				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$ 121	121				
VI. Total All Revenue (III +V)	\$ 7,361,935	7,361,935				

* 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	PRIOR YEAR MEDICARE PART B ADJUSTMENT	\$ (1,246)		
30	FLU/PNEUMOVAX AND ADMINISTRATION	\$ 4,966		
Total Other Resident Revenue - Medicare		\$ 3,720	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	PRIOR YEAR MEDICIAD ADJUSTMENTS	\$ (24,724)		
30	PRIOR YEAR PRIVATE ADJUSTMENTS	\$ 8,358		
30	PRIOR YEAR MANAGED CARE ADJUSTMENTS	\$ (1,360)		
Total Other Resident Revenue		\$ (17,726)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	UNION SAVINGS BANK		\$ 121		
Total Interest Income			\$ 121	\$ -	\$ -

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
FILOSA FOR NURSING AND REHA	461-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	75,633
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	498,345
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	55,402
a. INSURANCE	18,283			
b. WORKMENS COMP TRUST REFUND	28,614			
c. PREPAID EXPENSES	5,010			
d. CT CORPORATE TAX	3,495			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	629,380
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>798,872</u>		\$	432,420
	Accum. Depreciation <u>366,452</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>603,865</u>		\$	282,609
	Accum. Depreciation <u>321,256</u>	Net		
7. Motor Vehicles	*Historical Cost <u>44,463</u>		\$	22,139
	Accum. Depreciation <u>22,324</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	737,168

* 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
FILOSA FOR NURSING AND REHA	461-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	1,366,548
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	398,123
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
3. Buildings			*Historical Cost <u>4,835,483</u>	
			Accum. Depreciation <u>2,923,719</u>	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)			\$	2,309,887
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	69,101
BED LICENSE		48,001		
DEFERRED TAX ASSET		21,100		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	69,101
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,745,536

* 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
FILOSA FOR NURSING AND REHABILITATION	461-C	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	257,961
2. Notes Payable (<i>itemize</i>)			\$	309,840
LINE OF CREDIT				309,840
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	77,978
Name of Lender	Purpose	Amount	Date Due	
SEE ATTACHED		77,978		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	1,527
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	191,013
6. Accrued Payroll Taxes Payable			\$	13,571
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>)			\$	14,971
ACCRUED EXPENSES				14,971
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	866,861

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

(Carry Total forward to next page)

**FILOSA FOR NURSING AND REHABILITATION
COST YEAR 2017
LICENSE NO 461-C**

ATTACHMENT TO PAGE 33,34 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

PAGE 33.A.3

LOANS PAYABLE FOR EQUIPMENT

PAGE 34.B.1

		<u>PAGE 33.A.3</u>	<u>PAGE 34.B.1</u>	<u>TOTAL</u>
NAME OF LENDER	<u>UNION SAVINGS BANK</u>			
PURPOSE	<u>ELEVATOR</u>			
AMOUNT		\$ 10,277	\$ -	\$ 10,277
DATE DUE	<u>5/1/2018</u>			
NAME OF LENDER	<u>UNION SAVINGS BANK</u>			
PURPOSE	<u>PARKING LOT IMP</u>			
AMOUNT		\$ 12,805	\$ 27,195	\$ 40,000
DATE DUE	<u>9/1/2020</u>			
NAME OF LENDER	<u>UNION SAVINGS BANK</u>			
PURPOSE	<u>RENOVATION</u>			
AMOUNT		\$ 38,333	\$ 100,091	\$ 138,424
DATE DUE	<u>2/6/2021</u>			
NAME OF LENDER	<u>CAROUSEL INDUSTRIES</u>			
PURPOSE	<u>TELEPHONE SYSTEM</u>			
AMOUNT		\$ 6,620	\$ 27,293	\$ 33,913
DATE DUE	<u>2/2/2022</u>			
NAME OF LENDER	<u>FORD MOTOR CREDIT</u>			
PURPOSE	<u>F-250</u>			
AMOUNT		\$ 9,943	\$ 9,116	\$ 19,059
DATE DUE	<u>10/1/2019</u>			
Total		\$ 77,978	\$ 163,695	\$ 241,673

G. Balance Sheet (cont'd)

Name of Facility FILOSA FOR NURSING AND REHABIL		License No. 461-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				866,861	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	163,695
Name of Lender		Purpose	Amount	Date Due	
SEE ATTACHED					
2. Mortgages Payable					
				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)					
				\$	3,780
Name and Address of Lender		Amount	Loan Date		
FILOSA CONV HOME		3,780	9/30/17		
4. Other Long-Term Liabilities (<i>itemize</i>)					
				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	167,475
C. Total All Liabilities (Lines A-13 + B-5)				\$	1,034,336

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

Name of Facility	License No.	Report for Year Ended	Page	of	
FILOSA FOR NURSING AND REHA	461-C	9/30/2017	35	37	
Account			Amount		
A. Reserves					
1. Reserve for value of leased land			\$	398,123	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,911,764	
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			\$	2,309,887	
B. Net Worth					
1. Owner's Capital			\$		
2. Capital Stock			\$	90,310	
3. Paid-in Surplus			\$	183,510	
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	114,985	
6. Gain or Loss for Period					
	10/1/2016	thru	9/30/2017	\$	11,472
7. Total Net Worth			\$	400,277	
C. Total Reserves and Net Worth			\$	2,710,164	
D. Total Liabilities, Reserves, and Net Worth			\$	3,744,500	

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
FILOSA FOR NURSING AND REHAB	461-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	388,805
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,361,935
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,350,463
D. Net Income or Deficit			\$	11,472
E. Balance			\$	400,277
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			\$	400,277
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility FILOSA FOR NURSING AND REHABIL	License No. 461-C	Report for Year Ended 9/30/2017	Page 37	of 37
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Check appropriate category

<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)
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Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation.]

Signature of Preparer	Title	Date Signed
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Printed Name of Preparer
 BENJAMIN CHIANESE, CPA

Address 31 STAPLES STREET	Phone Number 203-794-9466
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Error Check

Level	Item	Reported as	
	Page 23 - Accumulated Dep. of Non-Movable Eq.	-	is inconsistent with Page 31 -
	Page 23 - Accumulated Dep. of Movable Eq.	321,256	is inconsistent with Page 31 321,256
-	Page 35 - Total Liabilities, Reserves and Net Worth	3,744,500	Total Assets 3,745,536