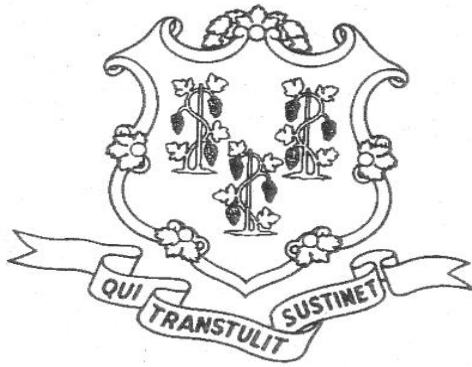


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Whitney Center, Inc.	
Address (No. & Street, City, State, Zip Code) 200 Leeder Hill Dr., Hamden, CT 06517	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 985-C	RHNS	(Specify)	Medicare Provider 209852
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Medicaid Provider Numbers:	CCNH 1238356	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Whitney Center, Inc.	License No. 985-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 Whitney Center, Inc. [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) Margaret C. Joyce			Printed Name (Owner) Michael Rambarose		
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 Whitney Center, Inc.		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 200 Leeder Hill Dr., Hamden, CT 06517				
Report Prepared By Anne Matist		Phone Number (230)848-2661	Date 2/19/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 533,469	533,469		
2. Laundry wages paid	\$ 22,129	22,129		
3. Housekeeping wages paid	\$ 147,441	147,441		
4. Nursing wages paid	\$ 1,118,251	1,118,251		
5. All other wages paid	\$ 1,131,990	1,131,990		
6. Total Wages Paid	\$ 2,953,280	2,953,280		
7. Total salaries paid	\$ 853,444	853,444		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 3,806,724	3,806,724		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203)848-2661		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Whitney Center, Inc.		Address (No. & Street, City, State, Zip) 200 Leeder Hill Dr., Hamden, CT 06517		
License Numbers:	CCNH 985-C	RHNS	(Specify)	Medicare Provider No. 209852
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened N/A	Date Closed N/A	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Margaret C. Joyce		Nursing Home Administrator's License No.:	000980	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Whitney Center, Inc.	License No. 985-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	%**				
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Whitney Center, Inc.			985-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						
Honda Financial Services PO Box 7003, Holyoke, MA 01041	<input type="radio"/>	<input checked="" type="radio"/>	2015 Honda Odyssey	10/16/15	36 Months	5,638	335	
TCF Equipment Finance 11100 Wayzata Blvd., Suite 801, Minneapolis, MN 55305	<input type="radio"/>	<input checked="" type="radio"/>	2014 Goshen Coach Bus	03/17/14	60 Months	10,164	604	
TCF Equipment Finance 11100 Wayzata Blvd., Suite 801, Minneapolis, MN 55305	<input type="radio"/>	<input checked="" type="radio"/>	2015 Goshen Coach Bus	05/27/14	60 Months	10,764	639	
US Bank Equipment Finance PO Box 790448, St. Louis, MS 63179	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	11/29/17	60 months	78,005	15,234	
	<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 checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							16,812	

* 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 Whitney Center, Inc.	License No. 985-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 Marcum, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Warf Dr., 12th Floor, New Haven, CT
---	---

Services Provided by This Firm (*describe fully*)

1 annual audit of corporation and retirement plan, preparation of Form 990, and general consulting services	\$ 81,822
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 81,822

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15 1d Accounting and Auditing Expense

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggin & Dana, LLP 2 Robinson & Cole, LLP 3 Stedronsky & Meter 4 5	Telephone Number (203)498-4400 (860)275-8200
--	--

Address (<i>No. & Street, City, State, Zip Code</i>) 1 PO Box 1832, New Haven, CT 06508 2 280 Trumbull St., Hartford, CT 06103 3 62 West St., Litchfield, CT 06759 4 5

Services Provided by This Firm (*describe fully*)

1 General Counsel	\$ 26,563
2 Termed employee dispute resolution	\$ 3,472
3 Property tax appeal	\$ 82,148
4	\$
5	\$
	Charge for Services Provided
	\$ 112,183

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15 1e Legal Expenses

Schedule of Resident Statistics

Name of Facility Whitney Center, Inc.			License No. 985-C			Report for Year Ended 9/30/2017				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	59	59			59	59			59	59		
B. On last day of THIS report period	59	59			59	59			59	59		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	53	53			53	53			43	43		
B. As of midnight of THIS report period	48	48			43	43			48	48		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,089	2,089			1,552	1,552			537	537		
B. Medicaid (Conn.)	3,391	3,391			2,592	2,592			799	799		
C. Medicaid (other states)												
D. Private Pay	12,081	12,081			9,223	9,223			2,858	2,858		
E. State SSI for RCH												
F. Other (Specify) Managed Care	323	323			278	278			45	45		
G. Total Care Days During Period (3A thru F)	17,884	17,884			13,645	13,645			4,239	4,239		
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												
5. Total Resident Days (3G + 4A + 4B)	17,884	17,884			13,645	13,645			4,239	4,239		

Schedule of Resident Statistics (Cont'd)

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	11		29				
Per Diem Rate								
a. One bed rm.	432.00	235.74		470.00				
b. Two bed rms.	432.00	235.74		432.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	12,840	12,840		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	5,881	5,881		
2. Restorative Treatments				
C. Other	1,345	1,345		
D. Total Physical Therapy Treatments	20,066	20,066		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	281	281		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	236	236		
2. Restorative Treatments				
C. Other	57	57		
D. Total Speech Therapy Treatments	574	574		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	5,549	5,549		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	5,658	5,658		
2. Restorative Treatments				
C. Other	1,137	1,137		
D. Total Occupational Therapy Treatments	12,344	12,344		

Report of Expenditures - Salaries & Wages

Name of Facility Whitney Center, Inc.	License No. 985-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	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	55,348	407				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	128,253	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	277,406	11,865				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	184,251	8,178				
c. Dietary Workers	586,006	42,612				
6. Housekeeping Service						
a. Head Housekeeper	22,638	604				
b. Other Housekeeping Workers	124,802	8,564				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	1,666	40				
b. Other Maintenance Workers	24,213	917				
8. Laundry Service						
a. Supervisor	6,276	168				
b. Other Laundry Workers	15,853	1,306				
9. Barber and Beautician Services	15,775	760				
10. Protective Services	12,096	737				
11. Accounting Services						
a. Head Accountant	32,508	407				
b. Other Accountants	34,620	1,150				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	189,108	4,035				
b. RN						
1. Direct Care	647,628	19,488				
2. Administrative**	311,697	7,743				
c. LPN						
1. Direct Care	158,926	6,444				
2. Administrative**						
d. Aides and Attendants	713,525	45,498				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	66,928	2,633				
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	65,777	2,086				
n. Marketing	66,327	1,630				
o. Other (Specify) See Attached Schedule	65,098	2,051				
<i>A-13. Total Salary Expenditures</i>	3,806,725	171,410				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Bus Driver	\$ 6,761	400				
Spiritual Care Coordinator	\$ 17,809	521				
Resident Liason	\$ 22,654	606				
Director of Resident Relations	\$ 11,003	265				
Asst. Director of Resident Relations	\$ 6,871	259				
Total	\$ 65,098	2,051	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	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
Whitney Center, Inc.				985-C		9/30/2017			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Michael Rambarose	55,348			10,416	CEO	407	A1	Whitney Center Independent Living Portion	1,678	227,988
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
Whitney Center, Inc.				985-C	9/30/2017				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Margaret Joyce	128,253			22,494	SNF Administrator	2,086				
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		
Whitney Center, Inc.	985-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	17,763					
2. Dentist						
3. Pharmacist	3,339					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	431,377					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	72,943					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	14,353					
b. Other						
10. Occupational Therapist						
a. Resident Care	251,487					
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	13,772					
2. Administrative***						
b. LPN						
1. Direct Care	66,025					
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	871,058					

* 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 Whitney Center, Inc.		License No. 985-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		
Varsha Trehan, R.D., 15 S. Branford Rd., Wallingford, CT 06492	Registered Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Trinity Rehabilitation, 72640 Fairpoint New Athens Rd., St. Clairsville, OH 43950	Physical, speech, and occupational therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group, 847 Howard Ave., New Haven, CT 06519	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, 405 Park Ave., New York, NY 10022	Contract Nurses	<input type="radio"/>	<input checked="" type="radio"/>		
Key Personnel, PO Box 404, North Haven, CT 06473	Contract Nurses	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare, Inc., PO Box 78000, Detroit, MI 48278	Pharmacy services	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse, PO Box 301076, Dallas, TX 75303	Contract Nurses	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Whitney Center, Inc.	985-C	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 66,819	66,819			
2. Disability Insurance	\$ 19,528	19,528			
3. Unemployment Insurance	\$ 25,675	25,675			
4. Social Security (F.I.C.A.)	\$ 306,720	306,720			
5. Health Insurance	\$ 299,355	299,355			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,231	7,231			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 102,881	102,881			
8. Uniform Allowance	\$ 7,193	7,193			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 105,512	105,512			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 15,980	15,980			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 6,718	6,718			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 13,268	13,268			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 6,824	6,824			
2. Cellular Phones	\$ 3,493	3,493			
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	\$				
Subtotal	\$ 987,197	987,197			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center, Inc.	985-C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	987,197	987,197		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 10,636	10,636		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 7,371	7,371		
5. Education Expenses Related to Seminars and Conventions	\$ 6,466	6,466		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>)	\$			
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$			
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 868	868		
7. Postage	\$ 1,225	1,225		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 5,421	5,421		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 342	342		
9. Subscriptions	\$ 2,434	2,434		
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>)	\$ 81,024	81,024		
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>)	\$ 10,934	10,934		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 1,113,919	1,113,919		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Vitalize 360	\$ 146		
Leading Age	\$ 2,566		
Caremerge	\$ 2,344		
CARF	\$ 215		
Misc Prof. Organizations	\$ 149		
Total Dues	\$ 5,421	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
License and Fees	\$ 6,858		
Bank charges	\$ 4,076		
Total Other Administrative and General	\$ 10,934	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2017	Page 17 of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2017	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 537,329	537,329		
2. Non-Food Supplies	\$ 66,267	66,267		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 603,596	603,596		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	3	3		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Whitney Center, Inc.		License No. 985-C	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.	216,346	216,346		
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	15,864	15,864		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	19,243	19,243		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	35,108	35,108		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility Whitney Center, Inc.		License No. 985-C	Report for Year Ended 9/30/2017		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced	31,334	31,334		
a.	In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	34,577	34,577		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced	31,334	31,334		
		by Personnel				
		Amt. \$	34,577	34,577		
	c. Management Services*	\$				
	d. Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	69,154	69,154		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	92,405	92,405		
	b. Medicine Cabinet Drugs	\$	3,036	3,036		
	c. Medical and Therapeutic Supplies	\$	113,811	113,811		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$	13,929	13,929		
	2. Other***	\$	3,037	3,037		
	f. X-rays and Related Radiological Procedures***	\$	3,347	3,347		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	3,089	3,089		
	i. Recreation	\$	17,107	17,107		
	j. Other (Specify)**** See Attached Schedule	\$				
5K.	Total Resident Care Expenditures (5a - 5j)	\$	249,762	249,762		

* 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 Whitney Center, Inc.			License No. 985-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	(Specify)	Pg	Line
Accelerated Care Plus Leasing		<input type="radio"/>	<input checked="" type="radio"/>		Therapy Equipment Rental	16,263			16	1m11
Commercial Kitchens		<input type="radio"/>	<input checked="" type="radio"/>		Kitchen Equipment Maintenance and Repair	7,663			16	1m11
Elite Construction Rentals		<input type="radio"/>	<input checked="" type="radio"/>		Equipment Rental	648			16	1m11
Pitch Pines Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Services	2,958			16	1m11
Care of Trees		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping Services	850			16	1m11
Thyssenkrupp Elevator Corp;		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service and Repair	5,446			16	1m11
Schindler Elevator Corp.		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service and Repair	871			16	1m11
Red Hawk Fire and Security		<input type="radio"/>	<input checked="" type="radio"/>		Fire Monitoring Services	891			16	1m11
Blue Wave Pool Service		<input type="radio"/>	<input checked="" type="radio"/>		Pool Maintenance	585			16	1m11
Daikin Applied		<input type="radio"/>	<input checked="" type="radio"/>		Building Service and Maintenance	1,476			16	1m11
Trane		<input type="radio"/>	<input checked="" type="radio"/>		HVAC Service and Maintenance	2,870			16	1m11
#REF!	#REF!	<input type="radio"/>	<input type="radio"/>	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	####
#REF!	#REF!	<input type="radio"/>	<input type="radio"/>	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	####
#REF!	#REF!	<input type="radio"/>	<input checked="" type="radio"/>	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	####

* 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 Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2017			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 50,489	50,489				
b. Heat	\$ 11,752	11,752				
c. Light & Power	\$ 40,421	40,421				
d. Water	\$ 11,255	11,255				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 113,917	113,917				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,985	1,985				
b. Building & Building Improvements	\$ 238,865	238,865				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 58,391	58,391				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 299,240	299,240				
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	\$ 365,926	365,926				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 18,698	18,698				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 683,864	683,864				

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

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility Whitney Center, Inc.		License No. 985-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		238,658		238,658	166,328	SL	Various	7,688				
2. Disposals (attach schedule)		2,353		2,353		SL	Various	2,353				
3. Acquired during this report period (attach schedule)		1,831		1,831		SL	Various	122				
A-4. Subtotal									10,163			
B. Building and Building Improvements												
1. Acquired prior to this report period		115,873,478		115,873,478	35,239,828	SL	Various	3,547,329				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)		2,562,334		2,562,334		SL	Various	134,451				
B-4. Subtotal									3,681,780			
C. Non-Movable Equipment												
1. Acquired prior to this report period						SL	Various					
2. Disposals (attach schedule)						SL	Various					
3. Acquired during this report period (attach schedule)						SL	Various					
C-4. Subtotal												
		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. Lincoln Town Car, 2000		x		4	2004	20,503	2,249	18,254	20,503	SL		
b. Isuzu NPR, 2016			x			42,099	38,495	3,604		SL	10 years	3,592
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period						4,686,430		4,686,430	2,812,262	SL	Various	309,670
b. Disposals (attach schedule)										SL	Various	
c. Acquired during this report period (attach schedule)						99,482		99,482		SL	Various	14,281
D-3. Subtotal												327,543
E. Total Depreciation												4,019,486

Whitney Center, Inc.
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Whitney Center, Inc.			License No. 985-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 Whitney Center, Inc.	License No. 985-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	07/01/77				
2. Date Structure Completed	07/01/79				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	07/01/79				
5. Total Licensed Bed Capacity	59				
6. Square Footage	459,658				
7. Acquisition Cost					
a. Land	633,000				
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	fixed bonds				
b. Date Mortgage Obtained	12/02/09				
c. Interest Rate for the Cost Year	7.40%				
d. Term of Mortgage (number of years)	27				
e. Amount of Principal Borrowed	89,895,000				
f. Principal balance outstanding as of _____	46,160,298				
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
Whitney Center, Inc.	985-C	9/30/2017	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 201,077	201,077		
Name of Lender	Rate			
US Bank, Trustee	7.40%			
Address of Lender				
225 Asylum St., 23rd Floor Hartford, CT 06103				
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	\$ 4,782,414			
2. Loan Origination Date	12/02/09			
3. Interest Rate %	7.40%			
4. Term	27 Years			
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$ 201,077	201,077		

(Carry Subtotals forward to next page)

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

Name of Facility Whitney Center, Inc.		License No. 985-C		Report for Year Ended 9/30/2017		Page 27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				201,077	201,077		
12. C. Movable Equipment							
1. Automotive Equipment \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify) \$				4,100	4,100		
A. Item		Rate	Amount				
Computer Equipment		5.20%	577,283				
Lender							
Hewlett Packard							
Address of Lender							
PO Box 402582Atlanta, GA 30384							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$				4,100	4,100		
12. D. Other Interest Expense (Specify) \$				5,386	5,386		
Capital Lease on immovable items							
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$				210,563	210,563		
14. Insurance							
a. Insurance on Property (buildings only) \$				9,597	9,597		
b. Insurance on Automobiles \$				2,455	2,455		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$				4,737	4,737		
2. Fire and Extended Coverage \$				3,221	3,221		
3. Other (Specify) \$				1,692	1,692		
D&O and Fiduciary							
14d. Total Insurance Expenditures (14a + b + c) \$				21,702	21,702		
15. Total All Expenditures (A-13 thru C-14) \$				7,779,367	7,779,367		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Whitney Center, Inc.			985-C	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other A&G Adjustments			\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Whitney Center, Inc.			985-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$			
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
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)			\$			

*** 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.

Whitney Center, Inc.
9/30/2017

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Whitney Center, Inc.	License No. 985-C	Report for Year Ended 9/30/2017		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 1,531,162	1,531,162			
b. Medicaid Room and Board Contractual Allowance **	\$ (694,614)	(694,614)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 840,662	840,662			
b. Medicare Room and Board Contractual Allowance **	\$ 352,587	352,587			
4. a. Private-Pay Residents and Other	\$ 6,044,265	6,044,265			
b. Private-Pay Room and Board Contractual Allowance **	\$ (3,237,381)	(3,237,381)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 71,808	71,808			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 2,851	2,851			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 24,348	24,348			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (6,156)	(6,156)			
3. a. Physical Therapy - Medicare	\$ 618,355	618,355			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 35,008	35,008			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 21,655	21,655			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 2,379	2,379			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 396,203	396,203			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 32,098	32,098			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (503,130)	(503,130)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (192,062)	(192,062)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,340,040	5,340,040			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$				
V. Total Other Revenue (1 thru 8)	\$				
VI. Total All Revenue (III +V)	\$ 5,340,040	5,340,040			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	\$ 7,436		
	Oxegyn	\$ 1,518		
	EKG	\$ 345		
	X-ray	\$ 1,581		
	Flu Vaccines	\$ 15,662		
	Contractual Allowance	\$ (588)		
	Unidentified Medicare Ancillary Contractual Allowance	\$ (494,931)		
	Unidentified Medicare B Contractual Allowance	\$ (36,616)		
	Part B Settlement	\$ 2,463		
	Total Other Resident Revenue - Medicare	\$ (503,130)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab - Pvt Pay	\$ 100		
	Oxegyn - T19	\$ 449		
	Lab - Managed Care	\$ 757		
	Oxegyn - Managed Care	\$ 627		
	Pharmacy - managed Care	\$ 18,141		
	EKG - Managed Care	\$ 19		
	X-ray - Managed Care	\$ 410		
	Uncollectible - Pvt Pay	\$ (101,832)		
	Managed Care Ancillary Contractual Allowance	\$ (33,920)		
	Uncollectible - Managed Care	\$ (81,000)		
	Personal Assistance - Pvt Pay	\$ 4,542		
	Therapy Supplies Discount	\$ (356)		
	Total Other Resident Revenue	\$ (192,062)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center, Inc.	985-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,393,233
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,359,509
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	271,181
4. Inventories			\$	131,589
5. Prepaid Expenses			\$	382,521
a. Insurance	87,801			
b. Software Licenses and Fees	25,549			
c. Employee Benefits	104,432			
d. Other Prepaids, e.g. maintenance contracts, EAP	164,739			
6. Interest Receivable			\$	1,515
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	80,302
Restricted-cultural arts fund	80,402			
Restricted-staff development fund	(100)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	6,619,850
B. Fixed Assets				
1. Land			\$	496,222
2. Land Improvements	*Historical Cost	242,842	\$	66,351
	Accum. Depreciation	176,491	Net	
3. Buildings	*Historical Cost	118,435,812	\$	79,514,204
	Accum. Depreciation	38,921,608	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	4,785,912	\$	1,649,699
	Accum. Depreciation	3,136,213	Net	
7. Motor Vehicles	*Historical Cost	62,602	\$	38,507
	Accum. Depreciation	24,095	Net	
8. Minor Equipment-Not Depreciable			\$	10,503
9. Other Fixed Assets (<i>itemize</i>)			\$	49,691
Intangible Asset - Software	620,544			
Accumulated Depreciation - Software	(570,853)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	81,825,177

* 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
Whitney Center, Inc.	985-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	88,445,027
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>)			\$	958,905
	Board Designated memorial and remembrance f	958,905		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	13,674,848
	General Investment Fund	2,555,817		
	Debt Service Fund	1,422,036		
	Operating Reserve Fund	1,452,004		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	14,633,753
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	103,078,780

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of	
Whitney Center, Inc.	985-C	9/30/2017	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	595,393	
2. Notes Payable (<i>itemize</i>)			\$		

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	58,635	
Name of Lender	Purpose	Amount	Date Due		
VFI Corporate Finance	Building Finishes	31,271	12/01/17		
Hewlet Packard	Computer Equipment	27,364	12/15/17		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	719,127	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$	101,663	
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable (<i>Current Portion</i>)			\$	585,000	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	934,340	
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities (<i>itemize</i>)			\$	961,496	
Accrued Employee Benefit Expense	204,096	Accrued Sales Tax Payat	4,074		
Accrued Property Taxes	490,951	Resident remote depositions	520		
Accrued Fees - Other Operating	25,281	Restricted Resident Progi	648		
Entry Fees Under Contract	235,926				
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	3,955,654	

* 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 Whitney Center, Inc.		License No. 985-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,955,654	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	422,267
Name of Lender	Purpose	Amount	Date Due		
VFI Corporate Finance	Building Finishes	96,776	9/1/18		
Hewlet Packard	Computer Equipment	325,491	3/1/21		
2. Mortgages Payable				\$	48,017,270
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>)				\$	55,999,461
Deferred Entry Fee Income		42,666,697			
Refundable Entry Fees Payable		13,249,703			
Apt. Deposits		83,061			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	104,438,998
C. Total All Liabilities (Lines A-13 + B-5)				\$	108,394,652

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

Name of Facility	License No.	Report for Year Ended	Page	of
Whitney Center, Inc.	985-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			\$	
6. Gain or Loss for Period	10/1/2016	thru 9/30/2017	\$	(5,315,872)
7. Total Net Worth			\$	(5,315,872)
C. Total Reserves and Net Worth			\$	(5,315,872)
D. Total Liabilities, Reserves, and Net Worth			\$	103,078,780

H. Changes in Total Net Worth

Name of Facility Whitney Center, Inc.	License No. 985-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			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	
D. Net Income or Deficit			\$	
E. Balance			\$	
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	
			09/30/17	

I. Preparer's/Reviewer's Certification

Name of Facility Whitney Center, Inc.	License No. 985-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 type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Anne Matist				
Address			Phone Number	
200 Leeder Hill Dr., Hamden, CT 06517			(203)848-2661	

Error Check

Level	Item	Reported as	
	Page 22 - Land Improvement Depreciation	1,985	is inconsistent with Page 23 10,163
	Page 22 - Building Depreciation	238,865	is inconsistent with Page 23 3,681,780
	Page 22 - Movable Depreciation	58,391	is inconsistent with Page 23 327,543
	Page 23 - Land Improvement Additions	1,831	is Inconsistent with schedule -
	Page 23 - Building Improvement Additions	2,562,334	is Inconsistent with schedule -
	Page 23 - Movable Additions	99,482	is Inconsistent with schedule -