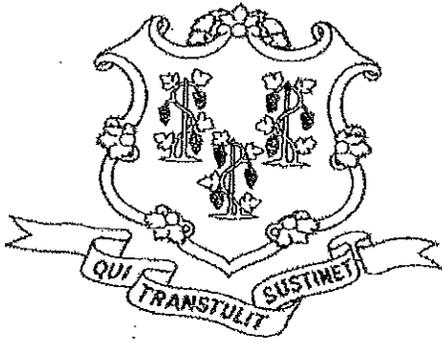


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Candlewood Valley Care Center		
Address (No. & Street, City, State, Zip Code) 30 Park Lane East, New Milford, CT 06776		
Type of Facility		
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015	

License Numbers:	CCNH 2207C	RHNS	(Specify)	Medicare Provider 07-5416
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
----------------------------	------	------	---------

For Department Use Only

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 1	of 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.

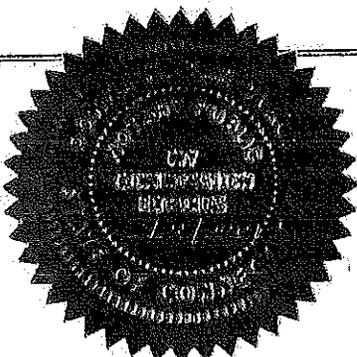
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Candlewood Valley Care Center, for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and 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
<i>Ann Rogers</i>		<i>2/2/2016</i>			
Printed Name (Administrator) Ann Rogers			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>Ann Rogers</i> <i>2/2/16</i>	State of <i>CT</i>	Date <i>2/2/16</i>	Signed (Notary Public) <i>Donna M. Van Vlack</i>	Comm. Expires <i>2/28/2021</i>	
Address of Notary Public <i>2 Mill Pond Road, New Fairfield, CT 06812</i>					

(Notary Seal)



General Information

Name of Facility (as licensed) Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 1	of 37
---	----------------------	------------------------------------	-----------	----------

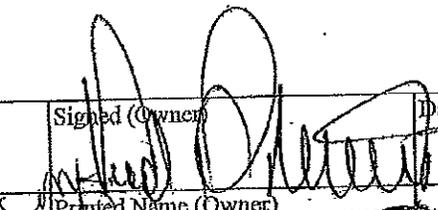
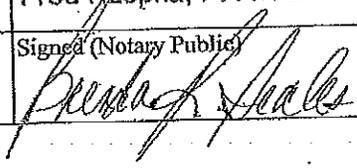
Administrator's/Owner's Certification

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 Candlewood Valley Care Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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
				02-05-16
Printed Name (Administrator)			Printed Name (Owner)	
			Fred Rzepka, President	
Subscribed and Sworn to before me:	State of Ohio	Date 02-05-16	Signed (Notary Public)	Comm. Expires
				1 1
Address of Notary Public				
25250 Rockside Road, Cleveland, OH 44146				



Brenda R. Scales
 Notary Public, State of Ohio
 My Commission Expires 04-13-2016

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 Candlewood Valley Care Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 30 Park Lane East, New Milford, CT 06776				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number 860-561-4000	Date 2/8/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 355-0971		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Candlewood Valley Care Center		Address (No. & Street, City, State, Zip) 30 Park Lane East, New Milford, CT 06776		
License Numbers:	CCNH 2207C	RHNS	(Specify)	Medicare Provider No. 07-5416
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Ann Rogers		Nursing Home Administrator's License No.:	001122	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Partners/Members

Name of Facility Candlewood Valley Care Center		License No. 2207C	Report for Year Ended 9/30/2015	Page 3	of 37
Legal Name of Partnership/LLC Candlewood New Milford LLC		Business Address 25250 Rockside Rd, Bedford Hts, OH 44146		State(s) and/or Town(s) in Which Registered Delaware	
Name of Partners/Members	Business Address	Title	% Owned		
Transcon Builders, Inc.	25250 Rockside Rd. Bedford Hts., OH 44146	LLC member	99%		
Fred Rzepka	3330 Warrensville Center Road #808, Shaker Heights, OH 44122	LLC member	1%		

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
 LICENSING DIVISION
 100 WATERBURY STREET, SUITE 200
 WATERBURY, CT 06702
 TEL: 860-341-3000 FAX: 860-341-3001
 WWW.DSS.SOS.STATE.CT.US

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 3A	of 37
---	----------------------	------------------------------------	------------	----------

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
N/A			

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
N/A			

General Information and Questionnaire Individual Proprietorship

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 3B	of 37
---	----------------------	------------------------------------	------------	----------

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

Owner(s) of Facility

N/A

10/2005 CSP-3B

General Information and Questionnaire Related Parties*

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**			
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	See attached	271,549	271,549
TransCon & Shareholders	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	pg 30 line IV5	84,283	84,283
Owner's Management	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	pg 15 line 1d	12,855	12,855
Wilton Meadows	439 Danbury Road, Wilton, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>	pg 15 line 1d	6,405	6,405
Hamden Health Care	1270 Sherman Lane, Hamden, CT 06514	<input type="radio"/>	<input checked="" type="radio"/>	Administrative and Quality Control Services	(75,894)	(75,894)
Wilton Meadows	439 Danbury Road, Wilton, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>	Administrative, Maintenance, Nursing Quali	64,682	64,682
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>	Pension	28,691	28,691
Greenwich Woods	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>	Administrative, Computer Services	5,205	5,205
Wilton Meadows	439 Danbury Road, Wilton, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>	Dietary and Quality Control Services	(29,821)	(29,821)

* Use additional sheets if necessary.

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

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Candlewood Valley Care Center	2207C	9/30/2015	4b	37
Description	N/C #	Amount	Page	Line
TransCon				
<i>Management Fee</i>				
Telephone	75500	2,297	15	1a1
Travel	75510	13,794	16	L4
TransCon Auto - Ohio	75511	2,774	16	L4
TransCon Auto - CT	75512	3,418	16	L4
Travel - Meals	75520	3,057	16	L4
Management Fees	75530	114,858	16	m12
Wages Director of Operations	75100	30,621	10	A1
DO PRT	75200	1,717	15	1a4
DO Benefits	75300	860	15	1a5
Wages Controller	75110	22,307	10	A11a
Controller PRT	75210	1,742	15	1a4
Controller Benefits	75310	2,415	15	1a5
Wages-Finance Other	75115	35,831	10	A4
Finance Other PRT	75215	2,921	15	1a4
Finance Other Benefits	75315	3,500	15	1a5
Wages Assistant Controller	76120	14,945	10	A4
Assistant Controller PRT	75220	1,079	15	1a4
Assistant Controller Benefits	75320	3,401	15	1a5
Wages Recruiting	75125	0,983	10	A12a
Recruiting PRT	75225	737	15	1a4
Recruiting Benefits	75325	292	15	1a5
	<i>Total Management Fee</i>	<u>271,549</u>		
		<u>84,283</u>	30	IV 5
<i>Intercompany Interest Income</i>				
	69513	<u>84,283</u>		
Owners Management Company				
<i>Accounting Services</i>	73440	<u>12,856</u>	15	1D
Wilton Meadows Health Care				
<i>Accounting Services</i>	73440	6,405	15	1D
<i>Allocation for Quality Control</i>		(28,821)		
<i>Allocation for Dietary</i>		(1,000)		
<i>Nursing Quality Control Svc Allocation</i>		6,117		
<i>Administration Allocation</i>		51,798		
<i>Computer Services</i>		5,928		
<i>Maintenance Services</i>		839		
		<u>41,266</u>		
Greenwich Woods Health Care				
<i>Administrative Services to Candlewood</i>		4,021		
<i>Computer Services to Candlewood</i>		1,184	16	m13
		<u>5,205</u>		
Hamden Health Care				
<i>Allocation for Quality Control</i>		(23,894)		
<i>Allocation of Administrative Service from Candlewood</i>	73161, 76150	(52,000)		
		<u>(76,894)</u>		
401K Plan-Other Participants TBI				
	73310	<u>28,691</u>	15	1a7
Hamden				
Greens at Greenwich				
Greens at Cannondale				
Greenwich Woods				
Wilton Meadows				
Owners Management Co				
TransCon				

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 5	of 37
---	----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required? 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 Accounting Basis

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 See attached				
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 See attached		\$	41,741	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	41,741
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No pg 15 line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 See attached				
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 See attached		\$	22,213	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$	22,213
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15 line 1e				

General Information and Questionnaire
 Accounting Basis

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 7a	of 37
---	----------------------	------------------------------------	------------	----------

Ref	Interface Name	Amount	Vendor Total
Blum, Shepito & Company, P.C. Blum, Shepito & Company, P.C.	9/30/15 Review of Financial Statements 9/30/15 Preparation of Cost Reports	8,383 <u>8,282</u>	16,665
Howard, Wershbale & Co. Howard, Wershbale & Co. Howard, Wershbale & Co. Howard, Wershbale & Co.	Prof Serv Thru 10/31/14-Split Prof Serv Thru 12/31/14 Medicare Cost Report 9/13 Over Accrued for 9/14 MCR Cost Report Prep Of 9/30/14 Medicare Cost Report	126 140 (400) <u>5,200</u>	5,066
McCladrey LLP McCladrey LLP	Under Accrued for 12/14 Tax Returns Prep 2015 Tax Returns	50 <u>700</u>	750
Owner's Management Owner's Management Owner's Management Owner's Management Owner's Management Owner's Management Owner's Management	October 2014 Bookkeeping & Admin Supervision November 2014 Bookkeeping & Admin Supervision December 2014 Bookkeeping & Admin Supervision January 15 Bookkeeping & Admin Supervision February 2015 Bookkeeping & Admin Supervision Bookkeeping Fees - March - NH Split Bookkeeping Fees - April - NH Split Bookkeeping Fees - May 2015 - NH Split	1,818 1,166 1,276 1,139 1,827 1,784 2,578 <u>1,267</u>	12,855
Wilton Meadows Wilton Meadows Wilton Meadows Wilton Meadows	Bookkeeping Fees - May 2015 Bookkeeping Fees - June 2015 Bookkeeping Fees - July 2015 Bookkeeping Fees - Aug 2015 Bookkeeping Fees - Sept 2015	1,087 1,372 1,437 1,240 <u>1,259</u>	6,405
Total Accounting Expenses		41,741	

General Information and Questionnaire
 Accounting Basis

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 76	of 37
---	----------------------	------------------------------------	------------	----------

Ref	Interface Name	Transaction Date	Amount	Disallow
Baker & Hostetler LLP	Prof Serv Thru 12/31/14 RE:Employee Issue	01/29/2015	4,240	
Baker & Hostetler LLP	Prof Serv Thru 1/31/15 RE:Employee Issue	09/09/2015	133	
Goldman, Gruder & Woods, LLC	Legal Fees - William Longo	10/01/2014	84	84
Goldman, Gruder & Woods, LLC	Legal Fees - Marion Streaman	03/01/2015	1,275	1,275
Goldman, Gruder & Woods, LLC	Legal Fees - Marinetta Putnam	06/25/2015	390	390
Goldman, Gruder & Woods, LLC	Legal Fees - Frances Cruthers	03/25/2015	452	452
Goldman, Gruder & Woods, LLC	Legal Fees - Marion Streaman	03/25/2015	425	425
Goldman, Gruder & Woods, LLC	CWVs M Putnam	04/24/2015	1,261	1,261
Goldman, Gruder & Woods, LLC	CWVs F Cruthers	04/24/2015	360	360
Goldman, Gruder & Woods, LLC	CWVs M Streaman	04/24/2015	1,045	1,045
Goldman, Gruder & Woods, LLC	CWVs M Putnam	06/01/2015	60	60
Goldman, Gruder & Woods, LLC	CWVs M Streaman	06/01/2015	50	50
Goldman, Gruder & Woods, LLC	CWVs M Putnam	06/29/2015	30	30
Goldman, Gruder & Woods, LLC	CWVs M Streaman	06/29/2015	179	179
Goldman, Gruder & Woods, LLC	CWVs D Pithard	09/01/2015	100	100
Goldman, Gruder & Woods, LLC	CWVs N Streaman	09/01/2015	1,902	1,902
Goldman, Gruder & Woods, LLC	CWVs D Dannenberg	08/01/2015	210	210
Goldman, Gruder & Woods, LLC	CWVs D Pithard	08/01/2015	995	995
Goldman, Gruder & Woods, LLC	CWVs T Alberio	08/01/2015	790	750
Goldman, Gruder & Woods, LLC	CWVs E Curth	09/01/2015	1,125	1,125
Goldman, Gruder & Woods, LLC	CWVs D Dannenberg	09/01/2015	60	60
Goldman, Gruder & Woods, LLC	CWVs F Cruthers	09/28/2015	570	570
Goldman, Gruder & Woods, LLC	CWVs D Cullen	09/28/2015	660	660
Goldman, Gruder & Woods, LLC	CWVs E Curth	09/28/2015	660	660
Murtha Cullina LLP	Prof Serv Thru 4/30/14 RE:General	11/01/2014	(406)	
Murtha Cullina LLP	Prof Serv Thru 10/31/14 RE: Resident Care Issue	11/19/2014	213	
Murtha Cullina LLP	Prof Serv Thru 11/30/14 RE:Employee Issue	12/11/2014	1,130	
Murtha Cullina LLP	Prof Serv Thru 1/31/15 RE: Maria Pereira (Employee complaint)	12/11/2014	440	
Murtha Cullina LLP	Prof Serv Thru 1/31/15 RE: Maria Pereira (Employee complaint)	02/18/2015	130	
Murtha Cullina LLP	Prof Serv Thru 10/31/14 RE: Maria Pereira (Employee complaint)	03/01/2015	2,240	
Murtha Cullina LLP	Prof Serv Thru 2/28/15 RE: Reportable event	03/13/2015	180	
Murtha Cullina LLP	General - Services Through 4/30/15 Medical records statute; deficiency removal	04/14/2015	530	
Murtha Cullina LLP	General - Am R Re-discharge	05/13/2015	660	
Murtha Cullina LLP	Re: M Pereira Finalized Settlement - Pereira (employee issue)	05/20/2015	90	
Murtha Cullina LLP	Therapy Provider Contract - NH Split	06/20/2015	168	
Murtha Cullina LLP	General Services Through 5/31/15 Stericycle contract review	06/17/2015	70	
Murtha Cullina LLP	Credit Applied From Pmts Rec'd From M Castruccio	06/18/2015	105	
Murtha Cullina LLP	Review Remedy Partners 7/9, 7/29 - NH Split	(894)		
Murtha Cullina LLP	Service Through 8/21 Re: Resident Care Issue	09/14/2015	90	
Murtha Cullina LLP	Review Remedy Partners NH Split	09/16/2015	135	
Murtha Cullina LLP	Resident Care Issue - Through 9/30	09/16/2015	405	
Murtha Cullina LLP	Nursing policies and procedure update	10/09/2015	225	
Probate Court	CW Petty Cash - conservatorship	10/12/2015	30	
Probate Court	CW Petty Cash - conservatorship	09/23/2015	50	
		09/23/2015	156	156
	Total Legal		22,213	12,190
				Disallowed Expenses

Schedule of Resident Statistics

Name of Facility Candlewood Valley Care Center	License No. 2207C		Report for Year Ended 9/30/2015				Page 8		of 37		
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30						
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period	148	148			148	148		148	148		
B. On last day of THIS report period	148	148			148	148		148	148		
2. Number of Residents											
A. As of midnight of PREVIOUS report period	139	139			139	139		128	128		
B. As of midnight of THIS report period	135	135			128	128		135	135		
3. Total Number of Days Care Provided During Period											
A. Medicare	7,583	7,583			5,393	5,393		2,190	2,190		
B. Medicaid (Conn.)	32,664	32,664			24,875	24,875		7,789	7,789		
C. Medicaid (other states)											
D. Private Pay	6,297	6,297			4,458	4,458		1,839	1,839		
E. State SSI for RCH											
F. Other (Specify) Hospice/Managed Care/Evercare	2,364	2,364			1,755	1,755		609	609		
G. Total Care Days During Period (3A thru F)	48,908	48,908			36,481	36,481		12,427	12,427		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds											
A. Medicaid Bed Reserve Days	81	81			61	61		20	20		
B. Other Bed Reserve Days											
5. Total Resident Days (3G + 4A + 4B)	48,989	48,989			36,542	36,542		12,447	12,447		

Schedule of Resident Statistics (Cont'd)

Name of Facility Candlewood Valley Care Center			License No. 2207C			Report for Year Ended 9/30/2015			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	(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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	23		88		24								
Per Diem Rate													
a. One bed rm.	N/A		N/A		N/A								
b. Two bed rms.	PPS		218.80		436.00								
c. Three or more bed rms.	N/A		N/A		N/A								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,358	3,358				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								24,879	24,879				
D. Total Physical Therapy Treatments								28,237	28,237				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								336	336				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,432	2,432				
D. Total Speech Therapy Treatments								2,768	2,768				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,254	1,254				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								20,484	20,484				
D. Total Occupational Therapy Treatments								21,738	21,738				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Candlewood Valley Care Center	2207C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes			<input type="radio"/> No	
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	124,013	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	389,448	13,731				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,437	2,211				
c. Dietary Workers	434,439	28,705				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	54,345	2,091				
b. Other Maintenance Workers	61,953	4,129				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	209,904	11,907				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	22,307	429				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	189,492	4,171				
b. RN						
1. Direct Care	1,509,942	45,118				
2. Administrative**	341,228	8,268				
c. LPN						
1. Direct Care	900,355	32,423				
2. Administrative**	230,422	7,198				
d. Aides and Attendants	2,061,112	142,379				
e. Physical Therapists	12,947	584				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	218,965	11,674				
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	224,234	8,127				
n. Marketing	61,952	2,731				
o. Other (Specify)						
See Attached Schedule	169,680	8,047				
A-13. Total Salary Expenditures	7,276,175	336,014				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

Name of Facility Candlewood Valley Care Center		License No. 2207C		Report for Year Ended 9/30/2015			Page 11	of 37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) Candlewood Valley Care Center		License No. 2207C		Report for Year Ended 9/30/2015		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Ann Rogers	124,013		Same as employees	Administrator	2,091	A2			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Candlewood Valley Care Center	2207C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	REINS	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	43,596	1,038				
2. Dentist	16,073	Disallowed				
3. Pharmacist	10,418	168				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	518,360	7,086				
b. Other	24,528	360				
6. Social Worker						
7. Recreation Worker	16,109	93				
8. Physicians						
a. Medical Director (entire facility)	42,000	220				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	12,000	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff Meetings	200	2				
9. Speech Therapist						
a. Resident Care	83,503	1,007				
b. Other	2,502	41				
10. Occupational Therapist						
a. Resident Care	384,538	5,483				
b. Other	8,950	88				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	49,549	314				
2. Administrative***						
b. LPN						
1. Direct Care	10,205	200				
2. Administrative***						
c. Aides	4,365	312				
d. Other						
12. Other (Specify) See Attached Schedule	32,227	126				
B-13 Total Fees Paid in Lieu of Salaries	1,259,123	16,538				

* 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		License No.	Report for Year Ended		Page	of
Candlewood Valley Care Center		2207C	9/30/2015		14a	37
AVG #	Category	Consultant	Total Paid	Total Hours		
89165	Dietician	Laura Koski	43,596	1,038	\$42/hr	
			<u>43,596</u>	<u>1,038</u>	\$46.58/hr limit in 2015	
87110	Dentist	Healthdrive Dental	16,073	0	Disallow	
86060	Pharmacist	Value Health Care Services	10,418	168	2 days/month-7 hrs per visit - disallow	
80960						
80970						
80980	Physical Therapy	Preferred Therapy	618,360	7,086		
80960	PT Outpatient	Preferred Therapy	24,628	360		
61660	Entertainment	Various - see attached pg. 14b	16,409	93	124 Performances @ 45 min each	
87100	Medical Director	Dr. Kenneth Maric	42,000	220	\$156.90/hr limit in 2015	
	Medical Consultant	Dr. Anthony Viola	12,000		Disallow	
			<u>54,000</u>	<u>220</u>		
87105	Medical Staff Meeting	Dr. Kenneth Maric			No pmt - part of contract	
		Dr. Anthony Viola			No pmt - part of contract	
		Peter Anderson MD.	200	2		
			<u>200</u>	<u>2</u>	1 hour per meeting	
82960						
82980						
82990	Speech Therapy	Preferred Therapy	83,803	1,007		
82980	ST Outpatient	Preferred Therapy	2,602	41		
81980						
81980	Occupational Therapy	Preferred Therapy	384,538	6,483		
81960	OT Outpatient	Preferred Therapy	8,950	88		
63310	Agency R.N	Professional Healthcare Services	49,549	314		
63320	Agency L.P.N.	Ready Nurse	10,205	200		
63330	Agency C.N.A.	Geron Nursing Respite Care	4,365	312		
87850	Nursing Admin-Purch Svc	Quality Assurance - WAA	6,117	128	Caslaneda	
	Related Parties		<u>6,117</u>	<u>128</u>		
	IV Nurse	Value Health Care-IV Nurse	6,905		IV Nurse Consultants -avg cost of \$150/start; 1hr per start.	
	Nursing Admin	Swallowing Diagnostics LLC	360		Disallow	
		Technical Gas Products, Inc.	2,498		Disallow	
		Preferred Therapy	15,987		Disallow	
		Liberty Rehab	360		Disallow	
			<u>19,205</u>			

Report of Expenditures
Schedule BI - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility	License No.	Report for Year Ended	Page	of
Candlewood Valley Care Center	2207C	09/30/15	146	37
Consultant	Category	Total Paid		
Anja Slarkowski	Entertainment 10/14/14	100		
Anja Slarkowski	Entertainment 12/31/14	150		
Anja Slarkowski	Entertainment 3/15/15	125		
Anja Slarkowski	DeJure Musical Repertoire	125		
Anja Slarkowski	Musical Entertainment 8/21/15	125		
BA Vogel	Entertainment 11/21/14	130		
BA Vogel	Entertainment 2/19/15	130		
BA Vogel	Entertainment	130		
BA Vogel	Entertainment 7/24	130		
Bina Hoiberg	Entertainment 5/10	125		
Bina Hoiberg	Father's Day Music	100		
Bina Hoiberg	Music 6/1	100		
Caroline Dostal	Entertainment 2/14/15	200		
Carol Neal	Karaoke Sing Along 05/19/15	125		
Chris Marwan	Entertainment 12/19/14	100		
Chris Marwan	Entertainment 4/16/15	150		
Chris Marwan	Music 5/8/15	150		
Chris Marwan	Music 8/17	175		
Danah In The City, LLC	Entertainment	175		
Danah In The City, LLC	County Whelan Entertainment	125		
Danny Russo	Entertainment 1/13/14	125		
Danny Russo	Entertainment 3/12/15	125		
Danny Russo	Entertainment 4/21/15	125		
Danny Russo	Music 5/7/15	125		
Danny Russo	Music 6/11	125		
Danny Russo	Music 7/9	125		
Danny Russo	Entertainment 8/20/15	125		
Danny Russo	Music 8/25	100		
Eliel Kaufman	Entertainment 3/27/15	100		
Eliel Kaufman	Trumpet & Vocal	250		
Farm on Wheels	Parade Zoo 8/22	125		
Frank Palmer	Entertainment 12/11/14	125		
Frank Palmer	Entertainment 1/15/15	125		
Frank Palmer	Entertainment 2/27/15	125		
Frank Palmer	Entertainment 4/12/15	125		
Frank Palmer	Entertainment 6/25	125		
Frank Palmer	Entertainment 7/16	125		
Frank Palmer	Music 9/4	125		
Geoffrey Irish Dancers	Entertainment 3/14/15	100		
Geoffrey Irish Dancers	Entertainment 10/15	100		
Harold Morgan	Entertainment 3/20/15	100		
Harold Morgan	Entertainment 4/30/15	100		
Harold Morgan	Piano Entertainment 7/10	110		
Harold Morgan	Entertainment 11/14/14	110		
Harold Morgan	Entertainment 2/18/15	75		
Harold Morgan	Entertainment 12/9/14	125		
Harold Morgan	Entertainment 10/17/14	125		
Harold Morgan	Entertainment 12/25/14	125		
Harold Morgan	Entertainment 1/29/15	125		
Harold Morgan	Entertainment 3/5/15	125		
Harold Morgan	Entertainment 3/19/15	125		
Harold Morgan	Entertainment 3/14/15	120		
Harold Morgan	Entertainment 12/26/14	120		
John Mafe	Music 8/22	100		
John Mafe	Music Entertainment 8/26	135		
John Mafe	Entertainment 11/20/14	135		
John Mafe	Entertainment 10/15/14	135		
John Mafe	Entertainment 1/15/14	75		
John Mafe	Expense Report Through 7/20	150		
John Mafe	Entertainment 4/10/2014	150		
John Mafe	Entertainment 12/18/14	150		
John Mafe	Entertainment 1/22/15	150		
John Mafe	Entertainment 2/26/15	150		
John Mafe	Entertainment 3/19/15	150		
John Mafe	Entertainment 4/15/15	150		
John Mafe	Music With Larry & Doreen 4/30	150	Continued on next page	146
John Mafe	Music For Memorial Day	150		
John Mafe	Music For Ice Cream Social	150		
John Mafe	Music 7/23	150		
John Mafe	Music 8/27	150		
John Mafe	Music 9/24	135		
John Mafe	Entertainment 10/30/14	135		
John Mafe	Entertainment 11/18/14	135		
John Mafe	Entertainment 2/5/15	135		
John Mafe	Entertainment 3/9/15	135		
John Mafe	Music 4/23	135		
John Mafe	Music 7/30	150		
John Mafe	Entertainment 10/29/14	150		
John Mafe	Entertainment 1/16/15	150		
John Mafe	Entertainment 4/9/15	75		
John Mafe	Program 5/19	75		
John Mafe	Music 7/21	75		
John Mafe	Copy Process Presentation	20		
John Mafe	Entertainment 4/9/15	50		
John Mafe	Onboarding 1/16/15	125		
John Mafe	Entertainment 10/10/14	125		
John Mafe	Entertainment 12/5/14	125		
John Mafe	Entertainment 1/30/15	125		
John Mafe	Entertainment 2/20/15	125		
John Mafe	Music 8/19	125		
John Mafe	Music 8/7	100		
John Mafe	Entertainment 10/11/14	100		
John Mafe	Entertainment 11/5/14	140		
John Mafe	Entertainment 1/9/15	135		
John Mafe	Entertainment 1/28/15	135		
John Mafe	Entertainment 2/12/15	135		
John Mafe	Entertainment 2/12/15	125		
John Mafe	Entertainment 3/28/15	140		
John Mafe	Entertainment 4/5/15	135		
John Mafe	Entertainment 4/22/15	135		
John Mafe	Music 5/15	135		
John Mafe	Music 6/22/15	135		
John Mafe	Entertainment 8/19/15	135		
John Mafe	Music 8/23	100		
John Mafe	Entertainment 10/31/14	100		
John Mafe	Entertainment 11/17/14	100		
John Mafe	Entertainment 3/5/15	100		
John Mafe	Entertainment 3/15/15	100		
John Mafe	Entertainment 8/15	100		
John Mafe	Entertainment 11/5/14	125		
John Mafe	Entertainment 10/21/14	145		
John Mafe	Entertainment 12/24/14	220		
John Mafe	Entertainment 4/10/15	185		
John Mafe	Entertainment 12/15	140		
John Mafe	Entertainment 12/15	140		
John Mafe	Vocal & Instrumental 6/4	140		
John Mafe	Vocal And Instrumental 8/9	140		
John Mafe	Entertainment 10/28/14	125		
John Mafe	Entertainment 12/29/14	125		
John Mafe	Entertainment 1/18/15	125		
John Mafe	Entertainment 3/13/15	125		
John Mafe	Entertainment 8/13/15	125		
		15,159	Page 146	

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Candlewood Valley Care Center
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Group Benefit	\$ 1,209		
Employee Physicals	\$ 6,980		
Total	\$ 8,189	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Candlewood Valley Care Center	2207C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,867,738	2,867,738		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,901	2,901			
3. Gifts to Staff and Residents	\$ 16,838	16,838			
4. Employee Travel	\$ 28,447	28,447			
5. Education Expenses Related to Seminars and Conventions	\$ 6,787	6,787			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 12,396	12,396			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 7,869	7,869			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,188	1,188			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 53,036	53,036			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 11,252	11,252			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,425	12,425			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 381	381			
9. Subscriptions	\$ 2,364	2,364			
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>)	\$				
12. Administrative Management Services**	\$ 114,858	114,858			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 232,897	232,897			
C-14 Total Administrative & General Expenditures	\$ 3,371,377	3,371,377			

* 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)
Advertising Promotions	\$ 11,118		
Business Promotions	\$ 41,918		
Total Other Advertising	\$ 53,036	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See page 16b	\$ 12,425		
Total Dues	\$ 12,425	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Purchased Services	\$ 76,086		
Computer Purchased Services	\$ 1,184		
Faculty and Employee Licenses	\$ 5,229		
Bank Charges	\$ 8,442		
Late Charges	\$ 2,404		
Employee Background Checks	\$ 1,027		
Consulting Fees	\$ 15,996		
Data Processing Fees	\$ 14,979		
Software Maintenance	\$ 28,771		
Professional Liability and Employee Practices Insurance	\$ 61,805		
Technology Credit	\$ (8,043)		
Medical Records Supplies	\$ 11,852		
Penalties	\$ 4,165		
Recruiting Expense	\$ 9,000		
Total Other Administrative and General	\$ 232,897	\$ -	\$ -

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

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Yr 9/30/2015	Page 16b	of 37
---	----------------------	----------------------------	-------------	----------

Reference	Total	Dues	Subscriptions	Chamber of Commerce	Description
A New Day	36		36		Subscription Renewal
ALTCFM	40	40			Membership Dues
AMDA	300	300			Membership Fee - Dr Marici, Med Dir
American College Of Health Care Administrators	109	109			Annual Membership, Ann Rogers
APIC	191	191			Memb Renewal - Evelyn Spina #91249
CAHCF	837				Membership Dues - October
CAHCF	837				Membership Dues - November
CAHCF	837				Membership Dues - December
CAHCF	837				Membership Dues - January
CAHCF	837				Membership Dues Feb 2015
CAHCF	837				Membership Dues - March
CAHCF	837				Membership Dues - April
CAHCF	837				Monthly Membership Dues
CAHCF	837				Membership Dues - June
CAHCF	837				Membership Dues - July
CAHCF	837				Monthly Dues - August
CAHCF	837	10,042			Monthly Dues - September
Infection Control Nurses of CT	36	35			Petty Cash Reimburse - January
MDS Alert	249		249		Petty Cash Reimburse - February
Senior Care Resources of Western CT	300	300			Petty Cash Reimburse - February
Creative Forecasting Inc.	60		60		1 Yr Subscription - Activity Planning
GNMBA	300	300			Membership 2015
NADONAL	134	134			Debra Ross-Stahl Membership
New Milford Chamber of Commerce	381			381	Membership Dues Y/E 12/31/15
OSCPA/AICPA/AACFE (PNC)	459	459			Firmant/Fiors-Goldthorpe
ALTCFM (PNC)	26	26			DeFlorio
Reader's Digest PFS Foundation	30		30		#0820535029 Lg Print Renewal
Russell Phillips & Associates, LLC	350	350			Annual Fee CT LTC Mutual Aid Plan
Society For Human Resource Management	139	139			Annual Membership 7/1/14-6/30/15 Colleen Bowe
The News Times	34				Daily Newspapers WE 10/12/14
The News Times	39				Daily Newspapers WE 10/19/14
The News Times	39				Daily Newspapers WE 10/26/14
The News Times	39				Daily Newspapers WE 11/2/14
The News Times	40				Daily Newspaper WE 11/9/14
The News Times	44				Daily Newspaper WE 11/16/14
The News Times	44				Daily Newspaper WE 11/30/14
The News Times	44				Daily Newspaper WE 12/2/14
The News Times	44				Daily Newspaper WE 12/28/14
The News Times	44				Daily Newspaper WE 1/4/15
The News Times	44				Daily Newspaper WE 1/11/15
The News Times	44				Daily Newspaper WE 1/18/15
The News Times	44				Daily Newspaper WE 2/1/15
The News Times	44				Daily Newspapers WE 2/8/15
The News Times	44				Daily Newspapers WE 2/15/15
The News Times	46				Daily Newspapers WE 3/1/15
The News Times	46				Daily Newspapers WE 3/22/15
The News Times	46				Daily Papers WE 4/28
The News Times	46				Daily Papers WE 5/5
The News Times	46				Daily Papers WE 5/10
The News Times	46				Deliveries WE 5/17
The News Times	46				Deliveries WE 5/24
The News Times	46				Deliveries WE 5/31
The News Times	46				Deliveries WE 06/07/15
The News Times	46				Deliveries WE 6/14
The News Times	46				Deliveries WE 06/21
The News Times	46				#02570706 Deliveries WE 6/28
The News Times	46				#02570706 Deliveries WE 7/5
The News Times	46				Deliveries WE 7/12
The News Times	46				Deliveries WE 7/19
The News Times	46				Deliveries WE 7/26
The News Times	46				Deliveries WE 8/2
The News Times	46				Deliveries WE 04/12/15
The News Times	46				Deliveries WE 04/05/15
The News Times	46				Deliveries WE 3/28/15
The News Times	46				Deliveries WE 03/15/15
The News Times	46				Deliveries WE 03/08/15
The News Times	46				Deliveries WE 01/25/15
The News Times	46				Deliveries WE 04/19/15
The News Times	46				#02570706 Deliveries WE 02/3
The News Times	46				#02570706 Deliveries WE 08/30
The News Times	46				#02570706 Deliveries WE 07/10
The News Times	46				#02570706 Deliveries WE 09/06
The News Times	46				Deliveries WE 9/20
The News Times	46		1,989		Deliveries WE 09/27
Totals:	15,170	12,425	2,364	381	

Schedule C-1 - Management Services*

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
TransCon Builders, Inc.	114,858	See page 4	Page 16 Line M12

* 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
Candlewood Valley Care Center	2207C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 318,206	318,206		
2. Non-Food Supplies	\$ 28,209	28,209		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,200	1,200		
c. Management Services**	\$ _____			
d. Other (Specify) _____ Chemicals/Cleaning Supplies	\$ 10,664	10,664		
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 358,279	358,279		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
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 type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$4,059
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* 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 Candlewood Valley Care Center		License No. 2207C	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry		Lbs.				
a. In-House Processing*						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	23,958	23,958		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Chemicals/Detergents \$9,196; Supplies \$2,544; Equipment Rental \$15,314; Purchased Services \$4,525; Gas \$33,862		\$	65,441	65,441		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	89,399	89,399		
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 Candlewood Valley Care Center		License No. 2207C	Report for Year Ended 9/30/2015		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	54,595	54,595		
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. \$	261,338	261,338		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	315,933	315,933		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	296,874	296,874		
	<i>Medicare \$241,650, Medicaid \$6,750, Medicare OTC \$2,455, Management Care \$42,237, Over-Care \$12,347, Facility \$1,435</i>					
b.	Medicine Cabinet Drugs	\$	22,965	22,965		
c.	Medical and Therapeutic Supplies	\$	8,889	8,889		
d.	Ambulance/Limousine***	\$	18,438	18,438		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	14,512	14,512		
f.	X-rays and Related Radiological Procedures***	\$	24,614	24,614		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	56,818	56,818		
i.	Recreation	\$	5,694	5,694		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	350,590	350,590		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	799,394	799,394		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Supplies	\$ 3,608		
Medical Equipment Rental	\$ 13,212		
Basic Mattresses	\$ 297		
Specialty Mattresses	\$ 30,682		
Small Equipment Purchase	\$ 12,030		
Cable TV	\$ 14,647	PC	
Equipment Rental	\$ 26,190		
Other Therapy Equipment	\$ 450		
Nursing Supplies	\$ 130,890	PC	
Glucose Testing Supplies	\$ 4,791		
Incontinent Care	\$ 49,158		
Gloves	\$ 18,857		
Wound Care Supplies	\$ 25,676		
Nutritional Supplements	\$ 5,816		
Syringes	\$ 1,332		
Medical Supplies - Evercare	\$ 772		
Medical Supplies - Medicare	\$ 7,962		
Supplies - Resident Personal	\$ 1,700		
Beauty Shop Expense	\$ 2,520		
Total Other Resident Care	\$ 350,590	\$ -	\$ -

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

Name of Facility Candlewood Valley Care Center		License No. 2207C		Report for Year Ended 9/30/2015		Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided* Repair/Maintenance & Service Contracts	CCNH	RHNS (Specify)	Pg	Line
		Yes	No						
Saucier		<input type="radio"/>	<input checked="" type="radio"/>		Service Contracts	38,338			22 6f
Daniels Equipment		<input type="radio"/>	<input checked="" type="radio"/>		Ozone Rental	15,314			19 3d
Sanitary Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	261,338			20 4b
Winters Bros Hauling of CT		<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	52,857			22 6f
Iron Mountain Management		<input type="radio"/>	<input checked="" type="radio"/>		Storage/Retrieval of Documents	12,558			22 6f
Circle Asphalt		<input type="radio"/>	<input checked="" type="radio"/>		Snow Plow	17,056			22 6f
Shamrock Land Management		<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	20,889			22 6f
		<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"/>						

* 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
Candlewood Valley Care Center	2207C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 62,961	62,961				
b. Heat	\$ 146,380	146,380				
c. Light & Power	\$ 155,406	155,406				
d. Water	\$ 65,260	65,260				
e. Equipment Lease (Provide detail on page 6)	\$ 6,775	6,775				
f. Other (itemize)	\$ 189,491	189,491				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 626,273	626,273				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 274,163	274,163				
c. Non-Movable Equipment	\$ 4,017	4,017				
d. Movable Equipment	\$ 36,306	36,306				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 314,486	314,486				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 3,336	3,336				
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 3,336	3,336				
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	\$ 105,734	105,734				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 13,785	13,785				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 437,341	437,341				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Small Equipment Purchase	\$ 2,218		
Trash Removal	\$ 52,857		
Service Contracts	\$ 44,394		
Grounds Maintenance	\$ 37,945		
Equipment Rental	\$ 177		
Purchased Services	\$ 1,134		
Minor Decorating	\$ 9,279		
Lease Items not meeting page 6 criteria	\$ 1,917		
Supplies	\$ 39,570		
Total Other Repairs and Maintenance	\$ 189,491	\$ -	\$ -

Candlewood Valley Care Center
9/30/2015

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:				
12/14	Rehab/Therapy Renovation	61,952	39	1,258
3/15	Water Softener	17,968	15	629
Total additions for Building Improvements		\$ 79,920		\$ 1,887 *
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:				
2/15	Storage Shed	2,731	7	284
6/15	1st Stage Compressor	9,295	15	266
6/15	Hot Water Tank	3,100	15	89
Total additions for Non-Movable Equipment		\$ 15,126		\$ 639 *
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:				
10/14	Tax on Freight - 15 Desk Chairs	50	7	16
12/14	MatrixCare - Implementation charges	31	7	10
12/14	Bed Package	6,587	7	2,151
2/15	Computers	3,177	7	330
2/15	Nurse Laptops - Trsf/Purch from GW	7,727	7	803
8/15	Compact Water Booster	2,888	7	165
Total additions for Movable Equipment		\$ 20,460		\$ 3,475 *
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

State of Connecticut
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		
Candlewood Valley Care Center		2207C		9/30/2015		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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing Costs - 2nd mort		2014	10 years	33,403	1,668			3,336	
2.									
3.									
B-4. Subtotal									3,336
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									3,336

* 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 Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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	N/A				
2. Date Structure Completed	N/A				
3. If NOT Original Owner, Date of Purchase	06/10/98				
4. Date of Initial Licensure	06/10/98				
5. Total Licensed Bed Capacity	148				
6. Square Footage	53,395				
7. Acquisition Cost					
a. Land	216,000				
b. Building	6,340,000				
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				
b. Date Mortgage Obtained	04/01/14				
c. Interest Rate for the Cost Year	5.00%				
d. Term of Mortgage (number of years)	10				
e. Amount of Principal Borrowed	8,000,000				
f. Principal balance outstanding as of 9/30/2015	7,313,672				
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 Candlewood Valley Care Center		License No. 2207C	Report for Year Ended 9/30/2015		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 185,638	185,638		
Name of Lender PNC		Rate 5.00%				
Address of Lender P.O. Box 94528, Cleveland, OH 44101						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 185,638	185,638		

(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
Candlewood Valley Care Center		2207C		9/30/2015			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				185,638	185,638			
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) Interest Expense				\$	6,913	6,913		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	192,551	192,551		
14. Insurance								
a. Insurance on Property (buildings only)				\$	13,450	13,450		
b. Insurance on Automobiles				\$	1,783	1,783		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	15,233	15,233		
15. Total All Expenditures (A-13 thru C-14)				\$	14,741,078	14,741,078		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Candlewood Valley Care Center				2207C	9/30/2015	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	\$ 96,589	96,589		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10a/1	Occupational Therapy	\$ 393,488	393,488		
7.			Other - See attached Schedule	\$ 88,215	88,215		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 12,190	12,190		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 8,962	8,962		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L4	Automobile Expense (e.g. personal use)	\$ 3,066	3,066		
18.	16	m2/m	Unallowable Advertising *	\$ 54,224	54,224		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 250	250		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 114,858	114,858		
22.	20	5j	Barber and Beauty	\$ 2,520	2,520		
23.			Other - See attached Schedule	\$ 59,915	59,915		
Page 18 - Dietary Expenditures							
24.	30	iv5	Meals to employees, guests and others who are not residents	\$ 4,059	4,059		
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)				\$ 838,336	838,336		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	a12o	Wages- Recruiting	\$ 8,983		
10	a12n	Wages- Marketing	\$ 61,952		
10	a2	Administrator wages over allowable	\$ 25,654		
Total Other Salaries Adjustment			\$ 96,589	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 16,073		
13	b12	Nursing Administration	\$ 19,205		
13	b12	IV Nurse	\$ 6,905		
13	b8a	Medical Director salary over allowable	\$ 7,002		
13	b8c	Medical Consultant	\$ 12,000		
13	b5b	PT - Outpatient	\$ 24,528		
13	b9b	ST - Outpatient	\$ 2,502		
Total Other Fees Adjustments			\$ 88,215	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees	\$ 2,404		
16	m13	Bank Charges	\$ 8,442		
16	m13	Penalties	\$ 4,165		
16	m8a	Chamber of Commerce Dues	\$ 381		
16	m9	Other Unallowable Dues	\$ 486		
22	8b	Amortization of Intangibles	\$ 3,336		
16		Benefits on Disallowed Marketing Salary Noted Above (20%)	\$ 12,390		
16		Benefits on Disallowed Administrative Salary Noted Above (20%)	\$ 5,131		
16		Benefits and Taxes on Disallowed Recruiting Salary Noted Above	\$ 1,029		
16	L4	Condo Rent	\$ 7,304		
16	m9	Newspapers	\$ 2,019		
16	13	Employee Relations	\$ 12,828		
Total Other A&G Adjustments			\$ 59,915	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Candlewood Valley Care Center			2207C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 838,336	838,336		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 296,874	296,874		
28.	20	5d	Ambulance/Limousine	\$ 18,438	18,438		
29.	20	5f	X-rays, etc	\$ 24,614	24,614		
30.	20	5h	Laboratory	\$ 56,818	56,818		
31.	20	5c	Medical Supplies	\$ 8,889	8,889		
32.	20	5e2	Oxygen (non emergency)	\$ 14,512	14,512		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 93,171	93,171		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 619	619		
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	\$ 16,974	16,974		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 13,450	13,450		
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	\$ 17,714	17,714		
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)				\$ 1,400,409	1,400,409		

*** 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 29.

Candlewood Valley Care Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Specialty Mattresses	\$ 30,682		
20	5j	Nursing Supplies	\$ 8,897		
20	5j	Medical Supplies - Medicare	\$ 7,962		
20	5j	Medical Equipment Rental	\$ 39,402		
20	5j	Supplies - Resident Personal	\$ 1,700		
20	5j	OT Supplies	\$ 3,306		
20	5j	Medical Supplies - Bvercare	\$ 772		
20	5j	Other Therapy Equipment	\$ 450		
Total Other Ancillary Costs			\$ 93,171	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciations	\$ 619		
Total Excess Movable Equipment Depreciation			\$ 619	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 14,647		
22	6a	TV for Resident Rooms	\$ 421		
22	6f	Small Equipment Purchase	\$ 123		
27	14b	Insurance on Disallowed Vehicles	\$ 659		
27	14a	Auto Insurance	\$ 1,124		
Total Other Property Adjustments			\$ 16,974	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense	\$ 6,913		
22	6b-d	Outpatient Therapy Utilities Disallowance	\$ 585		
		Interest - Westfield Bank	\$ 862		
22	6f	Minor Decorating	\$ 9,279		
30	IV 8	Other Misc. Income	\$ 75		
Total Other Adjustments			\$ 17,714	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Candlewood Valley Care Center	2207C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 13,876,814	13,876,814				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,697,219)	(6,697,219)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 3,275,786	3,275,786				
b. Medicare Room and Board Contractual Allowance **	\$ 1,365,928	1,365,928				
4. a. Private-Pay Residents and Other	\$ 3,506,215	3,506,215				
b. Private-Pay Room and Board Contractual Allowance **	\$ (513,594)	(513,594)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 323,621	323,621				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (320,705)	(320,705)				
c. Prescription Drugs - Non-Medicare	\$ 56,337	56,337				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (42,360)	(42,360)				
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	\$ 1,049,468	1,049,468				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (949,663)	(949,663)				
c. Physical Therapy - Non-Medicare	\$ 178,593	178,593				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (127,200)	(127,200)				
4. a. Speech Therapy - Medicare	\$ 158,854	158,854				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (135,665)	(135,665)				
c. Speech Therapy - Non-Medicare	\$ 37,306	37,306				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (25,955)	(25,955)				
5. a. Occupational Therapy - Medicare	\$ 860,987	860,987				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (821,754)	(821,754)				
c. Occupational Therapy - Non-Medicare	\$ 101,174	101,174				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (83,394)	(83,394)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 5,127	5,127				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,078,701	15,078,701				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 4,059	4,059				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 84,197	84,197				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 14,945	14,945				
V. Total Other Revenue (1 thru 8)	\$ 103,201	103,201				
VI. Total All Revenue (III + V)	\$ 15,181,902	15,181,902				

* 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)
	X-Ray	\$ 22,137		
	Lab	\$ 42,824		
	Oxygen	\$ 8,689		
	Equipment Rental	\$ 1,837		
	Contractual Allowance - X-Ray and Lab	\$ (64,961)		
	Contractual Allowance - Oxygen	\$ (8,689)		
	Contractual Allowance - Equipment Rental	\$ (1,837)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 2,456		
	Lab	\$ 15,305		
	Oxygen	\$ 529		
	Contractual Allowance - X-Ray and Lab	\$ (12,672)		
	Contractual Allowance - Oxygen	\$ (491)		
Total Other Resident Revenue		\$ 5,127	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Expense	(86)	(86)		
	Interest Income - Intercompany	84,283	84,283		
Total Interest Income			\$ 84,197	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Misc. Income	\$ 14,945		
Total Other Revenue		\$ 14,945	\$ -	\$ -

F. Statement of Revenue

Name of Facility Candlewood Valley Care Center	License No. 2207C	Report for Year Ended 9/30/2015	Page 30b	of 37
---	----------------------	------------------------------------	-------------	----------

Account Name	Savings Interest	Medicare / Private Insurance	Security Deposit Interest	Total	G/L Balance	Difference
	Cash	A/R	Cash			
Oct-14	182	7		189	189	-
Nov-14	(125)			(125)	(125)	-
Dec-14	110			110	110	-
Jan-15	121			121	121	-
Feb-15	(451)			(451)	(451)	-
Mar-15	20			20	20	-
Apr-15	7			7	7	-
May-15	8			8	8	-
Jun-15	5			5	5	-
Jul-15	10			10	10	-
Aug-15	10			10	10	-
Sep-15	11			11	11	-
Totals	(93)	7	-	(86)	(86)	-

Intercompany Interest	Wilton	Greenwich	Hamden	TransCon	Total	G/L Balance	Difference
Oct-14				4,989	4,989	4,989	-
Nov-14				4,993	4,993	4,993	-
Dec-14				5,423	5,423	5,423	-
Jan-15				6,757	6,757	6,757	-
Feb-15				6,254	6,254	6,254	-
Mar-15				6,947	6,947	6,947	-
Apr-15				7,986	7,986	7,986	-
May-15				8,275	8,275	8,275	-
Jun-15				8,031	8,031	8,031	-
Jul-15				8,276	8,276	8,276	-
Aug-15				8,298	8,298	8,298	-
Sep-15				8,054	8,054	8,054	-
Totals	-	-	-	84,283	84,283	84,283	-

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
 ANNUAL REPORT OF LONG-TERM CARE FACILITIES
 CSP-30 REV. 10/2005

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Candlewood Valley Care Center	2207C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	276,181
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,917,446
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	145,694
a. Prepaid Expenses	62,142			
b. Prepaid Insurance	53,582			
c. Prepaid Taxes	29,970			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,339,321
B. Fixed Assets				
1. Land			\$	216,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>13,180,854</u>		\$	6,066,625
	Accum. Depreciation <u>7,114,229</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>41,982</u>		\$	22,268
	Accum. Depreciation <u>19,714</u>	Net		
6. Movable Equipment	*Historical Cost <u>1,775,225</u>		\$	85,795
	Accum. Depreciation <u>1,689,430</u>	Net		
7. Motor Vehicles	*Historical Cost <u>12,453</u>		\$	
	Accum. Depreciation <u>12,453</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	17,696
Construction in Progress	17,696			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	6,408,384

* 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
Candlewood Valley Care Center	2207C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$ 8,747,705	
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 (itemize)			\$	
6. Loans to Owners or Related Parties (itemize)			\$ 3,432,725	
Name and Address		Amount	Loan Date	
TransCon Builders, Inc.		3,432,725	Various	
7. Other Assets (itemize)			\$ 29,671	
Deposits		1,272		
Deferred financing costs, net		28,399		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 3,462,396	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 12,210,101	

* 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
Candlewood Valley Care Center		2207C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,317,699
2. Notes Payable (<i>itemize</i>)				\$	66,100
Current portion of Capital Lease Obligation					9,091
Current portion of Notes Payable					57,009
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>)				\$	713,044
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	41,536
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	176,185
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	607,018
Accrued 401k Employer Liability		19,099	Accrued Sales Tax	1,715	
Unearned Revenue		81,096	Security Deposits	22,500	
Accrued Provider User Fee		211,398	Accrued Home Office AI	58,376	
Accrued Operating Expenses		212,834			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,921,582

* 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 Candlewood Valley Care Center		License No. 2207C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,921,582	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	7,137,487
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	130,000
Name and Address of Lender	Amount	Loan Date			
Greenwich Retirement Housing, LLC	60,000	9/1/15			
Wilton Retirement Housing, LLC	70,000	9/1/15			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	31,351
Capital lease obligation, net of current portion		1,718			
Long Term Portion of Notes Payable		29,633			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	7,298,838
C. Total All Liabilities (Lines A-13 + B-5)				\$	10,220,420

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

Name of Facility	License No.	Report for Year Ended	Page	of
Candlewood Valley Care Center	2207C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,547,857
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	440,824
7. Total Net Worth			\$	1,989,681
C. Total Reserves and Net Worth			\$	1,989,681
D. Total Liabilities, Reserves, and Net Worth			\$	12,210,101

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Candlewood Valley Care Center	2207C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,547,857
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,181,902
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,741,078
D. Net Income or Deficit			\$	440,824
E. Balance			\$	1,988,681
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			\$	1,988,681
	09/30/15			

I. Preparer's/Reviewer's Certification

Name of Facility Candlewood Valley Care Center		License No. 2207C	Report for Year Ended 9/30/2015	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 <i>Blum, Shapiro & Company, P.C.</i>		Title	Date Signed <i>2/6/16</i>		
Printed Name of Preparer Blum Shapiro & Company, P.C.					
Address Address 29 South Main Street, Suite 400, West Hartford, CT 06127			Phone Number 860-561-4000		

February 8, 2016

Mr. Chris LaVigne, Director
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2015 Medicaid Cost Report for Candlewood Valley Care Center.

In preparing this cost report, we did not perform any disallowances for dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to inpatient physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Depreciation taken on page 23 is determined using accelerated tax methods over the estimated tax lives of the assets. The excess movable equipment depreciation is adjusted on page 29. We did not disallow bad debts as it is now netted against Private Pay Revenue. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

Included in the cost report is an accrual for July 1, 2015 to September 30, 2015 related to the State of Connecticut Department of Social Services wage enhancement program for certain non-administrative employees of Candlewood. The cost report includes additional wage expenses related to this program of \$55,382. We can supply detail by line item as needed.