

NOTE:

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along with the corresponding

General Information

Name of Facility	Address	Phone Number
McLean Health Center	75 Great Pond Road, Simsbury, CT 06070	(860)658-3700

Type of Facility and License Number(s)

CCNH RHNS Residential Care Home

License Number	884-C		1712-RCH
Medicaid Provider Number	884-C		1712-RCH

Report for Year Beginning	Report for Year Ending
10/1/2016	9/30/2017

Medicare Provider Number
07-5216

Printed Name (Administrator)	Printed Name (Owner)
Lisa Clark	David Bordonaro, President

Report Prepared By	Phone Number	Date
McLean Affiliates, Inc.	(860) 658-3759	

Type of Ownership (Check appropriate box)

- Proprietorship LLC Partnership Profit Corp. Non-Profit Corp. Government 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? If "Yes," explain fully.

- Yes No

Name of Administrator
Lisa Clark

Nursing Home Administrator's License No.	001842
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Other Operators/Owners who are Assistant Administrators (full or part time) of this facility.

Name	License #
N/A	

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
N/A		

Name of Partners/Members	Business Address	Title	% Owned
N/A			

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
McLean Affiliates, Inc	75 Great Pond Road, Simsbury, CT 06070	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached List of McLean Affiliate Directors			

Names of Stockholders Owning at Least 10% of Shares
N/A

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

Ownert(s) of Facility
N/A

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

Table with columns for entity name, address, related status, and percentage non-related. Includes entries for McLean Fund, The McLean Foundation, Inc., and McLean Game Refuge, Inc.

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

Yes No

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

The McLean Foundation, Inc., supports certain programs and capital acquisitions of the Health Center via donations and grants. The McLean Fund uses income from investments to fund a portion of the Operating Expenses. Any funding by these entities is at cost.

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

Yes No
See pre Cost Report Allocation w/s.

A 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.

Table with columns: Name and Address of Lessor, Description of Items Leased, Date of Lease, Term of Lease, Annual Amount of Lease, Amount Claimed, Related to Owners. Includes entries for Mailfinance and CF Equipment Finance.

Total 2,768
Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No

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? If "No," explain.

Yes No

Table with columns: Name of Accounting Firm, Address of Accounting Firm. Includes entry for Blum, Shapiro & Company, P.C.

Table with columns: Services Provided by This Firm, Charge for Service Provided. Includes entry for Independent Audit of 2017 Financials.

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes No
Pg 15, 1D - CCNH \$15,573, RCH \$219, Outpatient/Other not on Annual Report \$20,827.

Table with columns: Name of Legal Firm or Independent Attorney, Address, Telephone Number. Includes entry for Wiggins & Dana.

Table with columns: Services Provided by This Firm, Charge for Service Provided. Includes entry for Various Service and Advice.

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes No
Pg 15, 1E - CCNH \$7,921, RCH \$107, Outpatient/Other not on Annual Report \$9,809 (see page 28 line 10 adjustment for \$7,919 and \$107)

Are time records maintained by all individuals receiving compensation? Yes No

Table with columns: Name & Address of Individual, Full Explanation of Services, Explanation of Relationship, Related to Owners, Operators, Officers. Includes entries for Sodexo Inc & Affiliates, PAULEKAS, WAYNE M.D., and The Center for Geriatric & Psychiatric Services.

Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Housekeeping Services		<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
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			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Name & Address of Individual or Company Supplying Service	Cost of Management Services	Full Description of Management Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	92,373	Inpatient Dietary Mgmt	Pg 18, 2c
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	40,834	Housekeeping Services	Pg 20, 4c

2H	Is the cost of employee meals included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
2I	Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2J	Where is the revenue received reported in the Cost Report?		(Page/Line Item)
2K	Is the cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If yes, specify cost. \$100,422
2L	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If yes, specify amt. \$100,422
2M	Where is the revenue received reported in the Cost Report?		(Page/Line Item) Pg 30, Line IV 1
2N	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If yes, specify cost.
2O	Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2P	Where is the revenue received reported in the Cost Report?		(Page/Line Item) N/A

3G	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
3H	Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3I	Where is the revenue received reported in the Cost Report?		(Page/Line Item) N/A
3J	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.
3K	Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3L	Where is the revenue received reported in the Cost Report?		(Page/Line Item) N/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.
Description		Total	
11A1	Date Land Purchased	Unknown. Prior to 1930	
11A2	Date Structure Completed	1971, Additions '74, '89 & '01	
11A3	If NOT Original Owner, Date of Purchase		
11A4	Date of Initial Licensure		
11A5	Total Licensed Bed Capacity	92	
11A6	Square Footage	141,249	
11A7a	Original Cost - Land	29,950	
11A7b	Original Cost - Building	1,460,189	
Part B - Owner and Related Parties			
11B1a	Type of Financing (e.g., fixed, variable)	1st Mortgage	2nd Mortgage
11B1b	Date Mortgage Obtained		
11B1c	Interest Rate for the Cost Year		
11B1d	Term of Mortgage (number of years)		
11B1e	Amount of Principal Borrowed		
11B1f	Principal balance outstanding as of <i>Complete if Mortgage was Refinanced During Current Cost Year</i>		
11B1g	Type of Financing (e.g., fixed, variable)		
11B1h	Date of Refinancing		
11B1i	New Interest Rate		
11B1j	Term of Mortgage (number of years)		
11B1k	Amount of Principal Borrowed		
11B1l	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
Arms-length leases						
Arms-length leases						
Arms-length leases						
Arms-length leases						
Arms-length leases						
Printed Name of Preparer						
Carol Barno						
Address of Preparer						
75 Great Pond Road, Simsbury, CT 06070						
Phone Number of Preparer						
(860) 658-3759						

	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	206,264	206,264			20	5 a2
356		28	Ambulance/Limousine	4,592	4,592			20	5 d
357		29	X-rays, etc.	44,062	44,062			20	5 f
358		30	Laboratory	48,421	48,421			20	5 h
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	10,728	10,728			20	5 e2
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	6,549	6,549	-	-	20	5j
363		Page 22 - Maintenance and Property							
364		35	Excess Movable Equipment Depreciation	0	-	-	-		
365		36	Depreciation on Unallowable Motor Vehicle	0					
366		37	Unallowable Property and Real Estate Tax	0					
367		38	Rental of Building Space or Rooms	0					
368	Page 29	39	Other Property Costs	6,411	6,184	-	227		
369		Page 27 - Insurance							
370		40	Mortgage Insurance	0					
371		41	Property Insurance	0					
372		Other - Miscellaneous							
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	8,403	7,785		618	30	IV 4
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	0					
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of p	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense	2,690	2,654	-	36		
381		Not For Profit Providers Only							
382		50	Building/Non Movable Eq. Depreciation U	0	-	-	-		
383		Page 29							
384		51	Total Amount of Decrease	705,519	701,641	0	3,878		
385									

Line #	Description	Total	CCNH	RHNS	Residential Care Home
386	Resident Room, Board & Routine Care Revenue				
387					
388	I1a Medicaid Residents (CT Only)	6,708,529	6,587,715		120,814
389	I1b Medicaid Room and Board Contractual All	(2,952,659)	(2,925,097)		(27,562)
390	I2a Medicaid (All Other States)	0			
391	I2b Other States Room and Board Contractual .	0			
392	I3a Medicare Residents (all inclusive)	2,992,617	2,992,617		
393	I3b Medicare Room and Board Contractual All	288,684	288,684		
394	I4a Private-Pay Residents and Other	3,605,804	3,592,924		12,880
395	I4b Private-Pay Room and Board Contractual A	(147,682)	(147,682)		
396	Other Resident Revenue				
397	II1a Prescription Drugs - Medicare	171,707	171,707		
398	II1b Prescription Drugs - Medicare Contractual	(171,588)	(171,588)		
399	II1c Prescription Drugs - Non-Medicare	32,425	32,425		
400	II1d Prescription Drugs - Non-Medicare Contra	(30,947)	(30,947)		
401	II2a Medical Supplies - Medicare	0			
402	II2b Medical Supplies - Medicare Contractual A	0			
403	II2c Medical Supplies - Non-Medicare	0			
404	II2d Medical Supplies - Non-Medicare Contract	0			
405	II3a Physical Therapy - Medicare	836,961	836,961		
406	II3b Physical Therapy - Medicare Contractual A	(794,428)	(794,428)		
407	II3c Physical Therapy - Non-Medicare	119,559	119,559		
408	II3d Physical Therapy - Non-Medicare Contract	(120,143)	(120,143)		
409	II4a Speech Therapy - Medicare	111,753	111,753		
410	II4b Speech Therapy - Medicare Contractual Al	(90,141)	(90,141)		
411	II4c Speech Therapy - Non-Medicare	22,307	22,307		
412	II4d Speech Therapy - Non-Medicare Contractu	(20,482)	(20,482)		
413	II5a Occupational Therapy - Medicare	739,596	739,596		
414	II5b Occupational Therapy - Medicare Contract	(711,109)	(711,109)		
415	II5c Occupational Therapy - Non-Medicare	106,726	106,726		
416	II5d Occupational Therapy - Non-Medicare Cor	(103,072)	(103,072)		
417	II6a Other (Specify) - Medicare	1,137	1,137	-	-
418	II6b Other (Specify) - Non-Medicare	460	460	-	-
419	III Total Resident Revenue	10,596,013	10,489,881	0	106,132
420	Other Revenue				
421	IV1 Meals sold to guests, employees & others	100,422	98,060		2,362
422	IV2 Rental of rooms to non-residents	0			
423	IV3 Telephone and Telegraph	0			
424	IV4 Rental of Televisions and Cable Services	8,403	7,785		618
425	IV5 Interest Income (Specify)	0	-	-	-
426	IV6 Private Duty Nurses' Fees	0			
427	IV7 Barber, Coffee, Beauty & Gift shops	9,635	7,683		1,952
428	IV8 Other (Specify)	12,504	12,504	-	-
429	See Attached Schedule				
430	V Total Other Revenue	130,964	126,032	0	4,932
431	30 VI Total All Revenue	10,726,977	10,615,913	0	111,064

	B	C	D	E	F	G
46	7A	Physical Therapy - Medicare Part B	989	989		
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	18,276	18,276		
50	7D	Total Physical Therapy Treatments	19,265	19,265	0	0
51	8A	Speech Therapy - Medicare Part B	161	161		
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	1,767	1,767		
55	8D	Total Speech Therapy Treatments	1,928	1,928	0	0
56	9A	Occupational Therapy - Medicare Part B	479	479		
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	16,340	16,340		
60	9D	Total Occupational Therapy Treatments	16,819	16,819	0	0
61						

Line #

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

Page 11 & 12

Section I-
Operators/Owners

Name	CCNH	RHNS	Residential Care Home	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
David J. Bordonaro, CEO, President, McLean Affiliates, Inc. (Amt Claimed on C/R)	64,875		913	388	10 A1	Standard Package	President, McLean Affiliates	McLean Fund, Foundation, Game	1,692	263,985
Carol Barno, CFO, Treasurer, McLean Affiliates, Inc (Amt Claimed on C/R)	40,509		570	388	10 A1	Standard Package	CFO, McLean Affiliates	McLean Fund, Foundation, Game	1,692	164,835

Section II-Other
Related Parties

Section III-
Administrators

Lisa Clark, Administrator, Secretary, McLean Affiliates	87,533		2,406	1,172	10 A2	Standard Package	Licensed Administrator	McLean Outpatient Allocation	908	69,689

Section IV- Assistant
Administrators

List all contracted services - not just those you consider pertain to resident care.

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Name of Individual/Company	Address	Related to Owner		Explanation of Relationship	Full Explanation of Services Provided	Total Cost/Page Ref.					
		Operators, Officers				CCNH	RHNS	Residential Care Home	Page	Line	
See attached schedule		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								

Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	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
A1 Land Improvements - Acquired prior to report period	606,690		606,690	528,885	SL	Various	16,026
A2 Land Improvements - Disposals	-						-
A3 Land Improvements - Acquired during this report period (attach schedule)	713,564		713,564		SL	Various	6,762
B1 Building Improvements - Acquired prior to this report period	11,149,560		11,149,560	7,798,502	SL	Various	377,346
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)	999,746		999,746		SL	Various	66,650
C1 Non-Movable Equipment - Acquired prior to this report period	4,720,184		4,632,057	3,003,619	SL	Various	254,396
C2 Non-Movable Equipment -Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)	465,568		465,568		SL	Various	16,353

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	Is a mileage logbook maintained?		Date of Acquisition		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
		Yes	No	Month	Year							
D1a		X		Var	Var	42,442	-	42,442	42,442	SL	Various	
D1b												
D1c												
D1d												
D2a	Movable Equipment - Acquired prior to this report period					2,345,479			1,811,944			118,733
D2b	Disposals					-						-
D2c	Movable Equipment - Acquired during this report period (attach schedule)					106,913						8,670

Please fill in the Amortization Schedule as follows:

	Organization Expense	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Month	Year						
A1									
A2									
A3									
B1	Mortgage Expense								
B2									
B3									
C1	Leasehold Improvements and Other - Acquired prior to this report period								
C2	Leasehold Improvements and Other - Disposals				-				-
C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)								-

	A	B	C	D	E
1		Line #	Description	Subtotal	Total
2		<i>Current Assets</i>			
3		A1	Cash (on hand and in banks)		8,889,380
4		A2	Resident Accounts Receivable		1,819,494
5		A3	Other Accounts Receivable		
6		A4	Inventories		
7		A5	Prepaid Expenses (itemize)		322,423
8		a	AR OTHER AUXILIARY C CARD	1,255	
9		b	PREPAID INSURANCE-LIABILITY	86,129	
10		c	PREPAID EXPENSE	150,831	
11		d	PREPAID PROPERTY TAXES	84,208	
12		A6	Interest Receivable		
13		A7	Medicare Final Settlement Receivable		
14		A8	Other Current Assets (itemize)		0
15					
16					
17					
18					
19		A9	Total Current Assets (Lines A1 thru 8)		11,031,297
20					
21		<i>Fixed Assets</i>			
22	Page 31	B1	Land		29,950
23		B2	Land Improvements		768,581
24			Historical Cost	1,320,254	
25			Accumulated Depreciation	551,673	
26		B3	Buildings		3,906,822
27			Historical Cost	12,149,306	
28			Accumulated Depreciation	8,242,484	
29		B4	Leasehold Improvements		0
30			Historical Cost		
31			Accumulated Depreciation		
32	B5	Non-Movable Equipment		1,911,195	
33		Historical Cost	5,185,753		
34		Accumulated Depreciation	3,274,558		
35	B6	Movable Equipment		513,232	
36		Historical Cost	2,452,388		
37		Accumulated Depreciation	1,939,156		
38	B7	Motor Vehicles		0	
39		Historical Cost	42,442		
40		Accumulated Depreciation	42,442		
41	B8	Minor Equipment-Not Depreciable			
42	B9	Other Fixed Assets (itemize)		11,622,165	
43		Village and Village Net Assets (Independent Living)		11,548,045	
44		Construction in Progress		74,120	
45		B10	Total Fixed Assets (Lines B1 thru 9)		18,751,945
46			Total Brought Forward		29,783,242
47		<i>Leasehold or like property recorded for Equity Purposes</i>			
48		C1	Land		
49		C2	Land Improvements		0
50			Historical Cost		
51			Accumulated Depreciation		
52		C3	Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55		C4	Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58		C5	Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61		C6	Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64		C7	Minor Equipment -Not Depreciable		
65		C8	Total Leasehold or Like Properties (C1 thru 7)		0
66					
67	Page 32	<i>Investment and Other Assets</i>			
68		D1	Deferred Deposits		
69		D2	Escrow Deposits		
70		D3	Organization Expense		0

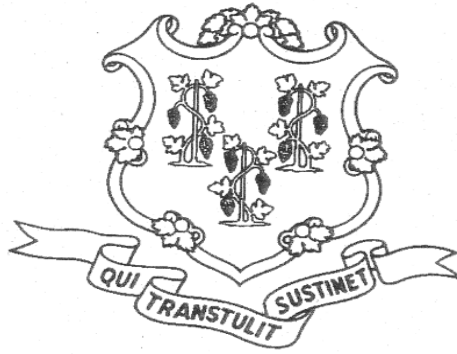
	A	B	C	D	E
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		
74		D5	Investments Related to Resident Care		8,116,040
75			PLANT REPLACEMENT TRADE REC-SCHWA	8,116,040	
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		961,936
83			Assets Whose Use is Limited	289,873	
84			CCRC DEF RD VILLAS MARKTNG EXP-1ST10	147,349	
85			INTEREST IN MCLEAN FNDTN	524,714	
86		D8	Total Investments and Other Assets (Lines D1 thru 7)		9,077,976
87		D9	Total All Assets (Lines A9 + B10 + C8 + D8)		38,861,218
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		1,104,105
91		A2	Notes Payable (itemize)		0
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>)		1,084,597
108		A5	Accrued Payroll (<i>Owners & Stockholders only</i>)		
109		A6	Accrued Payroll Taxes Payable		
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		
115		A12	Other Current Liabilities (itemize)		1,245,185
116			Deferred Revenue	513,219	
117			Deposits Held for Residents	430,622	
118			Entrance Fee Refunds Payable	7,405	
119			Accrued Expense	293,939	
120					
121					
122					
123					
124		A13	Total Current Liabilities (Lines A1 thru 12)		3,433,887
125			Total Brought Forward		3,433,887
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		
128			Name of Lender		
129			Purpose		
130			Amount		
131			Date Due		
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		
139		B3	Loans from Owners or Related Parties		0
140			Name and Address of Lender		

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Page 34

	A	B	C	D	E	
141	Page 35		Amount			
142			Loan Date			
143						
144			Name and Address of Lender			
145			Amount			
146			Loan Date			
147						
148		B4	Other Long-Term Liabilities (itemize)			9,643,252
149				Refundable Entrance Fees	6,365,062	
150				Deferred Revenue from Nonrefundable Ent Fees	3,193,789	
151				FIN47 ASSET RETIRE OBLIGAT	84,401	
152						
153	B5	Total Long-Term Liabilities (Lines B1 thru 4)			9,643,252	
154	C	Total All Liabilities (Lines A13 + B5)			13,077,139	
155						
156		<i>Reserves</i>				
157	A1	Reserve for value of leased land				
158	A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized				
159	A3	Reserve for depreciation value of leased personal property (Equity)				
160	A4	Reserve for leasehold real properties on which fair rental value is based				
161	A5	Reserve for funds set aside as donor restricted				
162	A6	Total Reserves			0	
163		<i>Net Worth</i>				
164	B1	Owner's Capital				
165	B2	Capital Stock				
166	B3	Paid-in Surplus				
167	B4	Treasury Stock				
168	B5	Cumulated Earnings			22,898,285	
169	B6	Gain or Loss for Period 10/1/2016 thru 09/30/2017			2,885,430	
170	B7	Total Net Worth			25,783,715	
171	C	Total Reserves and Net Worth			25,783,715	
172	D	Total Liabilities, Reserves, and Net Worth			38,860,854	
173						
174	A	Balance at End of Prior Period			22,898,285	
175	B	Total Revenue			27,312,550	
176	C	Total Expenditures			25,436,627	
177	D	Net Income or Deficit			1,875,923	
178	E	Balance			24,774,208	
179	F1	Additional Capital Contributed (itemize)				
180						
181						
182						
183						
184	F2	Other (itemize)				
185			Interest and Dividend Income	153,131		
186			Change in Unrealized Losses on Investment	555,535		
187			Change in Temporary Restricted Net Assets	300,841		
188						
189	F3	Total Additions			1,009,507	
190	G1	Drawings of Owners/Operators/Partners				
191			Name and Address			
192			Title			
193			Amount			
194						
195			Name and Address			
196			Title			
197			Amount			
198	G2	Other Withdrawings				
199			Purpose			
200			Amount			
201						
202			Purpose			
203			Amount			
204	G3	Total Deductions				
205	H	Balance at End of Period			25,783,715	

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) McLean Health Center	
Address (No. & Street, City, State, Zip Code) 75 Great Pond Road, Simsbury, CT 06070	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider 07-5216
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Medicaid Provider Numbers:	CCNH 884-C	RHNS	ICF-IID 1712-RCH
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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) McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for McLean Health Center [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) Lisa Clark			Printed Name (Owner) David Bordonaro, President		
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 McLean Health Center		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 75 Great Pond Road, Simsbury, CT 06070				
Report Prepared By McLean Affiliates, Inc.		Phone Number (860) 658-3759	Date	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 12,242			12,242
2. Laundry wages paid	\$ 32			32
3. Housekeeping wages paid	\$ 6,128			6,128
4. Nursing wages paid	\$			
5. All other wages paid	\$ 57,329			57,329
6. Total Wages Paid	\$ 75,731			75,731
7. Total salaries paid	\$ 7,571			7,571
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 83,302			83,302

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)658-3700		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) McLean Health Center		Address (No. & Street, City, State, Zip) 75 Great Pond Road, Simsbury, CT 06070		
License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider No. 07-5216
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"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lisa Clark		Nursing Home Administrator's License No.:	001842	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility McLean Health Center	License No. 884-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	
McLean Affiliates, Inc	75 Great Pond Road, Simsbury, CT 06070		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached List of McLean Affiliate Directo				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2017	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility McLean Health Center	License No. 884-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	%**				
McLean Fund	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Gifts to McLean Affiliates, Inc. through inc	Various		
The McLean Foundation, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Gifts to McLean Affiliates, Inc for various e	Various		
McLean Game Refuge, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		None - McLean Affiliates, Inc provides bo	Page 10, 11b		
		<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.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2017	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.				
The McLean Foundation, Inc., supports certain programs and capital acquisitions of the Health Center via donations and grants. The McLean Fund uses income from investments to fund a portion of the Operating Expenses. Any funding by these entities is at cost.				
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.				
See pre Cost Report Allocation w/s.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
McLean Health Center		884-C		9/30/2017			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Mailfinance (Formerly Neopost), 478 Weelers Farm Rd, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	05/24/11	Paid Quarterly	1,716	770	
TCF Equipment Finance 11100 Wayzata Blvd, Minnetonka, MN 55305 Suite801	<input type="radio"/>	<input checked="" type="radio"/>	Service Bus	11/15/16	Monthly	13,380	1,998	
	<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 checked="" type="radio"/> No
Total ***							2,768	

* 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 McLean Health Center	License No. 884-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 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127
---	--

Services Provided by This Firm (*describe fully*)

1 Blum - Independent Audit of 2017 Financials, Preparation of FY 2017 Medicare CR	\$ 36,619
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 36,619

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15, 1D - CCNH \$15,573, RCH \$219, Outpatient/Other not on Annual Report \$20,827.

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggin & Dana 2 Michalik, Bauer, Silvia 3 Day Pitney, LLP 4 LETIZIA, AMBROSE & FALLS P.C. 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Various Service and Advice - all costs will be adjusted on Pg 28 of the CR	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15, 1E - CCNH \$7,921, RCH \$107, Outpatient/Other not on Annual Report \$9,809 (see page 28 line 10 adjustment for \$7,919 and \$107)

Schedule of Resident Statistics

Name of Facility McLean Health Center		License No. 884-C			Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	92	89		3	92	89		3	92	89			3
B. On last day of THIS report period	92	89		3	92	89		3	92	89			3
2. Number of Residents													
A. As of midnight of PREVIOUS report period	77	75		2	77	75		2	77	75			2
B. As of midnight of THIS report period	80	78		2	88	86		2	80	78			2
3. Total Number of Days Care Provided During Period													
A. Medicare	6,156	6,156			4,548	4,548			1,608	1,608			
B. Medicaid (Conn.)	14,352	14,352			10,620	10,620			3,732	3,732			
C. Medicaid (other states)													
D. Private Pay	6,328	6,267		61	4,739	4,678		61	1,589	1,589			
E. State SSI for RCH	708			708	524			524	184				184
F. Other (Specify) HMO & Managed Medicare	1,087	1,087			753	753			334	334			
G. Total Care Days During Period (3A thru F)	28,631	27,862		769	21,184	20,599		585	7,447	7,263			184
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	119	119			82	82			37	37			
5. Total Resident Days (3G + 4A + 4B)	28,750	27,981		769	21,266	20,681		585	7,484	7,300			184

Schedule of Resident Statistics (Cont'd)

Name of Facility McLean Health Center			License No. 884-C			Report for Year Ended 9/30/2017			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	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	Residential Care Home		
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	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	16		39		23			2					
Per Diem Rate													
a. One bed rm.	495.71		248.76		486.39			124.57					
b. Two bed rms.	477.00				471.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									989	989			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									18,276	18,276			
D. Total Physical Therapy Treatments									19,265	19,265			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									161	161			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,767	1,767			
D. Total Speech Therapy Treatments									1,928	1,928			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									479	479			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									16,340	16,340			
D. Total Occupational Therapy Treatments									16,819	16,819			

Report of Expenditures - Salaries & Wages

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	105,563	1,006			1,483	14
2. Administrator(s) (Complete also Sec. III of Schedule A1)	87,533	1,141			2,406	31
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	442,687	12,388			3,682	127
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	445,448	28,096			12,242	772
6. Housekeeping Service						
a. Head Housekeeper	20,323	935			746	34
b. Other Housekeeping Workers	146,650	11,172			5,382	410
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	40,672	922			1,493	34
b. Other Maintenance Workers	50,890	1,955			1,868	72
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	22,859	1,998			32	3
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	42,230	797			593	11
b. Other Accountants	85,892	3,138			1,207	44
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	111,482	2,108				
b. RN						
1. Direct Care	1,432,968	37,444				
2. Administrative**	134,931	3,445			410	10
c. LPN						
1. Direct Care	371,345	11,083				
2. Administrative**						
d. Aides and Attendants	2,009,103	102,325			48,146	2,182
e. Physical Therapists	335,594	9,932				
f. Speech Therapists	61,515	1,071				
g. Occupational Therapists	235,720	7,145				
h. Recreation Workers	104,297	4,781			2,866	131
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	65,114	2,683				
n. Marketing						
o. Other (Specify) See Attached Schedule	42,104	2,082				
<i>A-13. Total Salary Expenditures</i>	6,394,920	247,645			82,556	3,875

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 42,104	2,082				
Total	\$ 42,104	2,082	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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	
McLean Health Center				884-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	Residential Care Home							
Section I - Operators/Owners										
David J. Bordonaro, CEO, President, McLean Affiliates, Inc. (Amt Claimed on C/R)	64,875		913	Standard Package	President, McLean Affiliates	388	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	1,692	263,985
Carol Barno, CFO, Treasurer, McLean Affiliates, Inc (Amt Claimed on C/R)	40,509		570	Standard Package	CFO, McLean Affiliates	388	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	1,692	164,835
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
McLean Health Center				884-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	Residential Care Home							
Section III - Administrators***										
Lisa Clark, Administrator, Secretary, McLean Affiliates	87,533		2,406	Standard Package	Licensed Administrator	1,172	10 A2	McLean Outpatient Allocation	908	69,689
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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	33,103	922			910	25
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	68,904	479				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	7,280	72				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
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						
B-13 Total Fees Paid in Lieu of Salaries	109,287	1,472			910	25

* 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 McLean Health Center		License No. 884-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			
Sodexho Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Dietary Consultant/Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
PAULEKAS, WAYNE M.D., 251 Wickham Road, Glastonbury, CT 06033	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
The Center for Geriatric & Psychiatric Services, 55 Nye Road, Suite 102, Glastonbury, CT 06033	Psych Services to Patients	<input type="radio"/>	<input checked="" type="radio"/>			
Sodexho Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Housekeeping Services	<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"/>			
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		<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
McLean Health Center	884-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 97,242	96,003		1,239
2. Disability Insurance	\$ 4,680	4,623		57
3. Unemployment Insurance	\$ 4,464	4,407		57
4. Social Security (F.I.C.A.)	\$ 473,262	467,230		6,032
5. Health Insurance	\$ 351,125	346,649		4,475
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,219	7,127		92
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 395,367	390,328		5,039
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 38,384	37,895		489
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 15,818	15,599		219
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 8,035	7,927		107
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 31,243	30,217		1,026
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,681	13,491		190
2. Cellular Phones	\$			
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	\$ 444,447	444,447		
Subtotal	\$ 1,884,966	1,865,944		19,022

* 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**

McLean Health Center
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
HUM RES_TRAINING/INSERVICE	\$ 1,862		\$ 24
EDUCATION_SUPPLIES	\$ 1,424		\$ 18
EDUCATION_PURCHASED SERVICES	\$ 306		\$ 4
EMP BEN_OTHER	\$ -		\$ -
EMP BEN_INMUNIZATIONS	\$ -		\$ -
EMP BEN-EMPLOYEE HEALTH/X RAYS	\$ 969		\$ 13
EMP BEN-PRE-EMPLOYMENT EXPENSES	\$ 8,659		\$ 112
EMP BEN_TOTAL BEN ADMIN EXP	\$ 5,717		\$ 74
EMP BEN_WKLY BEN:PENS,FICA,GH-ACCRU	\$ 95		\$ 1
EMP BEN_BENEFITS ERGONOMICS	\$ 691		\$ 9
EMP BEN_BENEFITS-EXTENDED ILLNESS	\$ 18,173		\$ 235
Total	\$ 37,895	\$ -	\$ 489

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
McLean Health Center	884-C	9/30/2017	16	37	
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		1,884,966	1,865,944		19,022
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	3,285	3,197		88
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	5,222	5,156		67
4. Employee Travel	\$	2,104	1,823		281
5. Education Expenses Related to Seminars and Conventions	\$	8,369	8,173		196
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	32	31		1
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	2,513	2,499		14
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	32,486	31,660		826
4. Fund-Raising***	\$				
5. Medical Records	\$	2,874	2,874		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	5,475	5,270		205
7. Postage	\$	6,936	6,840		96
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	18,926	18,063		863
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,372	1,357		15
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	45,584	44,988		596
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	165,656	163,881		1,774
C-14 Total Administrative & General Expenditures		\$ 2,185,800	2,161,756		24,044

* 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	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Various Marketing Expenses (Disallowed - See Pg 28)	\$ 31,660		\$ 826
Total Other Advertising	\$ 31,660	\$ -	\$ 826

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
AL	\$ -		\$ 31
ALTCFM	\$ 179		\$ 3
CALTC	\$ 426		\$ 6
CHA	\$ 2,892		\$ 41
Leading Age	\$ 5,463		\$ 77
Vistage WW	\$ 6,857		\$ 96
Health Center License	\$ 377		\$ 5
Homecare License	\$ -		\$ -
Notary Fee	\$ 26		\$ -
RCH License	\$ -		\$ 579
Misc Adjust (Page 28)	\$ 1,844		\$ 26
Total Dues	\$ 18,063	\$ -	\$ 863

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
NURSING_PURCHASED SERVICES	\$ 2,688		\$ -
NURSING_COMPUTER SUPPORT FEES	\$ 21,119		\$ -
NURSING_FORMS	\$ 315		\$ -
THER REC_CONSULTANTS	\$ -		\$ -
THERAPEUTIC RECREATION-COMPUTER SUPPORT FEES	\$ -		\$ -
HEALTH_RECORDS STORAGE	\$ 13,732		\$ -
DIETARY-COMPUTER SUPPORT FEES	\$ -		\$ -
ADMISSIONS-COMPUTER SUPPORTFEES	\$ 1,441		\$ -
ADMISSIONS-EQUIPMENT	\$ -		\$ -
ADMINISTRATION-COMPUTER SUPPORT FEES	\$ -		\$ -
ADMIN_LICENSE,PERMITS,REGIST	\$ 558		\$ 8
ADMIN_VEHICLE OPERATING EXPENSE	\$ 45		\$ 1
ADMIN_PROFESSIONAL FEES	\$ 805		\$ 11
ADMINISTRATION-EQUIPMENT	\$ 466		\$ 7
ADMINISTRATIVE SUPPORT SERVICES-COMPUTER SUPPORT F	\$ -		\$ -
BUS OFF_COMPUTER SUPPORT FEES	\$ 2,076		\$ 29
BUS OFF_EQUIPMENT	\$ 370		\$ 5
ACCOUNTING_COMPUTER SUPPORT FEES	\$ 8,385		\$ 118
ACCOUNTING_BANK CHARGES	\$ 6,174		\$ 87
MRKTG.SALES-COMP SUPP FEES (Disallowed)	\$ -		\$ -
MRKTG.SALES-EQUIPMENT (Disallowed)	\$ 756		\$ 11
HUM RES_CONSULTANTS	\$ 1,927		\$ 25
HUM RES_PURCHASED SERVICES	\$ 1,893		\$ 24
HUM RES_COMPUTER SUPPORT FEES	\$ -		\$ -
HUMAN RESOURCES-EQUIPMENT	\$ 759		\$ 10
TRAINING-EQUIPMENT	\$ -		\$ -
INF SYS_COMPUTER SUPPORT FEES	\$ 98,448		\$ 1,383
INFORMATION SYSTEMS-EQUIPMENT	\$ 632		\$ 9
HOUSEKEEPING-COMPUTER SUPPORT FEES	\$ -		\$ -
ACRETION_EXPENSE MCLEAN	\$ 1,292		\$ 47
Total Other Administrative and General	\$ 163,881	\$ -	\$ 1,774

Schedule C-1 - Management Services*

Name of Facility McLean Health Center	License No. 884-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 #
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	92,373	Inpatient Dietary Mgmt	Pg 18, 2c
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	40,834	Housekeeping Services	Pg 20, 4c

*** 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 McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2017		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	287,900	280,199			7,701
2. Non-Food Supplies	\$	45,009	43,805			1,204
3. Other (<i>Specify</i>) _____ Non Controllable Dietary Related	\$	48,950	47,640			1,309
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
	\$	92,373	89,902			2,471
d. Other (<i>Specify</i>) _____ Dietary Controllables (Sodexo) DIETARY_LAUNDRY/LINEN & UNIFORMS						
	\$	13,650	13,285			365
2E. Total Dietary Expenditures (2a + b + c + d)		\$	487,881	474,831		13,050
2F. Dietary Questionnaire						
G. Resident Meals:		Total no. of meals served per day:*		236	230	6
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$100,422						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$100,422						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Pg 30, Line IV 1						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input 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) N/A						

* 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 McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2017		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.	6,707	6,698		9
		Amt. \$	6,253	6,244		9
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	52,308	50,909		1,399
c. Management Services**		\$				
d. Other (<i>Specify</i>) Laundry Supplies		\$	7,463	7,273		190
3E. Total Laundry Expenditures (3a + b + c + d)		\$	66,024	64,426		1,598
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)			N/A	
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)			N/A	

* 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
McLean Health Center		884-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced	39,457	38,060		1,397
	a. In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	37,028	35,717		1,311
	b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
	(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
		Amt. \$				
	c. Management Services*	\$	40,834	39,388		1,446
	d. Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	77,862	75,106		2,756
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	206,264	206,264		
	b. Medicine Cabinet Drugs	\$	41,459	41,459		
	c. Medical and Therapeutic Supplies	\$	226,219	226,219		
	d. Ambulance/Limousine****	\$	4,592	4,592		
	e. Oxygen					
	1. For Emergency Use	\$	11,976	11,976		
	2. Other****	\$	10,728	10,728		
	f. X-rays and Related Radiological Procedures****	\$	44,062	44,062		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory****	\$	48,421	48,421		
	i. Recreation	\$	10,086	9,582		504
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$	18,230	18,230		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	622,035	621,531		504

* 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 McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2017			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	Residential Care Home	Pg	Line
See attached schedule		<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"/>							
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		<input type="radio"/>	<input 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
McLean Health Center	884-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 147,068	142,299			4,769	
b. Heat	\$ 31,438	30,326			1,113	
c. Light & Power	\$ 182,561	176,098			6,463	
d. Water	\$ 7,283	7,025			258	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 795	784			11	
f. Other (<i>itemize</i>)	\$ 40,871	39,424			1,447	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 410,016	395,956			14,061	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 9,144	8,742			402	
b. Building & Building Improvements	\$ 97,237	93,809			3,428	
c. Non-Movable Equipment	\$ 132,162	129,253			2,909	
d. Movable Equipment	\$ 62,225	60,911			1,314	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 300,768	292,715			8,053	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 47	46			1	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 300,815	292,761			8,054	

* 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	Residential Care Home
PLANT_UTILITIES-REFUSE REMOVAL	\$ 10,227		\$ 375
PLANT_UTILITIES-CABLE TV	\$ 17,184		\$ 631
PLANT_UTILITIES SEWER	\$ 12,013		\$ 441
Total Other Repairs and Maintenance	\$ 39,424	\$ -	\$ 1,447

Depreciation Schedule

Name of Facility McLean Health Center			License No. 884-C			Report for Year Ended 9/30/2017			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			606,690		606,690	528,885	SL	Various	16,026				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			713,564		713,564		SL	Various	6,762				
A-4. Subtotal										22,788			
B. Building and Building Improvements													
1. Acquired prior to this report period			11,149,560		11,149,560	7,798,502	SL	Various	377,346				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			999,746		999,746		SL	Various	66,650				
B-4. Subtotal										443,996			
C. Non-Movable Equipment													
1. Acquired prior to this report period			4,720,184		4,632,057	3,003,619	SL	Various	254,396				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			465,568		465,568		SL	Various	16,353				
C-4. Subtotal										270,749			
		Is a mileage logbook maintained?		Date of Acquisition		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
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.			X	Var	Var	42,442		42,442	42,442	SL	Various		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						2,345,479			1,811,944			118,733	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						106,913						8,670	
D-3. Subtotal													127,403
E. Total Depreciation													864,936

McLean Health Center
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/31/2017	Design Consultant Plans for Parking Renovation Project	\$ 33,808	5	\$ 6,762
9/30/2017	Paving for Parking Renovation Project	\$ 630,097	8	
8/18/2017	Landscaping for Parking Renovation Project	\$ 47,645	10	
8/18/2017	Tree Removal & Sprinkler System Installation for Parking Renovation Project	\$ 614	20	
9/30/2017	Landscaping Consultant Plans for Parking Renovation Project	\$ 1,400	5	
Total additions for Land Improvement		\$ 713,564		\$ 6,762 *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/31/2017	Wing Renovation Construction	\$ 999,746	15	\$ 66,650
Total additions for Building Improvement		\$ 999,746		\$ 66,650 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/9/2016	Roam Alert Wander System Upgrade	\$ 20,359	5	\$ 4,072
1/3/2017	Water Softening System	\$ 2,526	10	\$ 253
1/20/2017	Timecode reader	\$ 3,422	5	\$ 684
2/1/2017	Loading dock hydraulic system	\$ 2,758	10	\$ 276
2/13/2017	Computer Wireless Network	\$ 2,492	5	\$ 498
2/14/2017	Humidifier replacement in Dining	\$ 5,300	10	\$ 530
3/6/2017	Humidifier replacement in Nursing	\$ 6,290	10	\$ 629
3/15/2017	Circulating Pump	\$ 6,400	10	\$ 640
3/24/2017	Carpet replacement	\$ 14,000	5	\$ 2,800
3/24/2017	Flooring replacement	\$ 3,011	10	\$ 301
3/28/2017	Paint	\$ 2,625	5	\$ 525
3/30/2017	Timecode reader	\$ 2,613	5	\$ 523
3/31/2017	Data Cables & Electrical Unit 4	\$ 2,587	10	\$ 259
3/31/2017	Drop in Bar Sink	\$ 696	15	\$ 46
3/31/2017	Roam Alert Detection System	\$ 1,120	15	\$ 75
3/31/2017	Roam Alert Detection System	\$ 9,049	15	\$ 603

3/31/2017	Room Signs	\$ 4,589	15	\$ 306
3/31/2017	Supply Register - No indication CCH	\$ 964	15	\$ 64
3/31/2017	Unit 4 Communication System	\$ 47,986	20	\$ 2,399
3/31/2017	Unit 4 Lighting	\$ 143	10	\$ 14
3/31/2017	Unit 4 Lighting Nurses Station	\$ 4,021	10	\$ 402
3/31/2017	Unit 4 Room and Bath Signs	\$ 716	10	\$ 72
3/31/2017	Unit 4 Room Chest & Drawers	\$ 3,378	10	\$ 338
3/31/2017	Unit 4 Room Lighting	\$ 437	10	\$ 44
4/6/2017	Air dryer	\$ 5,100	10	
4/6/2017	Drain repair	\$ 1,915	10	
4/6/2017	Paint	\$ 2,138	5	
4/13/2017	Pool deck and locker room floor maintenance	\$ 2,910	5	
4/17/2017	Chair upholstery	\$ 5,205	5	
4/25/2017	Paint	\$ 1,350	5	
4/28/2017	Flooring replacement	\$ 374	10	
5/10/2017	Flooring	\$ 2,398	10	
5/10/2017	Hot Water Boiler System	\$ 140,500	10	
5/10/2017	Pool deck and locker room floor maintenance	\$ 2,910	5	
5/16/2017	Mixing valve	\$ 986	5	
5/24/2017	Hot Water Boiler System	\$ 853	10	
5/24/2017	Hot Water Boiler System	\$ 2,300	10	
5/30/2017	Hot Water Boiler System	\$ 29,780	10	
6/12/2017	Flooring	\$ 13,919	10	
6/13/2017	Ice and water Dispenser	\$ 4,660	5	
6/15/2017	Reclass standard refrigerator to movable equipment per Myers & Stauffer	\$ (1,900)	10	
7/3/2017	Repair pipe for sprinkler system	\$ 1,044	20	
7/3/2017	Sewer Pipe Excavation and repair	\$ 17,858	20	
7/14/2017	Paint- pool maint. Project	\$ 152	5	
7/18/2017	Paint- pool maint. Project	\$ 235	5	
7/18/2017	Paint- pool maint. Project	\$ 189	5	
7/25/2017	Paint- pool maint. Project	\$ 83	5	
7/25/2017	Paint- pool maint. Project	\$ 48	5	
7/27/2017	Paint- pool maint. Project	\$ 96	5	
8/2/2017	Ice machine repair	\$ 50	10	
8/4/2017	Paint	\$ 147	5	
8/4/2017	Powerwashing - pool maint. Project	\$ 700	5	
8/8/2017	Labor- pool maint. Project	\$ 5,206	5	
8/11/2017	Paint- pool maint. Project	\$ 135	5	
8/11/2017	Paint- pool maint. Project	\$ 378	5	
8/11/2017	Paint- pool maint. Project	\$ 521	5	
8/17/2017	Telephone System Circuit Board	\$ 3,545	10	
8/21/2017	Paint- pool maint. Project	\$ 1,955	5	
9/11/2017	Paint- pool maint. Project	\$ 10,495	5	
9/11/2017	Repair pool heater	\$ 11,511	8	
9/14/2017	Freezer rental during pass-through refrigerator install	\$ 550	10	
9/22/2017	Pass-through Refrigerator install	\$ 15,341	10	
9/22/2017	Steel shelving	\$ 1,442	20	
9/30/2017	Call system	\$ 3,125	5	
9/30/2017	Electric for new Pass-through Refrigerator	\$ 1,306	10	
9/30/2017	Pass-through fridge install	\$ 10,346	10	
9/30/2017	Pass-through fridge install	\$ 16,231	10	
Total additions for Non-Movable Equipmer		\$ 465,568		\$ 16,353 *
Deletions:				
Total deletions for Non-Movable Equipmen		\$ -		\$ - **

*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:				
11/15/2016	IT Disaster Recovery Plan	\$ 1,485	5	\$ 297
11/15/2016	Wireless Switches / Upgrade	\$ 6,949	5	\$ 1,390
12/5/2016	Foundation Legacy Tree Add on	\$ 836	10	\$ 84
1/13/2017	Carpet Cleaning Machine	\$ 13,097	8	\$ 1,637
1/18/2017	Bodi Trak Clinical	\$ 5,645	10	\$ 565
3/6/2017	Patient lifting scale	\$ 6,454	10	\$ 645
3/23/2017	Computer software	\$ 7,199	2	\$ 3,600
3/31/2017	Appliance- Electric Dryer (part of Wing Renovation)	\$ 820	15	\$ 55
3/31/2017	Appliance- Medical Refrigerator(part of Wing Renovation)	\$ 1,030	15	\$ 69
3/31/2017	Furniture Storage Monthly Charge during Wing Renovation	\$ 1,685	15	\$ 112
3/31/2017	Install window fixtures throughout Wing	\$ 3,253	15	\$ 217
4/6/2017	Wheelchairs	\$ 2,847	5	
4/10/2017	IT Disaster Recovery Plan	\$ 617	5	
5/10/2017	Slings	\$ 2,557	5	
6/12/2017	Patient lifting scale	\$ 6,540	10	
6/15/2017	Reclass standard refrigerator to movable equipment per Myers & Stauffer	\$ 1,900	10	
7/19/2017	10 Wheelchairs	\$ 2,190	10	
7/19/2017	Computer operating system update	\$ 6,963	2	
7/19/2017	Patient lift	\$ 3,487	10	
8/17/2017	SNF Bed	\$ 7,771	10	
8/22/2017	IT Disaster Recovery Plan	\$ 1,485	5	
8/28/2017	Wheelchairs	\$ 1,314	5	
9/19/2017	Wheelchairs	\$ 314	10	
9/22/2017	Patient lifting scale	\$ 6,540	10	
9/30/2017	Commercial Kitchen counters	\$ 9,985	20	
9/30/2017	Server Farm	\$ 3,658	5	
9/30/2017	Wheelchairs	\$ 291	10	
Total additions for Movable Equipmen		\$ 106,913		\$ 8,670 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility McLean Health Center			License No. 884-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 Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2017	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		Unknown, Prior to 1930		
2. Date Structure Completed		1971, Additions '74,'89 & '01		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		92		
6. Square Footage		141,249		
7. Acquisition Cost				
a. Land		29,950		
b. Building		1,460,189		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
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
McLean Health Center		884-C	9/30/2017			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
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
McLean Health Center		884-C		9/30/2017			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
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)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$				
14. Insurance								
a. Insurance on Property (buildings only)				\$ 29,553	29,144		409	
b. Insurance on Automobiles				\$ 1,797	1,772		25	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify) Prof & Gen Liability				\$ 24,770	24,427		343	
14d. Total Insurance Expenditures (14a + b + c)				\$ 56,120	55,343		777	
15. Total All Expenditures (A-13 thru C-14)				\$ 10,794,228	10,645,918		148,310	

D. Adjustments to Statement of Expenditures

Name of Facility McLean Health Center				License No. 884-C	Report for Year Ended 9/30/2017	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 235,720	235,720		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 7,280	7,280		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,870	1,844		26
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1E	Accounting & Legal	\$ 8,034	7,927		107
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.		16 L6 & 27 14a	Automobile Expense (e.g. personal use)	\$ 1,826	1,800		26
18.	16	M3	Unallowable Advertising *	\$ 33,252	32,416		836
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 5,475	5,270		205
23.			Other - See attached Schedule	\$ 16,904	16,675		229
Page 18 - Dietary Expenditures							
24.		30 IV	Meals to employees, guests and others who are not residents	\$ 57,039	55,471		1,568
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)				\$ 367,400	364,403		2,997

* 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	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M 8	Dues & Fees	\$ 1,844		\$ 26
Total Other Fees Adjustments			\$ 1,844	\$ -	\$ 26

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M 13	ACCOUNTING_BANK CHARGES	\$ 6,164		\$ 87
16	L 3	HUM RES_PERS RECOG	\$ 5,153		\$ 67
16	L 5	ADMIN_MEETINGS	\$ 5,358		\$ 75
Total Other A&G Adjustments			\$ 16,675	\$ -	\$ 229

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

Name of Facility				License No.	Report for Year Ended	Page	of
McLean Health Center				884-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 367,400	364,403		2,997
Page 20 - Resident Care Supplies***							
27.	20	5 a2	Prescription Drugs	\$ 206,264	206,264		
28.	20	5 d	Ambulance/Limousine	\$ 4,592	4,592		
29.	20	5 f	X-rays, etc	\$ 44,062	44,062		
30.	20	5 h	Laboratory	\$ 48,421	48,421		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 10,728	10,728		
33.			Occupational Therapy	\$			
34.	20	5j	Other - See Attached Schedule	\$ 6,549	6,549		
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	\$ 6,411	6,184		227
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	30	IV 4	Radio and Television Revenue	\$ 8,403	7,785		618
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	\$ 2,690	2,654		36
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)				\$ 705,519	701,641		3,878

*** 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.

McLean Health Center
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	REHAB_SUPPLIES-DISALLOW	\$ 606		
20	5j	REHAB_PURCHASED SERVICES ST-DISALLOW	\$ 1,045		
20	5j	REHABILITATION INPATIENT-EQUIPMENT-DISALLOW	\$ 4,568		
20	5j	NRSNG SUPPLIES MCR	\$ 329		
Total Other Ancillary Costs			\$ 6,549	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7C	To adjust 25 yr deprec taken on sprinkler written off as 5 yrs	\$ 6,184		\$ 227
		Note: The final year for this adjustment will be 09/30/2030			
Total Other Property Adjustments			\$ 6,184	\$ -	\$ 227

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	11	Bookkeeping McLean Game Refuge	\$ 2,654		\$ 36
Total Other Adjustments			\$ 2,654	\$ -	\$ 36

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2017			Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 6,708,529	6,587,715		120,814		
b. Medicaid Room and Board Contractual Allowance **	\$ (2,952,659)	(2,925,097)		(27,562)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 2,992,617	2,992,617				
b. Medicare Room and Board Contractual Allowance **	\$ 288,684	288,684				
4. a. Private-Pay Residents and Other	\$ 3,605,804	3,592,924		12,880		
b. Private-Pay Room and Board Contractual Allowance **	\$ (147,682)	(147,682)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 171,707	171,707				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (171,588)	(171,588)				
c. Prescription Drugs - Non-Medicare	\$ 32,425	32,425				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (30,947)	(30,947)				
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	\$ 836,961	836,961				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (794,428)	(794,428)				
c. Physical Therapy - Non-Medicare	\$ 119,559	119,559				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (120,143)	(120,143)				
4. a. Speech Therapy - Medicare	\$ 111,753	111,753				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (90,141)	(90,141)				
c. Speech Therapy - Non-Medicare	\$ 22,307	22,307				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (20,482)	(20,482)				
5. a. Occupational Therapy - Medicare	\$ 739,596	739,596				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (711,109)	(711,109)				
c. Occupational Therapy - Non-Medicare	\$ 106,726	106,726				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (103,072)	(103,072)				
6. a. Other (Specify) - Medicare	\$ 1,137	1,137				
b. Other (Specify) - Non-Medicare	\$ 460	460				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,596,013	10,489,881		106,132		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 100,422	98,060		2,362		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 8,403	7,785		618		
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 9,635	7,683		1,952		
8. Other (Specify)	\$ 12,504	12,504				
V. Total Other Revenue (1 thru 8)	\$ 130,964	126,032		4,932		
VI. Total All Revenue (III +V)	\$ 10,726,977	10,615,913		111,064		

* 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	Residential Care Home
	Xray Medicare	\$ 35,697		
	Lab Medicare	\$ 36,874		
	Oxygen Medicare	\$ 4,759		
	Xray Medicare - Allowance	\$ (35,697)		
	Lab Medicare - Allowance	\$ (36,589)		
	Oxygen Medicare - Allowance	\$ (4,759)		
	Pharmacy Flu Vaccine - Medicare	\$ 852		
Total Other Resident Revenue - Medicare		\$ 1,137	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Xray Non-Medicare	\$ 5,929		
	Lab Non-Medicare	\$ 6,874		
	Oxygen Non-Medicare	\$ 906		
	Xray Non-Medicare - Allowance	\$ (5,928)		
	Lab Non-Medicare - Allowance	\$ (6,925)		
	Oxygen Non-Medicare - Allowance	\$ (396)		
Total Other Resident Revenue		\$ 460	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	H&W_RENT OFFICES/MTG ROOMS	\$ 6,504		
	BOOKKEEPING-REFUGE (Disallowed)	\$ 6,000		
Total Other Revenue		\$ 12,504	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	8,889,380
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,819,494
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	322,423
a. AR OTHER AUXILIARY C CARD	1,255			
b. PREPAID INSURANCE-LIABILITY	86,129			
c. PREPAID EXPENSE	150,831			
d. PREPAID PROPERTY TAXES	84,208			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	11,031,297
B. Fixed Assets				
1. Land			\$	29,950
2. Land Improvements	*Historical Cost	1,320,254	\$	768,581
	Accum. Depreciation	551,673		Net
3. Buildings	*Historical Cost	12,149,306	\$	3,906,822
	Accum. Depreciation	8,242,484		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	5,185,753	\$	1,911,195
	Accum. Depreciation	3,274,558		Net
6. Movable Equipment	*Historical Cost	2,452,388	\$	513,232
	Accum. Depreciation	1,939,156		Net
7. Motor Vehicles	*Historical Cost	42,442	\$	
	Accum. Depreciation	42,442		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	11,622,165
Village and Village Net Assets (Independent Living)	11,548,045			
Construction in Progress	74,120			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	18,751,945

* 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
McLean Health Center	884-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	29,783,242
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>)			\$	8,116,040
PLANT REPLACEMENT TRADE REC-SCHW				8,116,040
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	961,936
Assets Whose Use is Limited				
CCRC DEFRD VILLAS MARKTNG EXP-1ST]				289,873
INTEREST IN MCLEAN FNDTN				147,349
				524,714
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	9,077,976
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	38,861,218

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,104,105
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	1,084,597
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>)				\$	1,245,185
Deferred Revenue		513,219			
Deposits Held for Residents		430,622			
Entrance Fee Refunds Payable		7,405			
Accrued Expense		293,939			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,433,887

* 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 McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,433,887	
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>)				\$ 9,643,252	
Refundable Entrance Fees		6,365,062			
Deferred Revenue from Nonrefundable Ent Fees		3,193,789			
FIN47 ASSET RETIRE OBLIGAT		84,401			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,643,252	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 13,077,139	

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

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	22,898,285
6. Gain or Loss for Period			\$	2,885,430
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	25,783,715
C. Total Reserves and Net Worth			\$	25,783,715
D. Total Liabilities, Reserves, and Net Worth			\$	38,860,854

H. Changes in Total Net Worth

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	22,898,285
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	27,312,550
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	25,436,627
D. Net Income or Deficit			\$	1,875,923
E. Balance			\$	24,774,208
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
Interest and Dividend Income	153,131			
Change in Unrealized Losses on Investment	555,535			
Change in Temporary Restricted Net Assets	300,841			
F-3. Total Additions			\$	1,009,507
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			\$	25,783,715

I. Preparer's/Reviewer's Certification

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2017	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"/> Residential Care Home		
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		Title		Date Signed
Printed Name of Preparer				
Carol Barno				
Address			Phone Number	
75 Great Pond Road, Simsbury, CT 06070			(860) 658-3759	

Error Check

Level	Item	Reported as		
CCH	Page 10 - Administrator Compensation	87,533	is inconsistent with page 12 of 87,533	
Other	Page 10 - Administrator Compensation	2,406	is inconsistent with page 12 of 2,406	
	Page 10 - Administrator Hours	1,172	is inconsistent with page 12 of 1,172	
	Page 22 - Land Improvement Depreciation	9,144	is inconsistent with Page 23 22,788	
	Page 22 - Building Depreciation	97,237	is inconsistent with Page 23 443,996	
	Page 22 - Non-Movable Depreciation	132,162	is inconsistent with Page 23 270,749	
	Page 22 - Movable Depreciation	62,225	is inconsistent with Page 23 127,403	
	Page 23 - Historical Cost of Land Improvements	1,320,254	is inconsistent with Page 31 1,320,254	
	Page 23 - Historical Cost of Non-Movable Eq.	5,185,752	is inconsistent with Page 31 5,185,753	
	Page 23 - Historical Cost of Movable Eq.	2,452,392	is inconsistent with Page 31 2,452,388	
	Page 23 - Accumulated Dep. of Building Improver	8,242,498	is inconsistent with Page 31 8,242,484	
	Page 23 - Accumulated Dep. of Non-Movable Eq.	3,274,368	is inconsistent with Page 31 3,274,558	
	Page 23 - Accumulated Dep. of Movable Eq.	1,939,347	is inconsistent with Page 31 1,939,156	
	-	Page 35 - Total Liabilities, Reserves and Net Wort	38,860,854	Total Assets 38,861,218
		Page 23 - Movable Additions	106,913	is Inconsistent with schedule 106,913