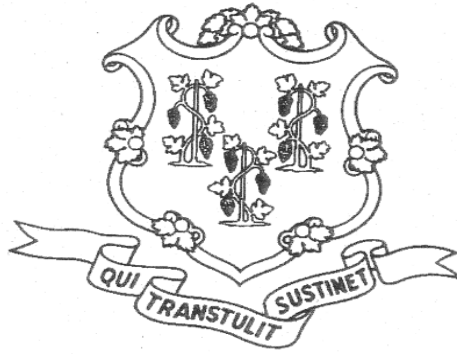


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Bride Brook Health and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 23 Liberty Way, Niantic, CT	
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"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2082-C	RHNS	Other	Medicare Provider 07-5375
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Medicaid Provider Numbers:	CCNH 2082-C	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

### General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2018	1	37

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bride Brook Health and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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
N/A Administrator is not responsible for Cost Reporting					
Printed Name (Administrator)			Printed Name (Owner)		on behalf of Bride
			Chris S. Stenger, SVP Operations for SavaSeniorCare Admin. Svc. LLC		Brook Health & Rehab.
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)		Comm. Expires
					/ /
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bride Brook Health and Rehabilitation Center	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 23 Liberty Way, Niantic, CT				
Report Prepared By Margaret Philen	Phone Number 832-467-6225	Date 2/15/2019		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-739-4007		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Bride Brook Health and Rehabilitation Center		Address (No. & Street, City, State, Zip ) 23 Liberty Way, Niantic, CT		
License Numbers:	CCNH 2082-C	RHNS	Other	Medicare Provider No. 07-5375
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"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Lisa Mailloux		Nursing Home Administrator's License No.:	1992	
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 Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2018	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	%**				
SSC Administrative Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	<input type="radio"/>	<input checked="" type="radio"/>		Back Office Services	Page 16/C.1.m.12	306,135	306,135
SSC Consulting Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	Page 16/C.1.m.12	525,486	525,486
		<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 checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" 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 Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2018	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
Bride Brook Health and Rehabilitation Center		2082-C		9/30/2018			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						
Canon Financial	<input type="radio"/>	<input checked="" type="radio"/>	Copier	expired	month to month	9,934	9,934	
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter			1,375	1,375	
Artech Water Systems Inc	<input type="radio"/>	<input checked="" type="radio"/>	Water Softner			1,670	1,670	
	<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 checked="" type="radio"/>						
	<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 checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							12,978	

\* 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 Bride Brook Health and Rehabilitat	License No. 2082-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2	
3	
4	

Services Provided by This Firm ( <i>describe fully</i> )	
1	\$
2	\$
3	\$
4	\$
	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

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Burgeon Legal Group LTD Co	843-235-9871
2 Hooper Lundy & Bookman PC	310-551-8111
3 Ogletree Deakins Nash Smoak & Stewart	864-241-1900
4 ProTitle USA	
5 Sciacca Law Group LLC	617-322-1555

Address ( <i>No. &amp; Street, City, State, Zip Code</i> )	
1	10517 Ocean Hwy, Unit 4-27 Pawleys Island, SC 29585
2	1875 Century park East, Ste 1600, Los Angeles, CA 90067-2799
3	50 International Drive, Ste 200, Greenville, SC 29615
4	P.O.Box 52328, Philadelphiam PA 19115
5	P.O.Box 870126, Milton Village, MA 02187

Services Provided by This Firm ( <i>describe fully</i> )	
1 Appeal to DSS regarding Medicaid Approved billing days	\$ 641
2 Legal Representation	\$ 1,680
3 H-1B Petition for change of employer	\$ 8,371
4 Title Issues	\$ 96
5 Legal Representation regarding settlement	\$ 229
	Charge for Services Provided
	\$ 11,016

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Legal, page15, line 1.e

**Schedule of Resident Statistics**

Name of Facility Bride Brook Health and Rehabilitation Center		License No. 2082-C			Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	130	130			130	130			130	130			
B. On last day of THIS report period	130	130			130	130			130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	121	121			121	121			124	124			
B. As of midnight of THIS report period	126	126			124	124			126	126			
3. Total Number of Days Care Provided During Period													
A. Medicare	10,508	10,508			7,946	7,946			2,562	2,562			
B. Medicaid (Conn.)	25,096	25,096			18,366	18,366			6,730	6,730			
C. Medicaid (other states)													
D. Private Pay	3,672	3,672			3,001	3,001			671	671			
E. State SSI for RCH													
F. Other (Specify) VA/Insurance/Hospice	4,561	4,561			3,419	3,419			1,142	1,142			
G. Total Care Days During Period (3A thru F)	43,837	43,837			32,732	32,732			11,105	11,105			
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. <b>Total Resident Days (3G + 4A + 4B)</b>	43,837	43,837			32,732	32,732			11,105	11,105			

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

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

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C			Report for Year Ended 9/30/2018			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	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other		
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	Other	R.C.H.	ICF-MR				
No. of Residents	36		68		22								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									152,185	152,185			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									38,444	38,444			
D. <b>Total Physical Therapy Treatments</b>									190,629	190,629			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									33,900	33,900			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									5,636	5,636			
D. <b>Total Speech Therapy Treatments</b>									39,536	39,536			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									228,299	228,299			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									45,178	45,178			
D. <b>Total Occupational Therapy Treatments</b>									273,478	273,478			

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2018	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	Other	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	154,646	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	327,324	14,708				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	323,174	24,375				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,238	2,080				
b. Other Maintenance Workers	42,227	2,109				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	216,484	4,160				
b. RN						
1. Direct Care	1,811,361	47,818				
2. Administrative**	236,881	6,237				
c. LPN						
1. Direct Care	655,142	21,399				
2. Administrative**	83,621	2,189				
d. Aides and Attendants	1,411,039	86,710				
e. Physical Therapists	551,495	14,348				
f. Speech Therapists	106,240	2,978				
g. Occupational Therapists	439,437	13,109				
h. Recreation Workers	128,196	6,399				
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	121,067	3,985				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	69,245	2,465				
<i>A-13. Total Salary Expenditures</i>	6,738,819	257,150				

\* 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		Other	
	\$	Hours	\$	Hours	\$	Hours
Wheelchair Transport Driver	\$ 7,008	422				
Medical Records Supervisor	\$ 62,236	2,043				
<b>Total</b>	\$ 69,245	2,465	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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
Bride Brook Health and Rehabilitation Center				2082-C	9/30/2018				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	Other							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Bride Brook Health and Rehabilitation Center				2082-C	9/30/2018				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	Other							
<b>Section III - Administrators***</b>										
Lisa Mailloux	154,646			Standard Package	Administrative responsibilities over day to day operations	2,080		N/A		
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	4,800					
3. Pharmacist	13,952					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	42,773					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	126,000					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	16,469					
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	23,414					
b. Other						
10. Occupational Therapist						
a. Resident Care	8,984					
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,049					
2. Administrative***	1,781					
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>242,222</b>					

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 183,228	183,228		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 97,195	97,195		
4. Social Security (F.I.C.A.)	\$ 495,717	495,717		
5. Health Insurance	\$ 245,883	245,883		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,313	5,313		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 3,957	3,957		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 5,215	5,215		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 95,611	95,611		
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 11,116	11,116		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 28,480	28,480		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 34,843	34,843		
2. Cellular Phones	\$ 1,273	1,273		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 50	50		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 23,620	23,620		
3. Resident Day User Fee	\$ 702,704	702,704		
<b>Subtotal</b>	\$ 1,934,205	1,934,205		

\* 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
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
<b><i>Subtotals Brought Forward:</i></b>	1,934,205	1,934,205			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 13,539	13,539			
4. Employee Travel	\$ 4,103	4,103			
5. Education Expenses Related to Seminars and Conventions	\$ 9,988	9,988			
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> )	\$ 14,669	14,669			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 17,596	17,596			
4. Fund-Raising***	\$				
5. Medical Records	\$ 119	119			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 2,184	2,184			
7. Postage	\$ 4,910	4,910			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 14,199	14,199			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 316	316			
9. Subscriptions	\$ 1,640	1,640			
10. Contributions*** See Attached Schedule	\$ (25)	(25)			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 38,737	38,737			
12. Administrative Management Services**	\$ 758,938	758,938			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,726,028	1,726,028			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 4,541,146	4,541,146			

\* 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	Other
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	Other
Unallowable Advertising adjusted off report on Adjustment page 28	\$ 17,596		
<b>Total Other Advertising</b>	\$ 17,596	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	Other
Professional Dues - Administrative	\$ 13,207		
Professional Dues - Plant	\$ 803		
Professional Dues - Occupational Therapy	\$ 65		
Professional Dues - Nursing	\$ 124		
<b>Total Dues</b>	\$ 14,199	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	Other
Donations - Administrative	\$ (25)		
<b>Total Contributions</b>	\$ (25)	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Other
Director & Trustee Fees	\$ 525		
Staff Meetings	\$ 300		
Employee Background Screening	\$ 13,283		
Licenses	\$ 2,836		
Penalties and Late Filings	\$ 85		
Bank Charges	\$ 22,741		
Surety Bonds	\$ 1,002		
Casualty Loss / Lost Resident Property	\$ 2,552		
Miscellaneous	\$ 138		
Interst Expense	\$ 1,682,566		
<b>Total Other Administrative and General</b>	\$ 1,726,028	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Ce	2082-C	9/30/2018	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 #	
SSC Administrative Svc, LLC, One Ravinia Dr., Ste 1500, Atlanta GA 30346	306,135	Back Office Services	Page 16, line C.1.m.12	
SSC Consulting Svc, LLC, One Ravinia Dr.,Ste 1500, Atlanta, GA 30346	525,486	Consulting	Page 16, line C.1.m.12	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Center		2082-C	9/30/2018		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 4,261	4,261			
2.	Non-Food Supplies	\$ 6,305	6,305			
3.	Other ( <i>Specify</i> ) _____ Equipment Lease Expense	\$ 2,570	2,570			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$ 446,497	446,497			
c. Other ( <i>Specify</i> ) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 459,633	459,633			
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees?		<input checked="" type="radio"/> Yes <input 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.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Center		2082-C	9/30/2018		19	37
Item		Total	CCNH	RHNS	Other	
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. \$	1,028	1,028			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
	Amt. \$					
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	13,239	13,239			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	215,774	215,774			
c. Other ( <i>Specify</i> )	\$					
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>230,041</b>	<b>230,041</b>			
<b>3F. Laundry Questionnaire</b>						
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.

\*\*\* 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
Bride Brook Health and Rehabilitation Center		2082-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	20,032	20,032		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$	250,591	250,591		
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	270,624	270,624		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare	\$	302,421	302,421		
b.	Medicine Cabinet Drugs	\$	18,207	18,207		
c.	Medical and Therapeutic Supplies	\$	130,042	130,042		
d.	Ambulance/Limousine***	\$	40,120	40,120		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	20,272	20,272		
f.	X-rays and Related Radiological Procedures***	\$	31,598	31,598		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	13,291	13,291		
i.	Recreation	\$	2,823	2,823		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	245,535	245,535		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	804,309	804,309		

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
Non Chargeable Supplies	\$ 158,371		
Incontinent Care Supplies	\$ 60,393		
Lease Expense	\$ 858		
Minor Equipment Purchase	\$ 25,912		
<b>Total Other Resident Care</b>	\$ 245,535	\$ -	\$ -

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

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C	Report for Year Ended 9/30/2018	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	Other	Pg	Line	
		<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 checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
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		<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 checked="" 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
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 174,028	174,028				
b. Heat	\$ 101,284	101,284				
c. Light & Power	\$ 148,100	148,100				
d. Water	\$ 57,055	57,055				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 12,978	12,978				
f. Other ( <i>itemize</i> )	\$ 109,920	109,920				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 603,365</b>	<b>603,365</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,011,715	1,011,715				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 22,428	22,428				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 1,034,143</b>	<b>1,034,143</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ (63,669)	(63,669)				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 166,512	166,512				
c. Personal property taxes	\$ 14,903	14,903				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,151,889</b>	<b>1,151,889</b>				

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
Supplies - Plant	\$ 1,335		
Infectious Waste Disposal	\$ 3,769		
Garbage Service	\$ 18,960		
Contract Services	\$ 38,348		
Equipment Lease	\$ 699		
Offsite Storage Lease	\$ 12,684		
Minor Equipment Purchase	\$ 16,526		
TV Cable/Dish	\$ 12,982		
Network WAN	\$ 4,617		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 109,920</b>	<b>\$ -</b>	<b>\$ -</b>



### Depreciation Schedule

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C		Report for Year Ended 9/30/2018			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		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period			21,488,132		21,488,132	2,565,142			1,001,866			
2. Disposals (attach schedule)			(1,483)									
3. Acquired during this report period (attach schedule)			130,653						9,849			
B-4. Subtotal										1,011,715		
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
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								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												
<b>E. Total Depreciation</b>												

Bride Brook Health and Rehabilitation Center  
9/30/2018

**Schedule of Land Improvements Acquired during this report period**

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
		\$ 130,653		\$ 9,849
<b>Total additions for Building Improvement</b>		\$ 130,653		\$ 9,849 *
<b>Deletions:</b>				
		\$ (1,483)		
<b>Total deletions for Building Improvement</b>		\$ (1,483)		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2



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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation Center			2082-C		9/30/2018			24	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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

**C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire**

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2018	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes <input checked="" type="radio"/> No		
*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.			If "Yes," complete Part B. If "No," complete Part C.		
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		130			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th 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					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
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
Bride Brook Health and Rehabilitation		2082-C	9/30/2018			26	37
Item		Total	CCNH	RHNS	Other		
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. <b>Total Building Interest Expense</b> (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	
Bride Brook Health and Rehabilitati	2082-C	9/30/2018	27	37	
Item		Total	CCNH	RHNS	Other
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$				
14. Insurance					
a. Insurance on Property (buildings only)	\$	22,162	22,162		
b. Insurance on Automobiles	\$				
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$				
2. Fire and Extended Coverage	\$				
3. Other (Specify)	\$	241,751	241,751		
GL/PL Ins / Crime&Kidnap					
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	263,913	263,913		
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	15,305,960	15,305,960		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center				2082-C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 439,437	439,437		
4.			Other - See attached Schedule	\$ 135	135		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 16,469	16,469		
6.			Occupational Therapy	\$ 8,984	8,984		
7.			Other - See attached Schedule	\$ (117,315)	(117,315)		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 95,611	95,611		
10.			Accounting	\$			
10a.			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	\$ 1,799	1,799		
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 *	\$ 17,596	17,596		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$ 2,184	2,184		
23.			Other - See attached Schedule	\$			
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ (1,121)	(1,121)		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 463,779	463,779		

\* 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	Other
10	A.12.b.1	Salaries Transport Non-Emergency	\$ 135		
<b>Total Other Salaries Adjustment</b>			\$ 135	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	C.1.a.1	Adjust Worker's Comp to Paid Claims	\$ (120,837)		
16	C.1.m.8a.	Civic Dues	\$ 316		
16	C.1.m.10.	Donations / Contributions (includes revenue from p. 30, line IV.8.)	\$ (25)		
16	C.1.m.13.	Cash Over/Short and Patient Trust Reconciliation	\$ 14		
16	C.1.m.13.	Memorium / Benevolence Expense	\$ 544		
16	C.1.m.13.	Lost Resident Property	\$ 2,007		
16	C.1.m.13.	Penalties and Late Filings	\$ 85		
16	C.1.m.13.	Interest Income (from p.30, line IV.5.)	\$ 55		
16	C.1.m.13.	Director and Trustee Fees	\$ 525		
<b>Total Other Fees Adjustments</b>			\$ (117,315)	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation Center			2082-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 463,779	463,779		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 302,421	302,421		
28.			Ambulance/Limousine	\$ 40,120	40,120		
29.			X-rays, etc	\$ 31,598	31,598		
30.			Laboratory	\$ 13,291	13,291		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 20,272	20,272		
33.			Occupational Therapy	\$ 942	942		
34.			Other - See Attached Schedule	\$ 109,079	109,079		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 227,122	227,122		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,208,625	1,208,625		

\*\*\* 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.

Bride Brook Health and Rehabilitation Center  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	C.5.c.	Ancillary Cost of Goods Sold - P.E.N. Therapy	\$ 2,214		
20	C.5.c.	Respiratory Therapy	\$ 2,425		
20	C.5.c.	Ancillary Cost of Goods Sold - IV Therapy	\$ 23,839		
20	C.5.c.	Ancillary Cost of Goods Sold - Equipment Rental	\$ 23,531		
20	C.5.c.	Oxygen Concentrators	\$ 2,984		
20	C.5.c.	Adjust Medical Supplies to Proper Cost-to-Charge Ratio	\$ 54,086		
<b>Total Other Ancillary Costs</b>			\$ 109,079	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

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

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Schedule of Unallowable Building Interest

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

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## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation Ce 2082-C		9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 20,394,352	20,394,352				
b. Medicaid Room and Board Contractual Allowance **	\$ (14,489,994)	(14,489,994)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 8,521,154	8,521,154				
b. Medicare Room and Board Contractual Allowance **	\$ (2,654,145)	(2,654,145)				
4. a. Private-Pay Residents and Other	\$ 6,510,316	6,510,316				
b. Private-Pay Room and Board Contractual Allowance **	\$ (3,685,124)	(3,685,124)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 291,665	291,665				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (285,123)	(285,123)				
c. Prescription Drugs - Non-Medicare	\$ 62,044	62,044				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (45,133)	(45,133)				
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	\$ 1,091,956	1,091,956				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (939,771)	(939,771)				
c. Physical Therapy - Non-Medicare	\$ 175,164	175,164				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (136,720)	(136,720)				
4. a. Speech Therapy - Medicare	\$ 314,169	314,169				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (280,268)	(280,268)				
c. Speech Therapy - Non-Medicare	\$ 36,051	36,051				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (30,415)	(30,415)				
5. a. Occupational Therapy - Medicare	\$ 1,334,977	1,334,977				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,106,677)	(1,106,677)				
c. Occupational Therapy - Non-Medicare	\$ 203,538	203,538				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (158,359)	(158,359)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 397	397				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (14,434)	(14,434)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 15,109,619	15,109,619				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ (1,121)	(1,121)				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 55	55				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$					
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (1,066)	(1,066)				
<b>VI. Total All Revenue</b> (III +V)	\$ 15,108,553	15,108,553				

\* 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	Other
30 II.6.b	Medicare A Revenue Oxygen	\$ 4,561		
	Medicare A Revenue IV Therapy	\$ 30,557		
	Medicare A Revenue Laboratory	\$ 11,127		
	Medicare A Revenue X-Ray	\$ 22,079		
	Ancillary Contractual Adjustments	\$ (67,927)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 397	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	Other
30 II.6.b	Oxygen - Medicaid, HMO, Hospice	\$ 5,761		
	IV Therapy - VA, Medicaid, HMO	\$ 1,078		
	Laboratory - VA, Medicaid, HMO, Hospice	\$ 1,758		
	X-Ray - VA, HMO	\$ 2,754		
	Other Ancillary Contractual Adjustments	\$ (25,784)		
<b>Total Other Resident Revenue</b>		\$ (14,434)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	Other
30 IV 5	Other Income - Administrative		\$ 55		
<b>Total Interest Income</b>			\$ 55	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Other
<b>Total Other Revenue</b>		\$ -	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	217,536
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	997,879
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	3,756
a. _____				
b. _____				
c. _____				
d. See Schedule		3,756		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	8,723
_____				
_____				
See Schedule		8,723		
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,227,895</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>21,617,302</u>		\$	18,040,445
	Accum. Depreciation <u>3,576,857</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>631,895</u>		\$	82,864
	Accum. Depreciation <u>549,031</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>18,123,309</b>

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

(Carry Total forward to next page)

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

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	19,351,203
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
7. Other Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	19,351,203

\* 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		License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center		2082-C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	621,703
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
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> )				\$	449,729
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	74,855
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*				\$	413
12. Other Current Liabilities ( <i>itemize</i> )				\$	795,544
Current Portion CLO		162,774			
Deferred CLO Gain/Loss		63,737			
_____					
		See Schedule	569,032		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,942,244

\* 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 Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,942,244	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				
				\$ (12,690,791)
Name and Address of Lender	Amount	Loan Date		
Intercompany Revolver - SSC	(12,690,791)			
4. Other Long-Term Liabilities ( <i>itemize</i> )				
				\$ 20,620,213
See Schedule				20,620,213
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 7,929,422
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 9,871,666

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation	2082-C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	9,676,944
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	(197,407)
7. Total Net Worth			\$	9,479,538
<b>C. Total Reserves and Net Worth</b>			\$	9,479,538
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	19,351,203

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation C	2082-C	9/30/2018	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$		
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. <b>Balance at End of Period</b>			\$		
			09/30/18		

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

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2018	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"/> Other		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Margaret Philen				
Address Address			Phone Number	
5300 West Sam Houston Pkwy N, Ste 100, Houston, TX 77041				
Annual Report Contact			Phone Number	
Margaret Philen			832-467-6225	
Annual Report Contact Email Address				
MLPhilen@SavaSC.com				