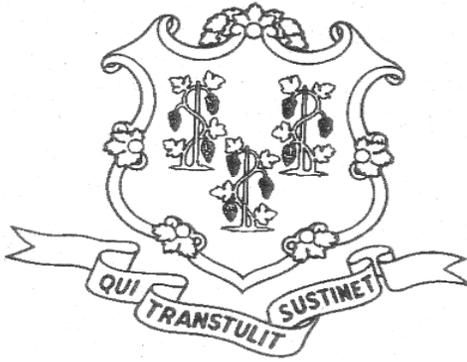


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Monsignor Bojnowski Manor	
Address (No. & Street, City, State, Zip Code) 50 Pulaski Street, New Britain, CT 06053	
Type of Facility <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) </div> <div style="width: 30%;"> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) </div> <div style="width: 30%;"> <input type="checkbox"/> (Specify) </div> </div>	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 993-C	RHNS	(Specify)	Medicare Provider 07-5374
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Medicaid Provider Numbers:	CCNH CCNH 000009332	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Monsignor Bojnowski Manor [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
Printed Name (Administrator) Carol Anne Salvietti			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Monsignor Bojnowski Manor		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 50 Pulaski Street, New Britain, CT 06053				
Report Prepared By Patrick D. Gill		Phone Number 860-653-5989	Date 2/10/2015	
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 860-229-0336		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Monsignor Bojnowski Manor			Address (No. & Street, City, State, Zip) 50 Pulaski Street, New Britain, CT 06053		
License Numbers:	CCNH 993-C	RHNS	(Specify)	Medicare Provider No. 07-5374	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	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 Carol Anne Salvietti			Nursing Home Administrator's License No.:	001389	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Immaculate Conception, Inc.	314 Osgood Ave, New Britain, CT	<input type="radio"/>	<input checked="" type="radio"/>		Lessor of Land	pg 22, line 9	12,000	n/a
Immaculate Conception, Inc.	314 Osgood Ave, New Britain, CT	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Financing	pg 26, line 12A	131,194	n/a
Immaculate Conception, Inc.	314 Osgood Ave, New Britain, CT	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Employee services	pg 10, line A 12m	69,126	n/a
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

The 3rd floor of the manor is occupied by Nuns who work at the Facility. We have self disallowed 7.34% of the following expenses based on square footage of the 3rd floor to the total square footage of the facility (Depreciation, Interest, Insurance, Repairs Contracts, R&M Supplies, Fuel, Electricity, Natural Gas, Water & Sewer, Trash and Pest Control). See page 29a for the disallowance.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor			993-C	9/30/2015			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Pitney bowes, Global Financing	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	Prior period	quarterly			646	
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No	Total ***
									646

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Whittlesley & Hadley 2 Patrick D. Gill 3 4	Address (No. & Street, City, State, Zip Code) 280 Trumbull Street, Hartford, CT 17 Highfarm Road, East Granby, CT
--	---

Services Provided by This Firm (*describe fully*)

1 Annual audit of financial statements and 990 tax return preparation	\$ 17,000
2 Medicaid and Medicare annual cost report preparation and filing; review of quarterly & year end financial information	\$ 6,000
3	\$
4	\$
	Charge for Services Provided
	\$ 23,000

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 3 4 5	Telephone Number 860-246-3000
--	----------------------------------

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

1 City Place I, Hartford, CT 2 3 4 5
--

Services Provided by This Firm (*describe fully*)

1 Employee Legal Issues	\$ 1,136
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 1,136

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

Schedule of Resident Statistics

Name of Facility Monsignor Bojnowski Manor			License No. 993-C		Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	57	57			57	57			57	57			
B. As of midnight of THIS report period	57	57			57	57			57	57			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,121	4,121			3,062	3,062			1,059	1,059			
B. Medicaid (Conn.)	12,405	12,405			9,559	9,559			2,846	2,846			
C. Medicaid (other states)													
D. Private Pay	3,596	3,596			2,490	2,490			1,106	1,106			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	20,122	20,122			15,111	15,111			5,011	5,011			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	29	29			29	29							
B. Other Bed Reserve Days	12	12			8	8			4	4			
5. Total Resident Days (3G + 4A + 4B)	20,163	20,163			15,148	15,148			5,015	5,015			

Schedule of Resident Statistics (Cont'd)

Name of Facility Monsignor Bojnowski Manor			License No. 993-C			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	8		38		11								
Per Diem Rate													
a. One bed rm.					390.00								
b. Two bed rms.	pps		231.00		375.00								
c. Three or more bed rms.	pps		231.00										
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,426	3,426				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								10,293	10,293				
D. Total Physical Therapy Treatments								13,719	13,719				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								559	559				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,722	1,722				
D. Total Speech Therapy Treatments								2,281	2,281				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,381	2,381				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								9,315	9,315				
D. Total Occupational Therapy Treatments								11,696	11,696				

Report of Expenditures - Salaries & Wages

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	105,238	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	150,469	5,440				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	67,057	2,144				
c. Dietary Workers	284,991	18,042				
6. Housekeeping Service						
a. Head Housekeeper	25,488	866				
b. Other Housekeeping Workers	123,654	7,782				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	25,457	863				
b. Other Maintenance Workers	123,076	6,360				
8. Laundry Service						
a. Supervisor	13,324	454				
b. Other Laundry Workers	96,415	6,671				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	168,149	4,146				
b. RN						
1. Direct Care	360,954	12,497				
2. Administrative**						
c. LPN						
1. Direct Care	529,093	19,225				
2. Administrative**						
d. Aides and Attendants	941,739	60,435				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	64,221	3,240				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
Medical Records	34,489	1,515				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	128,769	4,240				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	82,396	1,387				
<i>A-13. Total Salary Expenditures</i>	<i>3,324,979</i>	<i>157,387</i>				

* 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				License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor				993-C	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
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).										
Sister Mary Catherine Sirnowtok	69,126			none	Social Service	2,184		n/a		

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Monsignor Bojnowski Manor				993-C	9/30/2015				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Carol Anne Salvietti	105,238			none	Administrator	2,080	none	n/a		
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		
Monsignor Bojnowski Manor	993-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	15,013	330				
2. Dentist	6,974	82				
3. Pharmacist	4,239	71				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	243,281	3,853				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	19,200	192				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	91,774	2,223				
b. Other						
10. Occupational Therapist						
a. Resident Care	204,613	3,944				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	7,121	149				
B-13 Total Fees Paid in Lieu of Salaries	592,215	10,844				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 211,960	211,960			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 21,143	21,143			
4. Social Security (F.I.C.A.)	\$ 242,350	242,350			
5. Health Insurance	\$ 782,170	782,170			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,868	6,868			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 8,845	8,845			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 23,000	23,000			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,136	1,136			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 15,801	15,801			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 13,905	13,905			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 295,688	295,688			
Subtotal	\$ 1,622,866	1,622,866			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,622,866	1,622,866			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,358	5,358			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 372	372			
5. Education Expenses Related to Seminars and Conventions	\$ 7,162	7,162			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 256	256			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 3,335	3,335			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 11,236	11,236			
4. Fund-Raising***	\$ 1,749	1,749			
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,166	2,166			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,916	12,916			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 302	302			
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**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 46,386	46,386			
C-14 Total Administrative & General Expenditures	\$ 1,714,104	1,714,104			

* 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)
Other	\$ 11,236		
Total Other Advertising	\$ 11,236	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Health Care Facilities	\$ 4,095		
State of CT	\$ 1,340		
CATRD	\$ 40		
City of New Britain	\$ 510		
Leading Age Connecticut	\$ 5,419		
Russell Phillips & Associates	\$ 350		
ICNC	\$ 38		
CITIBusiness	\$ 464		
Dr. Zebrowski	\$ 40		
New Britain - Berlin Rotary	\$ 370		
THOCC Auxiliary	\$ 30		
ALTCFM	\$ 80		
Catholic Health Association	\$ 140		
Total Dues	\$ 12,916	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Background checks	\$ 210		
Bank Service Fees	\$ 2,261		
Computer Supplies	\$ 3,884		
Computer Maintenance	\$ 30,604		
Small Equip Purchase	\$ 370		
Miscellaneous	\$ 93		
Marketing Expense	\$ 5,526		
Meeting Expense	\$ 2,322		
Volunteer Parties & Gifts	\$ 96		
Fines & Penalties	\$ 1,020		
Total Other Administrative and General	\$ 46,386	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	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 #
N/A			

*** 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 Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 144,230	144,230		
2.	Non-Food Supplies	\$ 29,048	29,048		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 173,278	173,278		
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 type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
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. \$	2,639	2,639	
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) Chemical & Supplies		\$	6,547	6,547	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	9,186	9,186	
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	License No.	Report for Year Ended	Page	of	
Monsignor Bojnowski Manor	993-C	9/30/2015	20	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. \$	11,028	11,028		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	11,028	11,028		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	158,359	158,359		
b. Medicine Cabinet Drugs	\$	30,520	30,520		
c. Medical and Therapeutic Supplies	\$	74,435	74,435		
d. Ambulance/Limousine***	\$	5,840	5,840		
e. Oxygen					
1. For Emergency Use	\$	9,431	9,431		
2. Other***	\$	2,344	2,344		
f. X-rays and Related Radiological Procedures***	\$	9,707	9,707		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	38,040	38,040		
i. Recreation	\$	13,544	13,544		
j. Other (Specify)**** See Attached Schedule	\$	39,096	39,096		
5K. Total Resident Care Expenditures (5a - 5j)	\$	381,316	381,316		

* 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)
Medcial Equip Repair, Rental & Maintenance	\$ 13,132		
Medical Records Supplies	\$ 152		
Suppliments	\$ 11,208		
Small Medical Equip Repairs & Purchases	\$ 1,751		
Wound Care Supplies	\$ 12,537		
Enteral Feedings	\$ 316		
Total Other Resident Care	\$ 39,096	\$ -	\$ -

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

Name of Facility Monsignor Bojnowski Manor			License No. 993-C	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*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<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).

Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Monsignor Bojnowski Manor	993-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 52,086	52,086				
b. Heat	\$ 67,179	67,179				
c. Light & Power	\$ 109,129	109,129				
d. Water	\$ 49,383	49,383				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 646	646				
f. Other (<i>itemize</i>)	\$ 13,052	13,052				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 291,475	291,475				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 126	126				
b. Building & Building Improvements	\$ 66,333	66,333				
c. Non-Movable Equipment	\$ 2,106	2,106				
d. Movable Equipment	\$ 52,907	52,907				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 121,472	121,472				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 12,000	12,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 133,472	133,472				

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

Monsignor Bojnowski Manor
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:				
10/21/2014	RH Quality Construction (Framing & Roofing)	\$ 2,450	20 yrs	\$ 122
10/13/2014	CITI Bank / Amazon	\$ 678	5 yrs	\$ 136
1/6/2015	Kone Elevator (2 Solid State Starters)	\$ 5,968	20 yrs	\$ 224
3/2/2015	Link Mechanical (Hot Water Tanks)	\$ 11,487	20 yrs	\$ 335
5/4/2015	Eastern Fire (New Fire Door)	\$ 2,332	10 yrs	\$ 97
6/4/2015	Yankee Equipment (New Dryer Bearing)	\$ 3,079	10 yrs	\$ 103
4/5/2015	Aldrich Clean (Motor)	\$ 1,509	10 yrs	\$ 76
8/1/2015	Abele Concrete (Sidewalk)	\$ 3,200	10 yrs	\$ 53
Total additions for Building Improvements		\$ 30,703		\$ 1,146 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/21/2014	CITI Bank/Thermo King - Trailer Rental	\$ 864	10 yrs	\$ 86
2/18/2015	Food Equip Spec.-Install water heater	\$ 643	10 yrs	\$ 43
2/6/2015	Food Srv Warehouse - Water Heater	\$ 2,396	10 yrs	\$ 160
6/19/2015	Kittredge Foodservice - Dishwasher	\$ 29,733	10 yrs	\$ 991
8/11/2015	Eastern electric - wiring dishwasher	\$ 682	10 yrs	\$ 11
11/18/2014	Access Technology - Monitors	\$ 578	5 yrs	\$ 106
3/9/2015	Access Technology - 24" Monitor	\$ 595	5 yrs	\$ 69
12/1/2014	Lowe's - Refrigerator	\$ 1,810	10 yrs	\$ 151
4/24/2015	Medline - Beds	\$ 2,695	10 yrs	\$ 135
5/5/2015	Direct Supplies - 6 Recliner Chairs	\$ 6,333	10 yrs	\$ 264
5/29/2015	Direct Supplies - Dining Table & Chairs	\$ 6,700	10 yrs	\$ 279
Total additions for Movable Equipment		\$ 53,029		\$ 2,295 *
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

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Monsignor Bojnowski Manor			993-C		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.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	July	1999	15 yrs	157,000	157,000	SL			
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	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 checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		01/01/74			
2. Date Structure Completed		09/30/75			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		10/01/75			
5. Total Licensed Bed Capacity		60			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		private	private		
b. Date Mortgage Obtained		10/01/74	10/01/74		
c. Interest Rate for the Cost Year		6.00%	6.00%		
d. Term of Mortgage (number of years)		interest only	interest only		
e. Amount of Principal Borrowed		2,000,000	400,000		
f. Principal balance outstanding as of _____		2,000,000	141,426		
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor		993-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 131,194	131,194		
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 131,194	131,194		

(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
Monsignor Bojnowski Manor		993-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				131,194	131,194		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 131,194	131,194		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 39,673	39,673		
b. Insurance on Automobiles				\$ 3,191	3,191		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 5,740	5,740		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 48,604	48,604		
15. Total All Expenditures (A-13 thru C-14)				\$ 6,810,851	6,810,851		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor				993-C	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.	13	B 10a	Occupational Therapy	\$ 204,613	204,613		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 11,236	11,236		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m4	Fund Raising / Contributions	\$ 1,749	1,749		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,116	1,116		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	218,714	218,714	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13a	Volunteer Parties & Gifts	\$ 96		
16	m13a	Fines & Penalties	\$ 1,020		
Total Other A&G Adjustments			\$ 1,116	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Monsignor Bojnowski Manor			993-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 218,714	218,714		
Page 20 - Resident Care Supplies***							
27.	20	5 a2	Prescription Drugs	\$ 158,359	158,359		
28.	20	5 d	Ambulance/Limousine	\$ 5,840	5,840		
29.	20	5 f	X-rays, etc	\$ 9,707	9,707		
30.	20	5 h	Laboratory	\$ 38,040	38,040		
31.			Medical Supplies	\$			
32.	20	5 e2	Oxygen (non emergency)	\$ 2,344	2,344		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 43,256	43,256		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 476,260	476,260		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Monsignor Bojnowski Manor
9/30/2015

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7e	Depreciation - Personal % of living space by Nuns (7.34%)	\$ 8,916		
22	6a,b,c,d,f	All R&M Expenses - Personal % of living space by Nuns (7.34%)	\$ 21,143		
26	12	Interest - Personal % of living space by Nuns (7.34%)	\$ 9,630		
27	14	Insurance - Personal % of living space by Nuns (7.34%)	\$ 3,568		
Total Other Property Adjustments			\$ 43,256	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Monsignor Bojnowski Manor	993-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,653,570	4,653,570				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,789,739)	(1,789,739)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,569,300	1,569,300				
b. Medicare Room and Board Contractual Allowance **	\$ (305,956)	(305,956)				
4. a. Private-Pay Residents and Other	\$ 1,396,260	1,396,260				
b. Private-Pay Room and Board Contractual Allowance **	\$ (84,915)	(84,915)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 26,184	26,184				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 442,909	442,909				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (44,626)	(44,626)				
c. Physical Therapy - Non-Medicare	\$ 20,698	20,698				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 408,552	408,552				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (226,955)	(226,955)				
c. Speech Therapy - Non-Medicare	\$ 4,265	4,265				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 408,728	408,728				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 22,413	22,413				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (4,818)	(4,818)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 258,831	258,831				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 3,742	3,742				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,758,443	6,758,443				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 72	72				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 20,259	20,259				
V. Total Other Revenue (1 thru 8)	\$ 20,331	20,331				
VI. Total All Revenue (III +V)	\$ 6,778,774	6,778,774				

* 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)
	Pharmacy	\$ 226,030		
	Oxygen	\$ 3,274		
	X-Ray	\$ 11,266		
	Lab	\$ 18,261		
Total Other Resident Revenue - Medicare		\$ 258,831	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Managed Care - Oxygen	\$ 575		
	Managed Care - X-Ray	\$ 1,208		
	Managed Care - Lab	\$ 1,959		
Total Other Resident Revenue		\$ 3,742	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 72		
Total Interest Income			\$ 72	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Discounts	\$ 916		
	Unrestricted Contributions	\$ 5,371		
	Restricted Contributions	\$ 50		
	Fund Raising Income	\$ 12,675		
	Dividend Income	\$ 1,247		
Total Other Revenue		\$ 20,259	\$ -	\$ -

G. Balance Sheet (cont'd)

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,987,362	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
3. Buildings			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Non-Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
5. Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
6. Motor Vehicles			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,987,362	

* 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 Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				398,421	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 2,144,883	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 82,462	
Name and Address of Lender	Amount	Loan Date			
Daughters of Mary	82,462	3/1/06			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,227,345	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,625,766	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	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			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(606,327)
6. Gain or Loss for Period			\$	(32,077)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(638,404)
C. Total Reserves and Net Worth			\$	(638,404)
D. Total Liabilities, Reserves, and Net Worth			\$	1,987,362

H. Changes in Total Net Worth

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(606,327)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	6,778,774
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,810,851
D. Net Income or Deficit			\$	(32,077)
E. Balance			\$	(638,404)
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			\$	(638,404)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	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		Title		Date Signed
Printed Name of Preparer				
Patrick D. Gill				
Address Address			Phone Number	
17 Highfarm Road, East Granby, CT			860-653-5989	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	752,003
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	363,051
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	11,069
5. Prepaid Expenses			\$	27,790
a. Medical Supplies	13,705			
b. Insurance	12,608			
c. Other	1,477			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	23,704
Resident Trust funds	23,704			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,177,617
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	100,830	\$	1,048
	Accum. Depreciation	99,782	Net	
3. Buildings	*Historical Cost	4,358,466	\$	587,107
	Accum. Depreciation	3,771,359	Net	
4. Leasehold Improvements	*Historical Cost	157,000	\$	
	Accum. Depreciation	157,000	Net	
5. Non-Movable Equipment	*Historical Cost	40,355	\$	4,618
	Accum. Depreciation	35,737	Net	
6. Movable Equipment	*Historical Cost	1,164,133	\$	204,430
	Accum. Depreciation	959,703	Net	
7. Motor Vehicles	*Historical Cost	59,713	\$	12,542
	Accum. Depreciation	47,171	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	809,745

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

(Carry Total forward to next page)

Error Check

Level	Item	Reported as		
CCH	Page 8 - Total Care Days which are reported as	20,122	is inconsistent with balance of	20,122
RHNS	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-
Other	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-
CCH	Page 8 - Total Days which are reported as	20,163	is inconsistent with balance of	20,163
RHNS	Page 8 - Total Days which are reported as	-	is inconsistent with balance of	-
Other	Page 8 - Total Days which are reported as	-	is inconsistent with balance of	-
Other	Page 8 - Medicaid Days are reported for RCH	-	Should be SSIPD Days	-
CCH	Page 9 - Total Physical Therapy Treatments	13,719	is inconsistent with balance of	13,719
RHNS	Page 9 - Total Physical Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Physical Therapy Treatments	-	is inconsistent with balance of	-
CCH	Page 9 - Total Speech Therapy Treatments	2,281	is inconsistent with balance of	2,281
RHNS	Page 9 - Total Speech Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Speech Therapy Treatments	-	is inconsistent with balance of	-
CCH	Page 9 - Total Occupational Therapy Treatments	11,696	is inconsistent with balance of	11,696
RHNS	Page 9 - Total Occupational Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Occupational Therapy Treatments	-	is inconsistent with balance of	-
CCH	Please complete page 9 for PT Treatments	13,719	As PT Expense is reported as	243,281
RHNS	Please complete page 9 for PT Treatments	-	As PT Expense is reported as	-
Other	Please complete page 9 for PT Treatments	-	As PT Expense is reported as	-
CCH	Please complete page 9 for ST Treatments	2,281	As ST Expense is reported as	91,774
RHNS	Please complete page 9 for ST Treatments	-	As ST Expense is reported as	-
Other	Please complete page 9 for ST Treatments	-	As ST Expense is reported as	-
CCH	Please complete page 9 for OT Treatments	11,696	As OT Expense is reported as	204,613
RHNS	Please complete page 9 for OT Treatments	-	As OT Expense is reported as	-
Other	Please complete page 9 for OT Treatments	-	As OT Expense is reported as	-
CCH	Page 10 - Total Salary Expenditures reported as	3,324,979	is inconsistent with balance of	3,324,979
RHNS	Page 10 - Total Salary Expenditures reported as	-	is inconsistent with balance of	-
Other	Page 10 - Total Salary Expenditures reported as	-	is inconsistent with balance of	-
CCH	Page 10 - Total Salary Hours reported as	157,387	is inconsistent with balance of	157,387

Error Check

RHNS	Page 10 - Total Salary Hours reported as	-	is inconsistent with balance of	-
Other	Page 10 - Total Salary Hours reported as	-	is inconsistent with balance of	-
CCH	Page 10 - Administrator Compensation	105,238	is inconsistent with page 12 of	105,238
RHNS	Page 10 - Administrator Compensation	-	is inconsistent with page 12 of	-
Other	Page 10 - Administrator Compensation	-	is inconsistent with page 12 of	-
CCH	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
RHNS	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
Other	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
	Page 10 - Administrator Hours	2,080	is inconsistent with page 12 of	2,080
	Page 10 - Assistant Administrator Hours	-	is inconsistent with page 12 of	-
CCH	Page 13 - Total Fees Reported as	592,215	is inconsistent with balance of	592,215
RHNS	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
Other	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
CCH	Page 13 - Total Fee Hours Reported as	10,844	is inconsistent with balance of	10,844
RHNS	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
Other	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
CCH	Page 15 & 16 Total A&G Reported as	1,714,104	is inconsistent with balance of	1,714,104
RHNS	Page 15 & 16 Total A&G Reported as	-	is inconsistent with balance of	-
Other	Page 15 & 16 Total A&G Reported as	-	is inconsistent with balance of	-
CCH	Page 18 - Total Dietary Expense Reported as	173,278	is inconsistent with balance of	173,278
RHNS	Page 18 - Total Dietary Expense Reported as	-	is inconsistent with balance of	-
Other	Page 18 - Total Dietary Expense Reported as	-	is inconsistent with balance of	-
CCH	Page 19 - Total Laundry Expense Reported as	9,186	is inconsistent with balance of	9,186
RHNS	Page 19 - Total Laundry Expense Reported as	-	is inconsistent with balance of	-
Other	Page 19 - Total Laundry Expense Reported as	-	is inconsistent with balance of	-
CCH	Page 20 - Total Housekeeping Expense	11,028	is inconsistent with balance of	11,028
RHNS	Page 20 - Total Housekeeping Expense	-	is inconsistent with balance of	-
	Page 20 - Total Housekeeping Expense	-	is inconsistent with balance of	-
CCH	Page 20 - Total Resident Care Expense	381,316	is inconsistent with balance of	381,316
RHNS	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of	-

Error Check

Other	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of	-
CCH	Page 22 - Total Repairs and Maintenance Expense	291,475	is inconsistent with balance of	291,475
RHNS	Page 22 - Total Repairs and Maintenance Expense	-	is inconsistent with balance of	-
Other	Page 22 - Total Repairs and Maintenance Expense	-	is inconsistent with balance of	-
CCH	Page 22 - Total Depreciation Expense	121,472	is inconsistent with balance of	121,472
RHNS	Page 22 - Total Depreciation Expense	-	is inconsistent with balance of	-
Other	Page 22 - Total Depreciation Expense	-	is inconsistent with balance of	-
CCH	Page 22 - Total Amortization Expense	-	is inconsistent with balance of	-
RHNS	Page 22 - Total Amortization Expense	-	is inconsistent with balance of	-
Other	Page 22 - Total Amortization Expense	-	is inconsistent with balance of	-
CCH	Page 22 - Total Property Expense	133,472	is inconsistent with balance of	133,472
RHNS	Page 22 - Total Property Expense	-	is inconsistent with balance of	-
Other	Page 22 - Total Property Expense	-	is inconsistent with balance of	-
	Page 22 - Land Improvement Depreciation	126	is inconsistent with Page 23	126
	Page 22 - Building Depreciation	66,333	is inconsistent with Page 23	66,333
	Page 22 - Non-Movable Depreciation	2,106	is inconsistent with Page 23	2,106
	Page 22 - Movable Depreciation	52,907	is inconsistent with Page 23	52,907
	Page 22 - Organization Amortization	-	is inconsistent with Page 24	-
	Page 22 - Mortgage Expense Amortization	-	is inconsistent with Page 24	-
	Page 22 - Leasehold and Other Amortization	-	is inconsistent with Page 24	-
	Page 23 - Historical Cost of Land Improvements	100,830	is inconsistent with Page 31	100,830
	Page 23 - Historical Cost of Building Improvemen	4,358,466	is inconsistent with Page 31	4,358,466
	Page 23 - Historical Cost of Non-Movable Eq.	40,355	is inconsistent with Page 31	40,355
	Page 23 - Historical Cost of Motor Vehicles	59,713	is inconsistent with Page 31	59,713
	Page 23 - Historical Cost of Movable Eq.	1,164,133	is inconsistent with Page 31	1,164,133
	Page 23 - Accumulated Dep. of Land Imp.	99,782	is inconsistent with Page 31	99,782
	Page 23 - Accumulated Dep. of Building Improver	3,771,359	is inconsistent with Page 31	3,771,359
	Page 23 - Accumulated Dep. of Non-Movable Eq.	35,737	is inconsistent with Page 31	35,737
	Page 23 - Accumulated Dep. of Motor Vehicles	47,171	is inconsistent with Page 31	47,171
	Page 23 - Accumulated Dep. of Movable Eq.	959,703	is inconsistent with Page 31	959,703

Error Check

	Page 24 - Historical Cost of Organization Expense	-	is inconsistent with Page 32	-
	Page 24 - Accumulated Amort. of Org. Expense	-	is inconsistent with Page 32	-
	Page 24 - Historical Cost of Leasehold Imp.	157,000	is inconsistent with Page 31	157,000
	Page 24 - Accumulated Amort. of Leasehold Imp.	157,000	is inconsistent with Page 31	157,000
	Page 25 - Total Bed Capacity	60	is inconsistent with page 8	60
CCH	Page 26 - Total Building Interest Expense	131,194	is inconsistent with balance of	131,194
RHNS	Page 26 - Total Building Interest Expense	-	is inconsistent with balance of	-
Other	Page 26 - Total Building Interest Expense	-	is inconsistent with balance of	-
CCH	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
RHNS	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
Other	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
CCH	Page 27 - Total Interest Expense	131,194	is inconsistent with balance of	131,194
RHNS	Page 27 - Total Interest Expense	-	is inconsistent with balance of	-
Other	Page 27 - Total Interest Expense	-	is inconsistent with balance of	-
CCH	Page 27 - Total Insurance Expense	48,604	is inconsistent with balance of	48,604
RHNS	Page 27 - Total Insurance Expense	-	is inconsistent with balance of	-
Other	Page 27 - Total Insurance Expense	-	is inconsistent with balance of	-
CCH	Page 27 - Total Expenses	6,810,851	is inconsistent with balance of	6,810,851
RHNS	Page 27 - Total Expenses	-	is inconsistent with balance of	-
Other	Page 27 - Total Expenses	-	is inconsistent with balance of	-
CCH	Page 29 - Total Adjustments to Expense	476,260	is inconsistent with balance of	476,260
RHNS	Page 29 - Total Adjustments to Expense	-	is inconsistent with balance of	-
Other	Page 29 - Total Adjustments to Expense	-	is inconsistent with balance of	-
CCH	Page 30 - Total Resident Revenue	6,758,443	is inconsistent with balance of	6,758,443
RHNS	Page 30 - Total Resident Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Resident Revenue	-	is inconsistent with balance of	-
CCH	Page 30 - Total Other Revenue	20,331	is inconsistent with balance of	20,331
RHNS	Page 30 - Total Other Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Other Revenue	-	is inconsistent with balance of	-
CCH	Page 30 - Total Revenue	6,778,774	is inconsistent with balance of	6,778,774

Error Check

RHNS	Page 30 - Total Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Revenue	-	is inconsistent with balance of	-
CCH	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
RHNS	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
Other	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
-	Page 31 - Total Current Assets	1,177,617	is inconsistent with balance of	1,177,617
-	Page 31 - Total Fixed Assets	809,745	is inconsistent with balance of	809,745
-	Page 32 - Total Leasehold Assets	-	is inconsistent with balance of	-
-	Page 32 - Investments and Other Assets	-	is inconsistent with balance of	-
-	Page 32 - Total Assets	1,987,362	is inconsistent with balance of	1,987,362
-	Page 33 - Total Current Liabilities	398,421	is inconsistent with balance of	398,421
-	Page 34 - Total Long Term Liabilities	2,227,345	is inconsistent with balance of	2,227,345
-	Page 34 - Total Liabilities	2,625,766	is inconsistent with balance of	2,625,766
-	Page 35 - Total Reserves	-	is inconsistent with balance of	-
-	Page 35 - Total Net Worth	(638,404)	is inconsistent with balance of	(638,404)
-	Page 35 - Total Reserves and Net Worth	(638,404)	is inconsistent with balance of	(638,404)
-	Page 35 - Total Liabilities, Reserves and Net Worth	1,987,362	is inconsistent with balance of	1,987,362
-	Page 35 - Total Liabilities, Reserves and Net Worth	1,987,362	Total Assets	1,987,362
CCH	Page 10 - Other Salaries	82,396	is Inconsistent with schedule	82,396
RHNS	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
Other	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
CCH	Page 10 - Other Salary Hours	1,387	is Inconsistent with schedule	1,387
RHNS	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
Other	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
CCH	Page 13 - Other Fees	7,121	is Inconsistent with schedule	7,121
RHNS	Page 13 - Other Fees	-	is Inconsistent with schedule	-
Other	Page 13 - Other Fees	-	is Inconsistent with schedule	-
CCH	Page 13 - Other Fee Hours	149	is Inconsistent with schedule	149
RHNS	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
Other	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-

Error Check

CCH	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
RHNS	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
Other	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
CCH	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
RHNS	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
Other	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
CCH	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
RHNS	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
Other	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
CCH	Page 16 - Other Advertising	11,236	is Inconsistent with schedule	11,236
RHNS	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
Other	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
CCH	Page 16 - Dues	12,916	is Inconsistent with schedule	12,916
RHNS	Page 16 - Dues	-	is Inconsistent with schedule	-
Other	Page 16 - Dues	-	is Inconsistent with schedule	-
CCH	Page 16 - Other A&G	46,386	is Inconsistent with schedule	46,386
RHNS	Page 16 - Other A&G	-	is Inconsistent with schedule	-
Other	Page 16 - Other A&G	-	is Inconsistent with schedule	-
CCH	Page 20 - Other Resident Revenue	39,096	is Inconsistent with schedule	39,096
RHNS	Page 20 - Other Resident Revenue	-	is Inconsistent with schedule	-
Other	Page 20 - Other Resident Revenue	-	is Inconsistent with schedule	-
CCH	Page 22 - Other R&M	13,052	is Inconsistent with schedule	13,052
RHNS	Page 22 - Other R&M	-	is Inconsistent with schedule	-
Other	Page 22 - Other R&M	-	is Inconsistent with schedule	-
	Page 23 - Land Improvement Additions	-	is Inconsistent with schedule	-
	Page 23 - Building Improvement Additions	30,703	is Inconsistent with schedule	30,703
	Page 23 - Non-Movable Equipment Additions	-	is Inconsistent with schedule	-
	Page 23 - Movable Additions	53,029	is Inconsistent with schedule	53,029
	Page 24 - Leasehold Improvements	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Resident Revenue Medicare	258,831	is Inconsistent with schedule	258,831

Error Check

RHNS	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
Other	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Resident Revenue	3,742	is Inconsistent with schedule	3,742
RHNS	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
Other	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
CCH	Page 30 - Interest Income	72	is Inconsistent with schedule	72
RHNS	Page 30 - Interest Income	-	is Inconsistent with schedule	-
Other	Page 30 - Interest Income	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Revenue	20,259	is Inconsistent with schedule	20,259
RHNS	Page 30 - Other Revenue	-	is Inconsistent with schedule	-
Other	Page 30 - Other Revenue	-	is Inconsistent with schedule	-