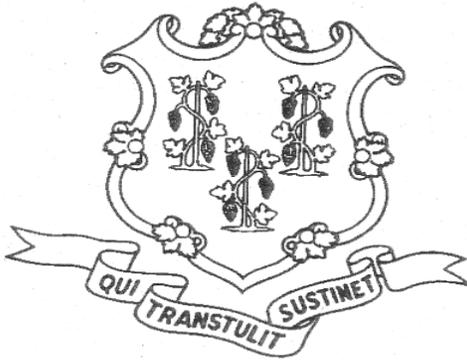


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Notre Dame Convalescent Home, Inc.	
Address (No. & Street, City, State, Zip Code) 76 West Rocks Road, Norwalk, CT 06851	
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 286-C	RHNS	(Specify)	Medicare Provider 07-5356
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Medicaid Provider Numbers:	CCNH 000002865	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) Notre Dame Convalescent Home, Inc.	License No. 286-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 Notre Dame Convalescent Home, Inc. [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) Dana J. Paul			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 Notre Dame Convalescent Home, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 76 West Rocks Road, Norwalk, CT 06851				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/11/2015	
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 203-847-5893	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Notre Dame Convalescent Home, Inc.		Address (No. & Street, City, State, Zip) 76 West Rocks Road, Norwalk, CT 06851		
License Numbers:	CCNH 286-C	RHNS	(Specify)	Medicare Provider No. 07-5356
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 Dana J. Paul		Nursing Home Administrator's License No.:	001576	
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 Notre Dame Convalescent Home, Inc.	License No. 286-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	%**				
See Attached Page 12a		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* 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 Notre Dame Convalescent Home, Inc.	License No. 286-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.

N/A

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Notre Dame Convalescent Home, Inc.			286-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						
U.S. Bank Equipment Finance, Inc., P O. Box 790448, St. Louis, MO 61379	<input type="radio"/>	<input checked="" type="radio"/>	Copier/Fax	09/01/12	Monthly	20,371	20,371	
Pitney Bowes Global Financial, P.O. Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	06/01/12	Monthly	793	793	
Marlin Business	<input type="radio"/>	<input checked="" type="radio"/>	Telephone Messaging Service	12/01/11	Quarterly	670	670	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***							21,834	

* 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 Notre Dame Convalescent Home, Inc.	License No. 286-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 Marcum LLP 2 A/R Solutions 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511 P.O. Box 592, Wallingford, CT 06497
--	---

Services Provided by This Firm (*describe fully*)

1 Cost Reporting, Accounting and Audit	\$ 43,697
2 Medicaid & Medicare issues, Co-Insurance	\$ 1,623
3	\$
4	\$
	Charge for Services Provided
	\$ 45,320

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggan & Dana LLP 2 Lennon, Murphy & Phillips 3 4 5	Telephone Number 203-498-4400 203-256-8600
---	--

Address (*No. & Street, City, State, Zip Code*)
 1 P.O. Box 1832, New Haven, CT 06508
 2 2425 Post Road, Suite 302, Southport, CT 06890
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 General Representation	\$ 1,637
2 General Representation	\$ 530
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 2,167

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

Schedule of Resident Statistics

Name of Facility Notre Dame Convalescent Home, Inc.			License No. 286-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	59	59			59	59			59	59		
B. As of midnight of THIS report period	56	56			59	59			56	56		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,054	2,054			1,426	1,426			628	628		
B. Medicaid (Conn.)	13,883	13,883			10,563	10,563			3,320	3,320		
C. Medicaid (other states)												
D. Private Pay	5,437	5,437			4,050	4,050			1,387	1,387		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	21,374	21,374			16,039	16,039			5,335	5,335		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	78	78			36	36			42	42		
B. Other Bed Reserve Days	43	43			43	43						
5. Total Resident Days (3G + 4A + 4B)	21,495	21,495			16,118	16,118			5,377	5,377		

Schedule of Resident Statistics (Cont'd)

Name of Facility Notre Dame Convalescent Home, Inc.			License No. 286-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	6		35		15								
Per Diem Rate													
a. One bed rm.	Various		227.76		415.00								
b. Two bed rms.	Various		227.76		370.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								422	422				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,785	1,785				
D. Total Physical Therapy Treatments								2,207	2,207				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								124	124				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								204	204				
D. Total Speech Therapy Treatments								328	328				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								240	240				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,624	1,624				
D. Total Occupational Therapy Treatments								1,864	1,864				

Report of Expenditures - Salaries & Wages

Name of Facility Notre Dame Convalescent Home, Inc.	License No. 286-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)	117,548	2,112				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	128,002	2,753				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	76,689	2,112				
c. Dietary Workers	290,870	17,515				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	47,658	1,284				
b. Other Maintenance Workers	42,161	1,699				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	89,196	2,112				
b. RN						
1. Direct Care	516,265	16,061				
2. Administrative**	132,015	3,746				
c. LPN						
1. Direct Care	541,247	19,357				
2. Administrative**						
d. Aides and Attendants	985,448	68,996				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	106,644	5,570				
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	85,162	2,252				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	145,027	5,489				
<i>A-13. Total Salary Expenditures</i>	3,303,932	151,058				

* 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	
Notre Dame Convalescent Home, Inc.				286-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).										
See Attached Page 12a										

* 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	
Notre Dame Convalescent Home, Inc.				286-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***										
Dana J. Paul	117,548			Life Insurance	Administrator	2,112	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		
Notre Dame Convalescent Home, Inc.	286-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	12,930	316				
2. Dentist	9,292	Monthly Fee				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	91,592	1,526				
b. Other						
6. Social Worker	3,700	75				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	17,325	39				
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) Medical Staff	13,114	52				
9. Speech Therapist						
a. Resident Care	17,248	287				
b. Other						
10. Occupational Therapist						
a. Resident Care	79,727	1,328				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,350	148				
2. Administrative***						
b. LPN						
1. Direct Care	10,181	181				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	19,232	127				
B-13 Total Fees Paid in Lieu of Salaries	280,691	4,079				

* 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 Notre Dame Convalescent Home, Inc.		License No. 286-C		Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Lynn Holmberg, 6 Ellin Drive, Greenwich, CT 06831	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Joan Danford 251 Hoyt Farm Rd New Canaan, CT 06492	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Health Drive, Wellesley, MA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Preferred Therapy, Wethersfield, CT	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Sharon Coffey, 52 First St., Nowalk, CT 06855	Social Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Kuhlcare Staffing, 13752 Scard Rd., Wallingford, CT 06492	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Richard Hintly, 40 Cross Street, Norwalk, CT 06861	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
J. James Lewis, 40 Cross Street, Norwalk, CT 06861	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555-9689	Medical Record Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Emily Quade, 55 Myrtle Street Ext, Norwalk, CT 06855	MDS	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dorothy LoCastro, 84 Tucker Street, Danbury, CT 06801	MDS	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Neurology Associates, One Towne Plaza, Norwich, CT 06360	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father Snkaralengam	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father D'Souza	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father Desruisseaux	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father Anemelu	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father Vettakunnel	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father Acosta	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father D'Silva	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father Lakra	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Notre Dame Convalescent Home, Inc.	286-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 65,328	65,328			
2. Disability Insurance	\$ 14,463	14,463			
3. Unemployment Insurance	\$ 1,726	1,726			
4. Social Security (F.I.C.A.)	\$ 233,035	233,035			
5. Health Insurance	\$ 231,887	231,887			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,924	2,924			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 19,201	19,201			
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*	\$ 66,568	66,568			
d. Accounting and Auditing	\$ 45,320	45,320			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,167	2,167			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 11,062	11,062			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 6,861	6,861			
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	\$ 406,108	406,108			
Subtotal	\$ 1,106,650	1,106,650			

* 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	
Notre Dame Convalescent Home, Inc.	286-C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,106,650	1,106,650		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	3,704	3,704		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,935	1,935		
5. Education Expenses Related to Seminars and Conventions	\$	8,201	8,201		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	6,486	6,486		
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	812	812		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	1,193	1,193		
3. Advertising Other (<i>Specify</i>)***	\$	14,248	14,248		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	(484)	(484)		
7. Postage	\$	5,122	5,122		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	13,394	13,394		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	750	750		
9. Subscriptions	\$	2,063	2,063		
10. Contributions***	\$	99	99		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	127,799	127,799		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	22,600	22,600		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	1,314,572	1,314,572		

* 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)
	-		
Public Relations	\$ 14,248		
Total Other Advertising	\$ 14,248	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CHA Dues	\$ 140		
ICNC Dues	\$ 35		
CATRD Dues	\$ 80		
ACHCA CT Dues	\$ 315		
Chaple Dues	\$ 55		
Leading Age Dues	\$ 12,769		
Total Dues	\$ 13,394	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Contributions	\$ 99		
Total Contributions	\$ 99	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Bank Service Charge	\$ 764		
Pre Employment Screening	\$ 1,692		
Discounts Earned	\$ (1,260)		
Paychecks/ADP	\$ 17,349		
Business Office - Misc.	\$ 913		
Religious Supplies	\$ 1,785		
Licenses and Fees	\$ 1,021		
Credit Card Fees	\$ 90		
DMV Expenses	\$ 246		
Total Other Administrative and General	\$ 22,600	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Notre Dame Convalescent Home, Inc.	License No. 286-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) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility		License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Home, Inc.		286-C	9/30/2015	19	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. \$			
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)		\$	93,038	93,038	
c. Management Services**		\$			
d. Other (Specify) Supplies		\$	8,866	8,866	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	101,904	101,904	
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
Notre Dame Convalescent Home, Inc.		286-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. \$	8,568	8,568		
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. \$	216,748	216,748		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	225,316	225,316		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Pharmacy	\$	42,640	42,640		
b.	Medicine Cabinet Drugs	\$	56,359	56,359		
c.	Medical and Therapeutic Supplies	\$	68,059	68,059		
d.	Ambulance/Limousine***	\$	474	474		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	16,732	16,732		
f.	X-rays and Related Radiological Procedures***	\$	4,586	4,586		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	11,209	11,209		
i.	Recreation	\$	10,981	10,981		
j.	Other (Specify)**** See Attached Schedule	\$	20,245	20,245		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	231,285	231,285		

* 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)
	-		
Cable TV	\$ 13,342		
Other Services - Therapy Supplies	\$ 6,903		
Total Other Resident Care	\$ 20,245	\$ -	\$ -

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

Name of Facility Notre Dame Convalescent Home, Inc.			License No. 286-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
Janova Health Care	Floor New York, NY 10022	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry	92,888			19	3b
Janova Health Care	Floor New York, NY 10022	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping	216,748			20	4b
Signature Landscaping	34 Esquire Road Norwalk, CT 06851	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Grounds	17,825			22	6f
Pylon Tecology	P.O. Box 85, Greenwich, CT 06386	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT Support Consulting	30,025			16	m11
Lois V. Wheaton	65 Bonny Terrace, Fairfield, CT 06824	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Bookkeeping	38,872			16	m11
City Carting Recycling	P.O. Box 17250, Stamford, CT 06907	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	17,063			22	6f
Point Click Care/Wescom Solutions	Box 8500, Philidelphia, PA 19178	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Software	27,774			16	m11
Pylon Technology Company LLC	333 Ludlow Street, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Systems	12,786			16	m11
		<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
Notre Dame Convalescent Home, Inc.	286-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 23,134	23,134				
b. Heat	\$ 123,683	123,683				
c. Light & Power	\$ 67,915	67,915				
d. Water	\$ 15,280	15,280				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 21,834	21,834				
f. Other (<i>itemize</i>)	\$ 146,937	146,937				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 398,783	398,783				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 59,649	59,649				
c. Non-Movable Equipment	\$ 22,667	22,667				
d. Movable Equipment	\$ 33,782	33,782				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 116,098	116,098				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 7,555	7,555				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 123,653	123,653				

* 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)
	-		
Plant Operations - Purchased Services	\$ 120,775		
Sewer User Fees	\$ 5,809		
Plant Operations - Grounds Maintenance	\$ 20,353		
Total Other Repairs and Maintenance	\$ 146,937	\$ -	\$ -

Notre Dame Convalescent Home, Inc.
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:				
6/5/2015	Bathroom Showers	\$ 950	20	\$ 48
6/30/2015	Bathroom	\$ 2,850	20	\$ 143
8/26/2015	Condensate Pump Replacement	\$ 5,250	20	\$ 263
6/17/2015	8 Floor Repairs	\$ 2,000	20	\$ 100
6/30/2015	Bathroom Tile	\$ 5,855	10	\$ 586
Total additions for Building Improvements		\$ 16,905		\$ 1,140 *
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:				
4/7/2015	Economy Beverage Service Cart w/ locking doors	\$ 2,931	10	\$ 293
5/21/2015	Careworx - Computer kiosk for nursing	\$ 8,071	5	\$ 1,614
4/28/2015	Fiberglass Dinning Tble (11) Spectables, Inc.	\$ 9,077	10	\$ 908
Total additions for Movable Equipment		\$ 20,079		\$ 2,815 *
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
Notre Dame Convalescent Home, Inc.			286-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									
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 Notre Dame Convalescent Home, Inc.	License No. 286-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	1952-Convent				
2. Date Structure Completed	1967, 1972				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	05/20/05				
5. Total Licensed Bed Capacity	60				
6. Square Footage	32,319				
7. Acquisition Cost					
a. Land	1966-\$15,000				
b. Building	1966- \$286,852				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
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
Notre Dame Convalescent Home, Inc.	286-C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Notre Dame Convalescent Home, I		286-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 16,036	16,036		
b. Insurance on Automobiles				\$ 10,170	10,170		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 11,154	11,154		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 44,458	44,458		
Insurance - Prof. Casualty Liability, D&O							
14d. Total Insurance Expenditures (14a + b + c)				\$ 81,818	81,818		
15. Total All Expenditures (A-13 thru C-14)				\$ 6,238,302	6,238,302		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Home, Inc.				286-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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 79,727	79,727		
7.			Other - See attached Schedule	\$ 7,975	7,975		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 66,568	66,568		
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	m2/3	Unallowable Advertising *	\$ 15,441	15,441		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 99	99		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 3,538	3,538		
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 507	507		
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)				\$ 173,855	173,855		

* 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)
13	12o	Religious - Visiting Priests	\$ 7,975		
Total Other Fees Adjustments			\$ 7,975	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Dues to Chamber of Commerce	\$ 750		
16	m13	Business Office - Misc.	\$ 913		
16	m13	Religious - Supplies	\$ 1,785		
16	m13	Credit Card Fees	\$ 90		
Total Other A&G Adjustments			\$ 3,538	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page of	
Notre Dame Convalescent Home, Inc.				286-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 173,855	173,855		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 42,640	42,640		
28.	20	5d	Ambulance/Limousine	\$ 474	474		
29.	20	5f	X-rays, etc	\$ 4,586	4,586		
30.	20	5h	Laboratory	\$ 11,209	11,209		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 16,732	16,732		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 12,497	12,497		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 29,095	29,095		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 931	931		
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)			\$ 292,019	292,019		

*** 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.

Notre Dame Convalescent Home, Inc.
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV Disallowance (See attachment)	\$ 9,742		
20	5j	Occupational Therapy Expense Disallowance (See attachment)	\$ 2,755		
Total Other Ancillary Costs			\$ 12,497	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Var	Var	Unallowable Costs Related to Convent. & Priests (See attachment)	\$ 29,095		
Total Excess Movable Equipment Depreciation			\$ 29,095	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 5	Meals Income	\$ 520		
30	IV 8	Special Services Income	\$ 398		
30	IV 8	Insurance Reimbursement	\$ 13		
Total Other Adjustments			\$ 931	\$ -	\$ -

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
Notre Dame Convalescent Home, Inc.	286-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>)	\$ 3,135,331	3,135,331				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 760,533	760,533				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 2,017,851	2,017,851				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 42,865	42,865				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
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	\$ 212,927	212,927				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 4,328	4,328				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 35,716	35,716				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ (162)	(162)				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 184,544	184,544				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 1,327	1,327				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 7,865	7,865				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,403,125	6,403,125				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 520	520				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 507	507				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 25,540	25,540				
V. Total Other Revenue (1 thru 8)	\$ 26,567	26,567				
VI. Total All Revenue (III +V)	\$ 6,429,692	6,429,692				

* 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)
		-		
30 II 6a	X-RAY MEDICARE A	\$ 3,389		
30 II 6a	LAB MEDICARE a	\$ 4,476		
Total Other Resident Revenue - Medicare		\$ 7,865	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Income	496	\$ 507		
Total Interest Income			\$ 507	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Retroactive Billing	\$ 3,397		
30 IV 8	Misc. Income	\$ (1,035)		
30 IV 8	Other Income - Refunds	\$ 7,101		
30 IV 8	Other Income - Due to State	\$ (989)		
30 IV 8	Rev. Special Services (Stock Dividends)	\$ 45,711		
30 IV 8	Rev. Special Services (Stock Dividends) Gain/Loss	\$ 22,395		
30 IV 8	Unrealized Gain/Loss	\$ (93,258)		
30 IV 8	Special Services Income (Self-disallowed)	\$ 398		
30 IV 8	Special Services Income Unrestricted Contribution	\$ 17,234		
30 IV 8	Insurance Reimbursement (Self-disallowed)	\$ 13		
30 IV 8	Staff Recognition Fund	\$ (575)		
30 IV 8	Unrestricted Contributions	\$ 30,150		
30 IV 8	Contributions - Temporarily Restricted	\$ (7,946)		
30 IV 8	Prior Period	\$ 2,944		
Total Other Revenue		\$ 25,540	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Home, Inc.	286-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,579,976
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	682,579
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,594
4. Inventories			\$	38,192
5. Prepaid Expenses			\$	36,781
a. Prepaid Expense - General	36,781			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	12
8. Other Current Assets (<i>itemize</i>)			\$	13,565
Medicaid Settlement	13,565			

A-9. Total Current Assets (Lines A1 thru 8)			\$	2,352,699
B. Fixed Assets				
1. Land			\$	36,800
2. Land Improvements	*Historical Cost	94,852	\$	
	Accum. Depreciation	94,852		Net
3. Buildings	*Historical Cost	2,518,722	\$	144,841
	Accum. Depreciation	2,373,881		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	433,873	\$	147,422
	Accum. Depreciation	286,451		Net
6. Movable Equipment	*Historical Cost	790,114	\$	55,864
	Accum. Depreciation	734,250		Net
7. Motor Vehicles	*Historical Cost	33,063	\$	
	Accum. Depreciation	33,063		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	675,845
F/S vs C/R NBV	675,846			
Roundiong Variance	(1)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,060,772

* 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
Notre Dame Convalescent Home, Inc.	286-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,413,471
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>)			\$	1,575,268
	Infinex Investment	1,478,539		
	Fairfield County Savings Bank	96,729		
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)			\$	1,575,268
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,988,739

* 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 Notre Dame Convalescent Home, Inc.	License No. 286-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				334,429	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$
C. Total All Liabilities (Lines A-13 + B-5)					\$ 334,429

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

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Home, Inc.	286-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			\$	4,462,067
6. Gain or Loss for Period			\$	192,243
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	4,654,310
C. Total Reserves and Net Worth			\$	4,654,310
D. Total Liabilities, Reserves, and Net Worth			\$	4,988,739

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Notre Dame Convalescent Home, Inc.	286-C	9/30/2015	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	4,462,067		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	6,429,692		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,237,449		
D. Net Income or Deficit			\$	192,243		
E. Balance			\$	4,654,310		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Expenses Per Page 27	\$6,238,302					
(Less) F/S vs C/R Depreciation	(853)					
Expenses Per F/S	\$6,237,449					
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			\$	4,654,310		

I. Preparer's/Reviewer's Certification

Name of Facility Notre Dame Convalescent Home, Inc.	License No. 286-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				
Matthew S. Bovolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	

Error Check

Level Item

Reported as