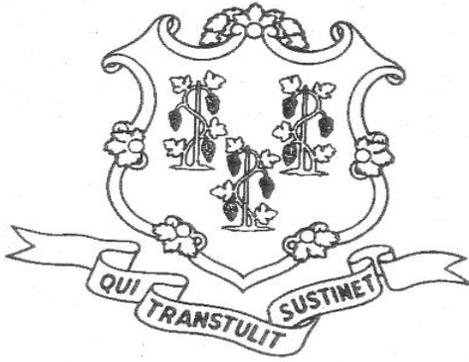


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Riverside Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 745 Main St., East Hartford, CT 06108	
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 1000c	RHNS	(Specify)	Medicare Provider 075257
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Medicaid Provider Numbers:	CCNH 10009	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) Riverside Health Care Center, Inc	License No. 1000-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 Bloomfield Health [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.

*Riverside Health Care Center, Inc*

Signed (Administrator) <i>Penni Martin</i>		Date <i>2/09/16</i>	Signed (Owner) <i>Marvin Ostreicher</i>		Date <i>2/11/2016</i>
Printed Name (Administrator) Penni Martin			Printed Name (Owner) Marvin Ostreicher		
Subscribed and Sworn to before me:	State of <i>New York</i>	Date <i>2/11/2016</i>	Signed (Notary Public) <i>Barbara J. Balioni</i>	Comm. Expires <i>04/21/2019</i>	
Address of Notary Public NATIONAL HEALTH CARE ASSOCIATES 46 Stauderman Avenue Lynbrook, New York 11563					

(Notary Seal)

BARBARA J. BALIONI  
 NOTARY PUBLIC, State of New York  
 No. 01BA5076583  
 Qualified in Nassau County  
 Commission Expires April 21, 2019

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Riverside Health Care Center, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 745 Main St., East Hartford, CT 06108				
Report Prepared By Blum Shapiro & Co.		Phone Number 860-561-4000	Date 2/8/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

		Phone No. of Facility (860) 289-2791	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Riverside Health Care Center, Inc.			Address (No. & Street, City, State, Zip) 745 Main St., East Hartford, CT 06108		
License Numbers:	CCNH 1000c	RHNS	(Specify)	Medicare Provider No. 075257	
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 checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No   If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Mark Badolato			Nursing Home Administrator's License No.:	001898	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2015	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Riverside Health Care Center, Inc	745 Main St, East Hartford, CT 06108	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Dorris Laufer	1402 59th Street Brooklyn, NY 11219	President	50
Marvin Ostreicher	184 Wildacre Avenue Lawrence, NY 11559	Secretary	200
Michael Pollack	2441 Beachwood Road Beachwood, OH 44122	Director	100
Agnes Zitter	9 Dogwood Lane Lawrence, NY 11559	Director	50
Izak Keller	9 Dogwood Lane Lawrence, NY 11559	Director	150
Names of Stockholders Owning at Least 10% of Shares			
Michael Pollack	2441 Beachwood Road Beachwood, OH 44122	Director	100
Marvin Ostreicher	184 Wildacre Avenue Lawrence, NY 11559	Secretary	200
Izak Keller	2417 Beachwood Blvd. Beachwood, OH 44122	Director	150
H. Ostreicher	1 Lakeside Drive East Lawrence, NY 11559	Director	166



### General Information and Questionnaire Related Parties\*

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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 attachment.		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

**General Information and Questionnaire  
Related Parties\***

Name of Facility Riverside Health Care Center, Inc.	License No. 1000-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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	1,590,145	1,511,841
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79%	Radiology	20 5f	25,288	23,226
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust****	15 1a5	1,924,366	1,924,366
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	18,788	18,788
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	4,067	4,067
Riverside Realty	745 Main Street, East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9,10a	1,658,618	1,658,618
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,230,472	1,230,472
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	4,535	4,535
Stauderman Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	14,093	14,093
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83%	Drugs/OTC's/Supplies/Consulting/Fees	20/13 5a2,b,j/b3,12	907,102	851,357

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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.

Shared expenses, allocated by bed size. See page 17 attachment.

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.

N/A

## 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
Riverside Health Care Center, Inc.			1000c	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						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	5,439	5,439	
Wells Fargo, PO Box 7777, San Francisco, CA 94120	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/25/13	39 months	1,549	1,549	
Wells Fargo, PO Box 7777, San Francisco, CA 94120	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/12	39 months	12,799	12,799	
Nissan Motor Acceptance Corp, PO Box 371447, Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Car	06/01/15	39 months	1,170	1,170	
Toyota Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Car	03/16/15	36 months	4,644	2,709	
American Honda, P.O. Box 7829 Philadelphia, PA 19102	<input type="radio"/>	<input checked="" type="radio"/>	Van for facility use - 5 month extention	10/17/11	36 months	1,871	1,871	
	<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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							25,537	

\* 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.

# MOTOR VEHICLE LEASE AGREEMENT NEW YORK



Lease Date 03/16/2015

## 1. Parties

<b>LESSOR (DEALER) NAME AND ADDRESS</b>  ADVANTAGE TOYOTA SCION 400 SUNRISE HIGHWAY VALLEY STREAM NY 11581  PHONE NUMBER: (516)887-8600	<b>LESSEE AND CO-LESSEE NAME AND LESSEE'S BILLING ADDRESS</b>  RIVERSIDE HEALTH CARE CENTER, INC 745 MAIN ST EAST HARTFORD CT 06108  COUNTY: HARTFORD	<b>VEHICLE GARAGING ADDRESS, IF DIFFERENT THAN LESSEE'S BILLING ADDRESS</b>  N/A  COUNTY: N/A
---	---	---

This is a Lease for the Vehicle described below. The words "you", "your" and "yours" refer to the Lessee and any Co-Lessee. The words "we", "us" and "our" refer to the Lessor, and after assignment, the Toyota Lease Trust ("TLT") and any subsequent assignee. Toyota Motor Credit Corporation ("TMCC") will be servicing this Lease on behalf of TLT. By signing this Lease, you are leasing this Vehicle according to all of the terms of this Lease.

## 2. Description of Leased Vehicle

You are leasing from us, and received in satisfactory condition, the following Vehicle:

New, Used or Demo	Year	Make	Model	Body Style	Vehicle Identification No.	Odometer Mileage
NEW	2015	TOYOTA	SIENNA	SUBN	5TDJK3DC8FS101944	6

Primary Use:  Personal, Family or Household  Business, Agricultural or Commercial

### FEDERAL CONSUMER LEASING ACT SEGREGATED DISCLOSURES

<b>3. Amount Due at Lease Signing or Delivery</b>  (Itemized in Section 7 below) \$ <u>2093.92</u>	<b>4. Monthly Payments</b> Your first Monthly Payment of \$ <u>387.00</u> is due on <u>03/16/2015</u> , followed by <u>35</u> payments of \$ <u>387.00</u> due on the <u>16th</u> of each month. The total of your Monthly Payments is \$ <u>13932.00</u> .	<b>5. Other Charges</b> (not part of your Monthly Payment)  Disposition fee (if you do not purchase the Vehicle) \$ <u>350.00</u> Total \$ <u>350.00</u>	<b>6. Total of Payments</b>  (The amount you will have paid by the end of the Lease) \$ <u>15988.92</u>
---	--	---	--

### Itemization of Amount Due at Lease Signing or Delivery

<b>7. Amount Due at Lease Signing or Delivery:</b> a. Capitalized Cost Reduction \$ <u>595.00</u> b. First Monthly Payment \$ <u>387.00</u> c. Refundable Security Deposit \$ <u>N/A</u> d. Title Fees \$ <u>N/A</u> e. Registration Fees \$ <u>272.50</u> f. License Fees \$ <u>N/A</u> g. Tax on Capitalized Cost Reduction \$ <u>37.78</u> h. Acquisition Fee \$ <u>650.00</u> i. <u>DOC\$75/UPFT TAX\$64.14</u> \$ <u>139.14</u> j. <u>NYS TIRE FEE</u> \$ <u>12.50</u> k. Total \$ <u>2093.92</u>	<b>8. How the Amount Due at Lease Signing or Delivery will be Paid:</b> a. Net Trade-In Allowance \$ <u>N/A</u> b. Rebates and Noncash Credits \$ <u>200.00</u> c. Amount to be Paid in Cash \$ <u>1893.92</u>  d. Total \$ <u>2093.92</u>
---	---

### 9. Your Monthly Payment is determined as shown below:

<b>9a. Gross Capitalized Cost.</b> The agreed upon value of the Vehicle (\$ <u>32650.38</u> ) and any items you pay over the Lease Term (such as service contracts, insurance, and any outstanding prior credit or lease balance). For an itemization of this amount, see Section 13. \$ <u>33045.38</u> <b>b. Capitalized Cost Reduction.</b> The amount of any net trade-in allowance, rebate, noncash credit, or cash you pay that reduces the Gross Capitalized Cost. - \$ <u>595.00</u> <b>c. Adjusted Capitalized Cost.</b> The amount used in calculating your Base Monthly Payment. = \$ <u>32450.38</u> <b>d. Residual Value.</b> The value of the Vehicle at the end of the Lease used in calculating your Base Monthly Payment. - \$ <u>19369.00</u>	<b>e. Depreciation and any Amortized Amounts.</b> The amount charged for the Vehicle's decline in value through normal use and for other items paid over the Lease Term. = \$ <u>13081.38</u> <b>f. Rent Charge.</b> The amount charged in addition to the Depreciation and any Amortized Amounts. + \$ <u>18.66</u> <b>g. Total of Base Monthly Payments.</b> The Depreciation and any Amortized Amounts plus the Rent Charge. = \$ <u>13100.04</u> <b>h. Lease Payments.</b> The number of payments in your Lease. ÷ <u>36</u> <b>i. Base Monthly Payment</b> = \$ <u>363.89</u> <b>j. Monthly Sales/Use Tax</b> + \$ <u>23.11</u> <b>k. N/A</b> + \$ <u>N/A</u> <b>l. Total Monthly Payment ("Monthly Payment")</b> = \$ <u>387.00</u>
--	--

**Early Termination.** You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be.

- 10. Excessive Wear and Use.** You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 45000 miles over the odometer mileage disclosed above, at the rate of 0.15 per mile.
- 11. Purchase Option at End of Lease Term.** You have an option to purchase the Vehicle at the end of the Lease Term for \$ 19369.00.
- 12. Other Important Terms.** See your Lease documents for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest, if applicable.

### Gross Capitalized Cost Itemization and Other Items

#### 13. Itemization of Gross Capitalized Cost

You will pay for the following items over the Lease Term, as part of

#### 18. Warranty

If the Vehicle is a new or a demo Vehicle, the Vehicle is subject to the



**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St., West Hartford, CT 06127
--	--

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, HUD audit, and year end tax services	\$	27,700
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 27,700

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 See attachment. 2 3 4 5	Telephone Number
---	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1	See attachment.	\$	62,721
2		\$	
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 62,721

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2015	Page 7	of 37
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney		Telephone Number		
1	Altus Global Trade Solutions	(800) 509-6060		
2	Durant, Nichols, Houston, Hodges & Cortese-Costa	(203) 366-3438		
3	Berchem & Moses, P.C.	(203) 783-1200		
4	Murtha Cullina	(860) 240-6000		
5	Goldman, Gruder & Wood	(203) 899-8900		
6	Treasurer, State of Connecticut			
7	Statewide Process Serving	(201) 343-3434		
8	East Hartford Probate Court			
9	Small Claims Court			
10	Miscellaenous			
Address (No. & Street, City, State, Zip Code )				
1	2400 Veterans Boulevard Suite 300 Kenner, LA. 70062			
2	1057 Broad Street Bridgeport, CT. 06604			
3	75 Broad Street Milford, CT. 06460			
4	185 Asylum Street Hartford, CT. 06103			
5	200 Connecticut Avenue Norwalk, CT. 06854			
6	Hartford, CT. 06106			
7	34 Connecticut Boulevard Suite #9 East Hartford, CT. 06108			
8	740 Main Street, East Hartford, CT. 06108			
9				
10				
Services Provided by This Firm (describe fully )				
1	Collections		\$	384
2	Labor		\$	125
3	Labor		\$	12,543
4	Labor		\$	1,575
5	Collections		\$	45,282
6	Conservator		\$	2,246
7	Conservator		\$	400
8	Conservator		\$	10
9	Conservator		\$	90
10	Collections		\$	66
			Charge for Services Provided	
			\$	62,721
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No <span style="float: right;">Page 15 line 1e</span>				

**Schedule of Resident Statistics**

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c			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	345	345			345	345			345	345		
B. On last day of THIS report period	345	345			345	345			345	345		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	337	337			337	337			325	325		
B. As of midnight of THIS report period	315	315			325	325			315	315		
3. Total Number of Days Care Provided During Period												
A. Medicare	13,852	13,852			10,683	10,683			3,169	3,169		
B. Medicaid (Conn.)	94,025	94,025			70,907	70,907			23,118	23,118		
C. Medicaid (other states)												
D. Private Pay	4,890	4,890			3,419	3,419			1,471	1,471		
E. State SSI for RCH												
F. Other (Specify)	5,482	5,482			4,263	4,263			1,219	1,219		
G. Total Care Days During Period (3A thru F)	118,249	118,249			89,272	89,272			28,977	28,977		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	439	439			439	439						
B. Other Bed Reserve Days	52	52			50	50			2	2		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	118,740	118,740			89,761	89,761			28,979	28,979		

2015 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care	<u>1,384</u>
Hospice	<u>4,098</u>
VA	<u>-</u>
	<u>5,482</u>

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

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c			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	24		259		32								
Per Diem Rate													
a. One bed rm.	PPS		238.64		428/490								
b. Two bed rms.	PPS		238.64		408/383/455								
c. Three or more bed rms.	PPS		238.64										
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,274	3,274				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,011	2,011				
C. Other								26,505	26,505				
D. <b>Total Physical Therapy Treatments</b>								31,790	31,790				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								607	607				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								287	287				
C. Other								3,496	3,496				
D. <b>Total Speech Therapy Treatments</b>								4,390	4,390				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,218	4,218				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,542	2,542				
C. Other								30,077	30,077				
D. <b>Total Occupational Therapy Treatments</b>								36,837	36,837				

### Report of Expenditures - Salaries & Wages

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	47,240	50				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	191,927	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	84,621	1,423				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	619,348	27,141				
5. Dietary Service						
a. Head Dietitian	161,901	5,026				
b. Food Service Supervisor	214,795	8,855				
c. Dietary Workers	850,182	52,101				
6. Housekeeping Service						
a. Head Housekeeper	113,787	4,414				
b. Other Housekeeping Workers	1,192,515	68,238				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	145,238	4,171				
b. Other Maintenance Workers	167,025	7,423				
8. Laundry Service						
a. Supervisor	7,399	316				
b. Other Laundry Workers	435,598	21,914				
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	287,005	6,169				
b. RN						
1. Direct Care	1,856,100	52,980				
2. Administrative**	370,238	10,110				
c. LPN						
1. Direct Care	3,191,414	112,119				
2. Administrative**						
d. Aides and Attendants	5,594,093	318,527				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	403,743	17,779				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify) Respiratory Therapy	143,635	Disallowed				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	490,355	17,041				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<b>16,568,159</b>	<b>737,877</b>				

\* 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
Riverside Health Care Center, Inc.				1000c	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)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559	47,240			Similar to Other Employees	Supervises operations, deals with DNS & other patient care,	50	Pg 16 line m	See attached		
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

**MARVIN J. OSTREICHER**  
**TIME STUDY**  
**Y/E SEPTEMBER 2015**

	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>TOTAL</b>
<b>Augusta</b>	3.00	8.50	7.00	4.00	7.50	7.50	1.50	4.50	7.50	5.50	4.50	6.50	<b>67.50</b>
<b>Belair</b>	5.00	5.50	7.00	3.00	5.50	4.50	2.50	2.00	3.00	5.00	6.50	5.00	<b>54.50</b>
<b>Bloomfield</b>	3.50	2.50	5.00	4.50	4.00	11.50	3.50	7.00	6.00	2.50	3.50	7.00	<b>60.50</b>
<b>Brattleboro</b>	5.50	4.00	3.00	4.00	4.50	4.50	1.00	3.50	8.00	3.00	4.50	7.00	<b>52.50</b>
<b>Brentwood</b>	2.50	9.50	2.50	7.00	3.00	7.00	7.50	3.50	3.00	4.00	2.50	4.00	<b>56.00</b>
<b>Brewer</b>	9.50	16.00	4.50	4.50	8.50	5.50	3.50	4.00	2.50	4.50	7.50	10.00	<b>80.50</b>
<b>Bristol</b>	3.50	2.00	4.50	12.50	6.50	3.00	3.50	6.50	8.50	4.00	1.00	4.50	<b>60.00</b>
<b>Cambridge</b>	5.50	4.00	5.00	16.00	5.00	6.00	1.50	7.00	4.50	3.00	3.50	8.50	<b>69.50</b>
<b>Catskill</b>	2.50	5.00	8.50	6.50	3.00	6.00	0.50	6.00	13.50	4.00	3.50	6.50	<b>65.50</b>
<b>Cold Spring Hills</b>	0.50	1.50	7.50	5.00	8.50	5.00	3.00	4.00	6.50	2.50	2.00	3.00	<b>49.00</b>
<b>Colony</b>	6.00	4.00	9.00	2.00	6.50	7.00	6.00	1.00	4.00	5.00	6.50	5.50	<b>62.50</b>
<b>Country</b>	7.00	8.50	3.00	7.00	3.50	6.00	4.00	6.50	9.00	5.00	5.50	10.50	<b>75.50</b>
<b>Dover</b>	2.00	0.50	9.50	5.00	2.50	4.00	2.00	1.00	4.50	6.00	1.50	3.50	<b>42.00</b>
<b>Eastside</b>	4.00	6.00	5.00	7.50	8.00	5.00	2.50	2.50	7.50	3.50	4.00	3.00	<b>58.50</b>
<b>Eliot</b>	0.50	5.00	9.00	4.50	2.00	2.00	2.50	2.50	6.50	1.50	4.50	2.50	<b>43.00</b>
<b>Glen Falls</b>	7.50	2.50	4.50	4.50	6.50	7.50	8.50	2.50	7.50	3.50	1.00	6.00	<b>62.00</b>
<b>Hudson</b>	1.00	7.00	12.50	2.50	6.00	1.50	4.00	0.50	12.00	4.50	2.50	5.50	<b>59.50</b>
<b>Huntington</b>	3.00	1.00	4.50	3.50	3.50	3.50	4.50	0.50	4.50	2.50	2.50	1.00	<b>34.50</b>
<b>Kennebunk</b>	1.00	6.50	6.50	2.00	2.00	7.50	3.00	0.50	5.50	2.50	12.00	0.00	<b>49.00</b>
<b>Ludlowe</b>	6.00	6.00	6.00	3.50	3.50	0.50	3.00	3.00	6.50	5.50	7.00	5.00	<b>55.50</b>
<b>Maple View</b>	4.50	5.50	9.50	3.00	6.00	7.50	6.50	5.50	2.00	9.00	3.50	5.00	<b>67.50</b>
<b>Marlborough</b>	0.50	1.00	3.00	5.50	2.00	2.50	3.50	0.50	3.00	4.00	1.00	2.00	<b>28.50</b>
<b>Maywood</b>	6.00	3.00	5.50	4.50	3.50	3.00	2.50	3.50	5.50	3.50	0.00	5.00	<b>45.50</b>
<b>Milford</b>	2.50	2.50	3.00	0.50	4.00	7.00	4.00	1.00	2.00	2.50	1.00	7.00	<b>37.00</b>
<b>Newton Wellsley</b>	4.50	4.50	3.00	4.00	3.00	7.50	2.50	0.00	2.00	3.00	0.00	1.50	<b>35.50</b>
<b>Norway</b>	5.50	2.00	2.50	2.00	3.50	5.50	5.00	3.50	1.50	5.00	5.50	4.50	<b>46.00</b>
<b>Poughkeepsie</b>	8.50	11.00	3.50	4.00	3.50	7.00	5.50	4.00	14.00	9.00	2.50	9.00	<b>81.50</b>
<b>Regency</b>	1.00	3.50	5.50	1.50	3.50	5.50	4.50	1.50	1.50	2.50	1.00	2.50	<b>34.00</b>
<b>Reservoir</b>	3.00	3.00	6.00	0.50	1.00	3.50	9.00	3.00	3.50	3.50	1.00	5.50	<b>42.50</b>
<b>Riverside</b>	3.00	6.50	4.50	1.50	5.50	2.00	5.50	4.00	4.00	4.50	7.00	2.00	<b>50.00</b>
<b>Ross</b>	7.00	5.50	3.50	5.50	6.00	5.00	6.50	6.50	4.00	2.50	4.50	2.00	<b>58.50</b>
<b>Rutland</b>	1.00	4.00	5.50	0.50	3.00	2.50	2.00	0.50	2.50	1.50	1.00	1.50	<b>25.50</b>
<b>Sachem</b>	4.50	2.50	5.00	4.00	2.50	7.00	2.50	2.50	2.00	3.00	5.50	2.50	<b>43.50</b>
<b>Sands Point</b>	0.50	3.00	4.00	0.50	6.50	7.00	6.50	0.50	2.50	2.50	2.50	2.50	<b>38.50</b>
<b>Utica</b>	2.00	4.50	3.50	4.50	4.50	6.00	3.00	0.50	6.00	6.50	2.50	4.00	<b>47.50</b>
<b>Village Crest</b>	0.50	3.00	4.50	3.50	4.50	7.00	9.50	3.00	2.50	5.00	4.00	0.50	<b>47.50</b>
<b>Water's Edge</b>	1.50	2.50	2.50	4.00	2.00	3.50	2.50	1.50	2.00	3.50	8.50	4.50	<b>38.50</b>
<b>Westgate</b>	1.00	2.00	3.50	7.50	4.50	3.00	3.50	0.00	1.00	0.00	2.00	4.50	<b>32.50</b>
<b>Winship</b>	5.50	4.50	9.50	4.00	4.00	3.00	4.00	1.00	3.50	4.00	1.50	11.00	<b>55.50</b>
<b>Vacation</b>	48.00	0.00	0.00	24.00	0.00	0.00	24.00	48.00	0.00	24.00	40.00	0.00	<b>208.00</b>
<b>Sick</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Personal</b>	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>16.00</b>
<b>Holiday</b>	16.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	<b>32.00</b>
<b>Total</b>	<b>205.50</b>	<b>179.50</b>	<b>211.50</b>	<b>202.00</b>	<b>181.00</b>	<b>200.00</b>	<b>188.50</b>	<b>167.00</b>	<b>195.50</b>	<b>176.50</b>	<b>180.50</b>	<b>181.50</b>	<b>2269.00</b>

**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
Riverside Health Care Center, Inc.				1000c		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)							
<b>Section III - Administrators***</b>										
Karen Chadderton (10/1/2014-10/24/2014)	9,345			Similar to Other Employees	Management & supervision of healthcare facility	120	a2			
Mark Badolato (10/25/2014-9/30/2015)	182,582			Similar to Other Employees	Management & supervision of healthcare facility	1,960	a2			
<b>Section IV - Assistant Administrators</b>										
Michael Bernardi (2/6/2015-9/30/2015)	84,621			Supervises operations, deals with DNS &	Assists in magagement and supervision of a	1,423	a3			

\*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		
Riverside Health Care Center, Inc.	1000c	9/30/2015	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian	80	2				
2. Dentist	8,071	Disallowed				
3. Pharmacist	15,146	24				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	619,903	13,053				
b. Other						
6. Social Worker	5,450	203				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	114,818	500				
b. Utilization Review (Title 18 and 19 only) monthly meeting	500	5				
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) Psychiatrist Fees	6,700	Disallowed				
9. Speech Therapist						
a. Resident Care	218,246	4,014				
b. Other						
10. Occupational Therapist						
a. Resident Care	741,534	16,229				
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	58,401	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,788,849	34,030				

\* 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 Riverside Health Care Center, Inc.		License No. 1000c	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		
Metro District, PO Box 990092, Hartford CT, 06199-0092	Dietary	<input type="radio"/>	<input checked="" type="radio"/>		
Gerident Solutions, PO Box 290539 Weathersfield, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / Consulting Nursing / Rehab	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy Solutions, 850 Silas Deane Hwy Wethersfield, CT 06109	PT / OT / ST / Consulting Rehab	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Amy Horvath, 150 Westerly Terrace, East Hartford, CT 06118	Social Services	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. David Grise, 27 Sycamore St. Glastonbury, CT 06033	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Family Medicine Center, 893 Main St. East Hartford, CT 06108	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Mouli Associates, 43 Wood St. Hartford, CT 06105	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Niranjana Sankarayamon, 695 Mountin Road, West Hartford, CT, 06117	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
University Physicians, P.O. Box 300611 Hartford, CT 06106	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Hira Jain, 153 Main St. Manchester, CT 06040	Medical Staff Meetings / Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Anil Vithala, 477 Conn Blvd, East Hartford, CT 06108	Medical Staff Meetings	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Patrick Coll, Center For Aging, Uconn Health Center, Farmington, CT 06036-5215	Medical Staff Meetings	<input type="radio"/>	<input checked="" type="radio"/>		
Dr R Tallapureddy, 43 Woodland St, Hartford, CT 06105	Medical Staff Meetings	<input type="radio"/>	<input checked="" type="radio"/>		
Dr James Judge, 450 Columbus Blvd, CT 030-03NB, Hartford, CT 06103	Medical Staff Meetings	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Peter Radasch, 846 Farmington Ave West Hartford, CT 06127	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics, PO Box 848 Manchester, CT 06040	Speech Therapy	<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"/>		

\* 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
Riverside Health Care Center, Inc.	1000c	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 744,429	744,429			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 252,173	252,173			
4. Social Security (F.I.C.A.)	\$ 1,223,200	1,223,200			
5. Health Insurance	\$ 1,925,941	1,925,941			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 63,649	63,649			
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	\$ 27,700	27,700			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 62,721	62,721			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 60,628	60,628			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 36,447	36,447			
2. Cellular Phones	\$ 3,778	3,778			
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	\$ 1,699,416	1,699,416			
<b>Subtotal</b>	\$ 6,100,082	6,100,082			

\* 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
Riverside Health Care Center, Inc.	1000c	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	6,100,082	6,100,082			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 11,931	11,931			
3. Gifts to Staff and Residents	\$ 19,478	19,478			
4. Employee Travel	\$ 10,386	10,386			
5. Education Expenses Related to Seminars and Conventions	\$ 19,955	19,955			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 11,312	11,312			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 43,331	43,331			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 8,296	8,296			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 24,827	24,827			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 725	725			
9. Subscriptions	\$ 2,025	2,025			
10. Contributions*** See Attached Schedule	\$ 600	600			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 1,249,100	1,249,100			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 228,452	228,452			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 7,730,500	7,730,500			

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing	\$ 43,331		
<b>Total Other Advertising</b>	\$ 43,331	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 23,077		
Mark Badalato - Disallowed	\$ 1,700		
Michael Bernardi - Disallowed	\$ 50		
<b>Total Dues</b>	\$ 24,827	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Political Contributions-Administration - Disallowed	\$ 600		
<b>Total Contributions</b>	\$ 600	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Consulting Fees - Fiscal Operations	\$ 39,498		
IT Services-Administration	\$ 4,464		
Purchased Services - Administration	\$ 5,545		
Purchased Services - Fiscal Operations	\$ 92,531		
Licenses and Permits - Administration	\$ 4,656		
Penalties - Administration - Disallowed	\$ 2,416		
Bank Charges - Administration - Disallowed	\$ 34,561		
Background Check - Administration	\$ 5,550		
Crime Insurance - Administration	\$ 10,957		
Miscellaneous Expense - Administration - Disallowed	\$ 28,274		
<b>Total Other Administrative and General</b>	\$ 228,452	\$ -	\$ -

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

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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 #
National Healthcare	1,249,100	See Attached	Page 16, Line M12

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

NHCA Manage

Report Date :10/1/2014 - 09/30/2015

	120 Bloomfield	132 Bristol	160 Cambridge	144 Ludlowe	120 Maple View Manor	120 Marlborough	120 Milford	95 New Milford	130 Regency	345 Riverside	150 Water's Edge
Intercompany adjustments (Troy)	(2,575.61)	(2,832.59)	(3,433.76)	(3,090.04)	(2,575.61)	(2,575.61)	(2,575.61)	(2,039.27)	(2,790.15)	(7,405.04)	(3,219.22)
310000-0000-00-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
400000-0000-00-0000-0	282,655.95	310,874.90	376,948.26	339,185.53	282,655.95	282,655.95	282,655.95	225,193.75	306,200.82	812,641.54	353,304.40
400010-0000-00-0000-0	1,567.09	1,722.79	2,088.64	1,880.49	1,567.09	1,567.09	1,567.09	1,241.08	1,697.60	4,505.76	1,958.10
401000-0000-04-0000-0	18,621.21	20,480.28	24,626.55	22,345.41	18,621.21	18,621.21	18,621.21	14,742.89	20,172.35	53,536.57	23,275.64
401100-0000-04-0000-0	454.22	499.51	605.53	545.03	454.22	454.22	454.22	359.66	462.04	1,305.89	567.74
401101-0000-00-0000-0	(3.74)	(4.11)	(4.99)	(4.49)	(3.74)	(3.74)	(3.74)	(2.96)	(4.05)	(10.75)	(4.68)
401200-0000-04-0000-0	1,653.60	1,818.56	2,204.44	1,984.27	1,653.60	1,653.60	1,653.60	1,309.24	1,791.30	4,754.08	2,066.78
401202-0000-00-0000-0	(102.62)	(112.85)	(136.81)	(123.15)	(102.62)	(102.62)	(102.62)	(81.25)	(111.17)	(295.05)	(128.27)
401250-0000-00-0000-0	518.54	570.35	691.33	622.33	518.54	518.54	518.54	410.56	561.75	1,490.90	648.13
401300-0000-04-0000-0	22,866.50	25,147.97	30,485.17	27,439.83	22,866.50	22,866.50	22,866.50	18,104.85	24,771.16	65,742.55	28,580.53
401400-0000-04-0000-0	20.84	22.53	27.79	25.01	20.84	20.84	20.84	16.50	22.59	59.94	26.05
401600-0000-04-0000-0	502.39	552.47	669.75	602.81	502.39	502.39	502.39	397.73	544.21	1,444.30	627.88
401700-0000-04-0000-0	4,667.41	5,133.07	6,222.49	5,600.86	4,667.41	4,667.41	4,667.41	3,695.46	5,056.17	13,419.02	5,833.72
401800-0000-04-0000-0	682.30	750.45	909.66	818.76	682.30	682.30	682.30	540.18	739.16	1,961.70	852.91
402000-0000-04-0000-0	1,473.35	1,620.36	1,964.25	1,768.02	1,473.35	1,473.35	1,473.35	1,166.53	1,596.08	4,235.95	1,841.54
410000-0000-04-0000-0	3,165.44	3,415.57	4,140.54	3,726.84	3,165.44	3,165.44	3,165.44	2,499.03	3,364.44	8,929.00	3,881.87
410000-0000-09-0000-0	15.27	16.78	20.36	18.33	15.27	15.27	15.27	12.09	16.54	42.90	19.09
410000-0000-09-0000-0	33.37	36.69	44.48	40.04	33.37	33.37	33.37	26.44	36.15	95.94	41.70
410000-0000-12-0000-0	2.53	2.79	3.38	3.04	2.53	2.53	2.53	2.01	2.74	7.28	3.17
411000-0000-04-0000-0	19.64	21.61	26.19	23.57	19.64	19.64	19.64	15.55	21.28	56.46	24.55
431000-0000-03-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
431000-0000-04-0000-0	7,030.70	7,732.13	9,373.07	8,436.78	7,030.70	7,030.70	7,030.70	5,566.63	7,616.30	20,213.47	8,787.48
432000-0000-03-0000-0	2,283.74	2,511.85	3,044.88	2,740.45	2,283.74	2,283.74	2,283.74	1,807.96	2,473.99	6,565.68	2,854.65
433000-0000-03-0000-0	1,771.23	1,947.98	2,361.37	2,125.50	1,771.23	1,771.23	1,771.23	1,402.38	1,918.79	5,092.41	2,213.88
433100-0000-03-0000-0	(611.80)	(672.84)	(815.64)	(734.16)	(611.80)	(611.80)	(611.80)	(484.40)	(662.76)	(1,758.96)	(764.68)
440000-0000-03-0000-0	9,082.05	9,982.05	11,009.45	9,909.64	8,257.92	8,257.92	8,257.92	6,538.34	8,946.10	23,742.37	10,321.68
440000-0000-08-0000-0	688.71	757.44	918.16	826.58	688.71	688.71	688.71	545.29	746.15	1,980.08	860.81
440000-0000-09-0000-0	900.89	990.69	1,200.92	1,080.87	900.89	900.89	900.89	713.22	975.72	2,589.66	1,125.86
440000-0000-12-0000-0	53.36	58.71	71.17	64.05	53.36	53.36	53.36	42.29	57.83	153.47	66.73
440001-0000-08-0000-0	366.53	403.10	488.63	439.78	366.53	366.53	366.53	290.28	397.06	1,053.73	458.14
441000-0000-03-0000-0	5,676.21	6,242.55	7,567.30	6,811.14	5,676.21	5,676.21	5,676.21	4,494.20	6,148.82	16,319.02	7,094.38
442000-0000-08-0000-0	20.00	21.95	26.65	23.98	20.00	20.00	20.00	15.81	21.62	57.43	24.95
452000-0000-25-0000-0	2,706.81	2,976.72	3,688.72	3,248.36	2,706.81	2,706.81	2,706.81	2,143.04	2,932.26	7,782.25	3,383.22
452100-0000-25-0000-0	(1,194.52)	(1,313.70)	(1,592.51)	(1,433.42)	(1,194.52)	(1,194.52)	(1,194.52)	(945.77)	(1,294.02)	(3,434.31)	(1,493.01)
461000-0000-03-0000-0	2,712.85	2,983.31	3,616.64	3,255.35	2,712.85	2,712.85	2,712.85	2,147.76	2,938.63	7,799.37	3,390.65
461100-0000-03-0000-0	2,006.26	2,206.37	2,674.65	2,407.48	2,006.26	2,006.26	2,006.26	1,588.40	2,173.30	5,767.96	2,507.54
462000-0000-25-0000-0	1,529.87	1,682.44	2,039.55	1,835.81	1,529.87	1,529.87	1,529.87	1,211.25	1,657.25	4,398.44	1,912.13
463000-0000-25-0000-0	443.34	487.58	591.08	523.03	443.34	443.34	443.34	351.02	480.27	1,274.68	554.15
466000-0000-25-0000-0	72.43	79.68	96.60	86.95	72.43	72.43	72.43	57.36	78.50	208.30	90.55
471000-0000-25-0000-0	6,469.09	7,114.48	8,624.40	7,762.81	6,469.09	6,469.09	6,469.09	5,121.91	7,007.84	18,598.85	8,085.55
472000-0000-25-0000-0	516.53	567.96	688.68	619.75	516.53	516.53	516.53	408.91	559.46	1,484.89	645.51
472000-0000-04-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
473000-0000-25-0000-0	3,426.41	3,788.25	4,568.02	4,111.67	3,426.41	3,426.41	3,426.41	2,712.89	3,711.81	9,851.10	4,282.62
484000-0000-04-0000-0	1,327.68	1,460.13	1,770.03	1,593.23	1,327.68	1,327.68	1,327.68	1,051.22	1,438.25	3,817.12	1,659.43
484100-0000-04-0000-0	13.35	14.69	17.82	16.16	13.35	13.35	13.35	10.59	14.51	38.39	16.71
486000-0000-04-0000-0	7,709.31	8,478.48	10,277.90	9,251.17	7,709.31	7,709.31	7,709.31	6,103.96	8,351.46	22,164.73	9,635.76
491000-0000-03-0000-0	257.10	282.74	342.75	308.54	257.10	257.10	257.10	203.56	278.48	739.13	321.30
500000-0000-03-0000-0	21.32	23.43	28.41	25.57	21.32	21.32	21.32	16.88	23.08	61.27	26.63
501000-0000-03-0000-0	8,395.23	9,232.87	11,192.42	10,074.37	8,395.23	8,395.23	8,395.23	6,647.11	9,094.54	24,136.88	10,493.18
501100-0000-03-0000-0	2,513.58	2,757.65	3,364.56	3,028.53	2,513.58	2,513.58	2,513.58	2,000.00	2,657.89	7,000.00	3,000.00
503000-0000-03-0000-0	403.92	470.31	570.07	513.28	403.92	403.92	403.92	338.59	463.27	1,229.67	534.49
503500-0000-03-0000-0	3.16	133.97	162.47	146.25	3.16	3.16	3.16	96.41	131.87	350.19	152.24
503600-0000-03-0000-0	931.40	1,024.35	1,241.72	1,117.67	931.40	931.40	931.40	737.43	1,008.96	2,677.79	1,164.16
504000-0000-03-0000-0	984.22	1,082.49	1,312.19	1,181.11	984.22	984.22	984.22	779.28	1,066.23	2,825.69	1,230.12
509000-0000-03-0000-0	2,053.89	2,258.79	2,738.16	2,464.68	2,053.89	2,053.89	2,053.89	1,626.30	2,224.99	5,905.05	2,567.16
510000-0000-03-0000-0	2,748.78	3,022.96	3,664.56	3,298.53	2,748.78	2,748.78	2,748.78	2,176.33	2,977.70	7,902.80	3,435.67
511000-0000-03-0000-0	963.25	1,059.28	1,284.11	1,155.92	963.25	963.25	963.25	762.68	1,043.51	2,769.34	1,203.91
512000-0000-03-0000-0	790.75	869.69	1,054.24	948.94	790.75	790.75	790.75	626.14	856.65	2,273.52	988.38
513000-0000-03-0000-0	23.14	25.48	30.93	27.80	23.14	23.14	23.14	18.37	25.12	66.63	28.94
517000-0000-03-0000-0	391.28	430.37	521.69	469.60	391.28	391.28	391.28	309.82	423.89	1,125.10	489.10
520000-0000-03-0000-0	38.53	42.39	51.40	46.24	38.53	38.53	38.53	30.50	41.81	110.77	48.10
520100-0000-03-0000-0	2,966.65	2,965.51	3,595.01	3,235.78	2,966.65	2,966.65	2,966.65	2,134.84	2,921.04	7,752.31	3,369.97
521000-0000-03-0000-0	4,708.93	5,179.26	6,278.29	5,650.74	4,708.93	4,708.93	4,708.93	3,728.03	5,101.27	13,538.39	5,885.96
522000-0000-03-0000-0	4,686.54	5,154.73	6,248.54	5,623.81	4,686.54	4,686.54	4,686.54	3,710.28	5,076.90	13,473.77	5,858.17
540000-0000-31-0000-0	54.63	60.08	72.83	65.55	54.63	54.63	54.63	43.25	59.18	157.05	68.28
541000-0000-03-0000-0	136.48	150.07	181.96	163.77	136.48	136.48	136.48	108.05	147.83	392.41	170.59
541200-0000-31-0000-0	594.10	653.24	792.13	712.97	594.10	594.10	594.10	453.12	643.67	1,788.20	745.20
541001-0000-03-0000-0	5.46	6.01	7.28	6.56	5.46	5.46	5.46	4.33	5.92	15.71	6.83
542000-0000-31-0000-0	199.40	219.30	265.85	239.31	199.40	199.40	199.40				

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

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c	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	\$ 945,450	945,450		
2.	Non-Food Supplies	\$ 95,031	95,031		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
		\$ 39,906	39,906		
c. Management Services**					
		\$			
d. Other (Specify) _____					
		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 1,080,387</b>	<b>1,080,387</b>		
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 Riverside Health Care Center, Inc.		License No. 1000c	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. \$	64,891	64,891	
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)	\$	1,489	1,489	
c.	Management Services**	\$			
d.	Other (Specify) Supplies \$23,890; Diapers \$217,655	\$	241,545	241,545	
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	307,925	307,925	
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	
Riverside Health Care Center, Inc.	1000c	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. \$	107,771	107,771		
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> )	\$	1,190	1,190		
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	108,961	108,961		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	787,180	787,180		
b. Medicine Cabinet Drugs	\$	56,650	56,650		
c. Medical and Therapeutic Supplies	\$	525,106	525,106		
d. Ambulance/Limousine***	\$	31,554	31,554		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	48,237	48,237		
f. X-rays and Related Radiological Procedures***	\$	38,315	38,315		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	47,817	47,817		
i. Recreation	\$	49,177	49,177		
j. Other (Specify)**** See Attached Schedule	\$	127,145	127,145		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	1,711,181	1,711,181		

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Flu Vaccine - Medical Services	\$ 16,543		
IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 12,323		
Purchased Services - Nursing	\$ 3,695		
Equipment Rental - Nursing	\$ 66,856		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 27,728		
<b>Total Other Resident Care</b>	\$ 127,145	\$ -	\$ -

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

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c		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
MJ Daly	110 Mattatuck Heights, Waterbury, CT, 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC and Boiler service	62,294			22	6A
Otis Elevator	PO Box 13716 Newark, NJ 07188	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service	30,534			22	6A
Proline	PO Box 150473, Hartford, CT, 06115	<input type="radio"/>	<input checked="" type="radio"/>		Kitchen Appliance Repairs	37,042			18	2B
ADM Environmental	1317 Coney Island Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Removal/Recycling Services	48,767			22	6F
ADP	Philadelphia, PA 19170-0372	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	31,047			16	M13
Fire Protection Testing	1701 Highland Ave #4, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Alarm Maintenance and Monitoring	11,706			22	6A
Kone Inc.	47-36 36th Street, Long Island City, NY 11101	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	13,018			22	6A
The Office Works	45 Corp Ave, Plainville, CT, 06062	<input type="radio"/>	<input checked="" type="radio"/>		Copier Maintenance	10,624			16	M13
Evironemntal Systems Group	18 Jansen Court, West Hartford, CT, 06110	<input type="radio"/>	<input checked="" type="radio"/>		HVAC / Mechanical	13,038			22	6A
Beacon Plowing	PO Box 380270, East Hartford CT, 06138	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	17,319			22	6F
Ambulance Service of Manchester	PO Box 300, Manchester CT 06045-0300	<input type="radio"/>	<input checked="" type="radio"/>		Ambulance	22,700			20	5d
		<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 Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2015			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 175,279	175,279				
b. Heat	\$ 77,591	77,591				
c. Light & Power	\$ 333,897	333,897				
d. Water	\$ 105,614	105,614				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 25,537	25,537				
f. Other ( <i>itemize</i> )	\$ 86,380	86,380				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 804,298</b>	<b>804,298</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 125,598	125,598				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 125,598</b>	<b>125,598</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 140,821	140,821				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 140,821</b>	<b>140,821</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,261,427	1,261,427				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 397,191	397,191				
c. Personal property taxes	\$ 38,099	38,099				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,963,136</b>	<b>1,963,136</b>				

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Ground Services - Maintenance	\$ 19,966		
Pest Control - Maintenance	\$ 9,399		
Carting - Maintenance	\$ 54,144		
Background Check - Security	\$ 633		
Purch Services-Security	\$ 5		
Short Term Lease - Pitney Bowes Mailing Machine	\$ 2,233		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 86,380</b>	<b>\$ -</b>	<b>\$ -</b>

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**Depreciation Schedule**

Name of Facility				License No.		Report for Year Ended				Page	of		
Riverside Health Care Center, Inc.				1000c		9/30/2015				23a	37		
	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D1a	1989 Van			4	1995	2,000		2,000	2,000	SL	10	-	
D1b	2011 Ford/Starcraft			10	2011	50,390		50,390	31,495	SL	4	12,597	
D1c	Sales tax on #715-new bus			12	2011	3,200		3,200	2,000	SL	4	800	
						<b>55,590</b>		<b>55,590</b>	<b>35,495</b>			<b>13,397</b>	

Riverside Health Care Center, Inc.  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2014	Lounge Chair	\$ 3,787	15	\$ 126
10/31/2014	76/80" Electric Bed"	\$ 2,079	15	\$ 69
10/31/2014	MOTOR BLOWER	\$ 616	5	\$ 62
10/31/2014	Sigma APM with LAL	\$ 1,165	5	\$ 117
11/30/2014	Sigma APM with LAL	\$ 1,165	5	\$ 116
11/30/2014	Sigma APM with LAL	\$ 1,165	5	\$ 116
11/30/2014	Sigma APM with LAL	\$ 1,165	5	\$ 116
11/30/2014	Sigma APM with LAL	\$ 1,165	5	\$ 116
11/30/2014	Sigma APM with LAL	\$ 1,165	5	\$ 116
11/30/2014	Sigma APM with LAL	\$ 1,165	5	\$ 116
11/30/2014	Replace water source heat pump	\$ 4,090	5	\$ 409
12/31/2014	Kit BP/Thermo/Oxm Sptvlt	\$ 4,089	6	\$ 341
12/31/2014	Speedshine Burnisher	\$ 4,692	15	\$ 156
12/31/2014	30 Recliner"	\$ 1,606	10	\$ 80
12/31/2014	Conveyor Drive	\$ 1,068	10	\$ 53
1/31/2015	Invacare lift & Spot Sign Moni	\$ 5,588	10	\$ 279
1/31/2015	Digital Lift Scale	\$ 1,477	10	\$ 74
1/31/2015	Heated Plate & Pallet Dispense	\$ 2,495	10	\$ 125
2/28/2015	Air ClutchKit	\$ 2,396	12	\$ 100
2/28/2015	Signa APM with LAL	\$ 1,165	5	\$ 116
2/28/2015	Signa APM with LAL	\$ 1,165	5	\$ 116
2/28/2015	Compressor	\$ 2,704	12	\$ 113
2/28/2015	2 Packaged Terminal Air Conditioners	\$ 7,357	5	\$ 736
2/28/2015	Console Heat Pump	\$ 3,200	10	\$ 160
2/28/2015	Laptop	\$ 1,397	5	\$ 140
2/28/2015	4 Desktop	\$ 3,722	5	\$ 372
2/28/2015	2 Desktop	\$ 1,861	5	\$ 186
3/31/2015	Clutch Drum	\$ 1,367	5	\$ 137
3/31/2015	HP 2530 48G POE + SWITCH	\$ 1,568	5	\$ 157
3/31/2015	Bearing Housing air clutch kit	\$ 8,310	10	\$ 416
3/31/2015	Electric Bed	\$ 2,968	15	\$ 99
3/31/2015	Programmed control IVU	\$ 964	7	\$ 69
3/31/2015	80 Electric Bed"	\$ 3,646	15	\$ 122
4/30/2015	80 Bed"	\$ 3,705	15	\$ 123
4/30/2015	Lift	\$ 1,498	10	\$ 75
4/30/2015	Series Clocks	\$ 8,922	10	\$ 446
4/30/2015	Vending Ice Dispenser	\$ 5,038	10	\$ 252
5/31/2015	Signa Pump	\$ 1,618	10	\$ 81
5/31/2015	NPWT PUMP II	\$ 8,961	10	\$ 448
5/31/2015	Signa APM with LAL	\$ 1,313	5	\$ 131
5/31/2015	Boilers	\$ 16,830	20	\$ 421
5/31/2015	Heat Pump	\$ 4,158	10	\$ 208
5/31/2015	Condenser fan motor	\$ 2,015	15	\$ 67
5/31/2015	Control Board	\$ 1,214	5	\$ 121
5/31/2015	80 Electric Bed"	\$ 3,625	15	\$ 121
6/30/2015	Voice & Data Recorders	\$ 2,416	5	\$ 242
6/30/2015	Battery back up for phone sys	\$ 1,893	5	\$ 189
6/30/2015	Digital Lift Scale	\$ 2,876	10	\$ 144
7/31/2015	Refrigerated air dryer	\$ 1,703	10	\$ 85
7/31/2015	Extract motor	\$ 2,197	15	\$ 73
7/31/2015	Fujitsu Scanner	\$ 914	5	\$ 91
7/31/2015	Packaged Terminal Air Conditioner	\$ 7,357	5	\$ 736
7/31/2015	Packaged Terminal Air Conditioner	\$ 7,357	5	\$ 736
7/31/2015	HVAC-motor	\$ 2,886	10	\$ 144
7/31/2015	HVAC-R22 & FAN	\$ 4,593	10	\$ 230
7/31/2015	HVAC	\$ 4,169	10	\$ 208
7/31/2015	Heat Pump	\$ 4,169	10	\$ 208
7/31/2015	Electric bed 80"	\$ 3,705	15	\$ 123
8/31/2015	Food blender	\$ 933	10	\$ 47
8/31/2015	80 electric bed"	\$ 3,705	15	\$ 123
8/31/2015	Circulator pump	\$ 1,902	10	\$ 95
8/31/2015	Motor HD52AK653	\$ 2,367	10	\$ 118
8/31/2015	Desktop	\$ 868	5	\$ 87

8/31/2015	Desktop	\$ 868	5	\$ 87
8/31/2015	Desktop	\$ 868	5	\$ 87
8/31/2015	Air Conditioning unit	\$ 5,465	15	\$ 182
8/31/2015	HVAC	\$ 4,157	10	\$ 208
9/30/2015	Color Printer	\$ 2,283	5	\$ 228
9/30/2015	Kitchen ware	\$ 2,072	5	\$ 207
9/30/2015	TV	\$ 536	5	\$ 54
9/30/2015	Air clutch kit	\$ 2,577	10	\$ 129
9/30/2015	Motor Blower	\$ 837	5	\$ 84
9/30/2015	Wide area vacuum	\$ 1,193	5	\$ 119
9/30/2015	Trapeze bed free stand	\$ 557	15	\$ 19
9/30/2015	Desktop	\$ 810	5	\$ 81
9/30/2015	Bearing Assembly	\$ 1,584	10	\$ 79
9/30/2015	Packaged Terminal Air Conditioner	\$ 7,357	5	\$ 736
9/30/2015	Packaged Terminal Air Conditioner	\$ 3,459	5	\$ 346
9/30/2015	Desk	\$ 1,711	10	\$ 86
<b>Total additions for Movable Equipment</b>		\$ 234,773		\$ 14,531*
<b>Deletions:</b>				
7/31/2015	Camera Monitor	\$ 741	5	\$ 741
7/31/2015	Computer System	\$ 31,080	5	\$ 31,080
7/31/2015	Conwed	\$ 1,228	5	\$ 1,228
7/31/2015	Exclusive Ultra IV Unit	\$ 3,259	5	\$ 3,259
7/31/2015	Food Processor	\$ 995	5	\$ 995
7/31/2015	Merry Walker	\$ 1,865	5	\$ 1,865
7/31/2015	Micro Tech Chair	\$ 579	5	\$ 579
7/31/2015	Mini-Blinds	\$ 1,208	5	\$ 1,208
7/31/2015	Mini-Blinds	\$ 868	5	\$ 868
7/31/2015	Overbed Table Frame	\$ 1,901	5	\$ 1,901
7/31/2015	Power Eagle	\$ 1,695	5	\$ 1,695
7/31/2015	Power Wheelchair	\$ 500	5	\$ 500
7/31/2015	Printer	\$ 1,418	5	\$ 1,418
7/31/2015	Printer	\$ 712	5	\$ 712
7/31/2015	Pulse Oximeter	\$ 600	5	\$ 600
7/31/2015	Pulse Oximeter	\$ 1,200	5	\$ 1,200
7/31/2015	S/T 1/00 Therapeutic Tech	\$ 195	5	\$ 195
7/31/2015	S/T12/99 Northern Comp	\$ 80	5	\$ 80
7/31/2015	S/T 3/00 Shane Med.	\$ 113	5	\$ 113
7/31/2015	S/T 4/00 Shane Med.	\$ 36	5	\$ 36
7/31/2015	S/T 4/00 Shane Med.	\$ 72	5	\$ 72
7/31/2015	S/T 7/00 Northern Comp	\$ 43	5	\$ 43
7/31/2015	S/T 7/00 Shane Med.	\$ 95	5	\$ 95
7/31/2015	S/T 7/00 Shane Med	\$ 134	5	\$ 134
7/31/2015	S/T 8/00 Inpro Corp.	\$ 90	5	\$ 90
7/31/2015	S/T 8/00 Inpro Corp.	\$ 84	5	\$ 84
7/31/2015	S/T 8/00 Wright Alarm	\$ 37	5	\$ 37
7/31/2015	Sales Tax 8/99 Huntington	\$ 76	5	\$ 76
7/31/2015	Sensor Probe Pulse	\$ 1,201	5	\$ 1,201
7/31/2015	Thermafuser	\$ 660	5	\$ 660
7/31/2015	Wheelchair Motor	\$ 1,289	5	\$ 1,289
7/31/2015	Window Film	\$ 609	5	\$ 609
7/31/2015	Window Film	\$ 490	5	\$ 490
7/31/2015	Arm Drive	\$ 1,200	10	\$ 1,200
7/31/2015	Computer	\$ 795	10	\$ 795
7/31/2015	Drain Cleaner	\$ 632	10	\$ 632
7/31/2015	Dual Patient Station	\$ 1,488	10	\$ 1,488
7/31/2015	Dual Patient Station	\$ 1,985	10	\$ 1,985
7/31/2015	Electric Voyager Extract	\$ 4,828	10	\$ 4,828
7/31/2015	Sensor Vac	\$ 1,066	10	\$ 1,066
7/31/2015	Wide Area Vac	\$ 2,066	10	\$ 2,066
7/31/2015	Informer Bed	\$ 2,166	10	\$ 2,166
7/31/2015	Label Printer	\$ 809	10	\$ 809
7/31/2015	Laser Computer	\$ 1,077	10	\$ 1,077
7/31/2015	Locks & Cylinder's	\$ 541	10	\$ 541
7/31/2015	Oxygen Conc.	\$ 27,560	10	\$ 27,560
7/31/2015	Digital Scale	\$ 741	10	\$ 741
7/31/2015	Pulse Oximeter	\$ 604	10	\$ 604
7/31/2015	Refrigerator	\$ 459	10	\$ 459
7/31/2015	Shades	\$ 1,656	10	\$ 1,656

7/31/2015	Sales Tax - Maxim	\$ 77	10	\$ 77
7/31/2015	Sales Tax - Direct Supply	\$ 106	10	\$ 106
7/31/2015	Sales Tax - Shane Med	\$ 130	10	\$ 130
7/31/2015	Sales Tax-Hudson	\$ 72	10	\$ 72
7/31/2015	Sales Tax-First Health Care	\$ 115	10	\$ 115
7/31/2015	Sales Tax-Direct Supply	\$ 81	10	\$ 81
7/31/2015	Sales Tax-Direct Supply	\$ 104	10	\$ 104
7/31/2015	Sales Tax-Tower Furniture	\$ 103	10	\$ 103
7/31/2015	Sales Tax-Northern Comp.	\$ 65	10	\$ 65
7/31/2015	Wheel Chair	\$ 1,760	10	\$ 1,760
7/31/2015	Reliant Stand-Up	\$ 2,244	10	\$ 2,244
7/31/2015	Wheel Chair	\$ 844	10	\$ 844
7/31/2015	Wheel Chair	\$ 493	10	\$ 493
7/31/2015	Wheel Chair	\$ 677	10	\$ 677
7/31/2015	Wheel Chair	\$ 1,725	10	\$ 1,725
7/31/2015	Oxygen Concentrate	\$ 5,000	10	\$ 5,000
7/31/2015	Informer Bed	\$ 952	10	\$ 952
7/31/2015	Informer Bed	\$ 1,643	10	\$ 1,643
7/31/2015	Gear Reducer	\$ 1,610	10	\$ 1,610
7/31/2015	Sales Tax-Shane Med.	\$ 156	10	\$ 156
7/31/2015	Pulse Oximeter	\$ 552	10	\$ 552
7/31/2015	Transport Shower Gurney	\$ 728	10	\$ 728
7/31/2015	New Lift	\$ 4,743	10	\$ 4,743
7/31/2015	Sales Tax Direct Supply	\$ 295	10	\$ 295
7/31/2015	Wheel Chair	\$ 1,055	10	\$ 1,055
7/31/2015	Phone Systems	\$ 5,133	10	\$ 5,133
7/31/2015	Salvajor Model Disposer	\$ 1,115	10	\$ 1,115
7/31/2015	Computer	\$ 1,074	10	\$ 1,074
7/31/2015	Electric Bed	\$ 5,375	10	\$ 5,375
7/31/2015	SLTX All State Medical	\$ 323	10	\$ 323
7/31/2015	HP Laserjet	\$ 1,017	10	\$ 1,017
7/31/2015	Food Processor	\$ 2,853	10	\$ 2,853
7/31/2015	Sofas, Chairs	\$ 4,750	10	\$ 4,750
7/31/2015	Sofas,Chairs, S/T	\$ 285	10	\$ 285
7/31/2015	AKROTECH	\$ 10,600	10	\$ 10,600
7/31/2015	Aneriod Stand	\$ 620	10	\$ 620
7/31/2015	Wheelchair	\$ 803	10	\$ 803
7/31/2015	Bed Alarms	\$ 954	10	\$ 954
7/31/2015	Matress	\$ 634	10	\$ 634
7/31/2015	Time Clock	\$ 3,611	10	\$ 3,611
7/31/2015	Floor Mat Alarm Monitor	\$ 673	10	\$ 673
7/31/2015	Hand Held Pulse Oximeter	\$ 713	10	\$ 713
7/31/2015	Hand Held Pulse Oximeter	\$ 1,246	10	\$ 1,246
7/31/2015	Food Slicer	\$ 2,628	10	\$ 2,628
7/31/2015	Nurse Call Cord	\$ 178	10	\$ 178
7/31/2015	Nurse Call Cords	\$ 1,484	10	\$ 1,484
7/31/2015	Informer Control Unit	\$ 877	10	\$ 877
7/31/2015	Shower Gurney	\$ 649	10	\$ 649
7/31/2015	HP Printer	\$ 925	10	\$ 925
7/31/2015	Camera/Lock Box	\$ 737	10	\$ 737
7/31/2015	Sales Tax (Budget)	\$ 56	10	\$ 56
7/31/2015	Laundrey Equipment	\$ 1,539	10	\$ 1,539
7/31/2015	Computer	\$ 580	10	\$ 580
7/31/2015	Recliner	\$ 827	10	\$ 827
7/31/2015	Computer	\$ 1,113	10	\$ 1,113
7/31/2015	Freight on Super Laundry	\$ 39	10	\$ 39
7/31/2015	Recliner	\$ 795	10	\$ 795
7/31/2015	Compressor	\$ 1,104	10	\$ 1,104
7/31/2015	Circulator Pump	\$ 1,775	10	\$ 1,775
7/31/2015	Beds	\$ 732	10	\$ 732
7/31/2015	Exchange Server	\$ 1,382	10	\$ 1,382
7/31/2015	Sales Tax-Direct Supply	\$ 48	10	\$ 48
7/31/2015	Laptop Computer	\$ 1,268	10	\$ 1,268
7/31/2015	Projector	\$ 871	10	\$ 871
7/31/2015	VPN & WAN	\$ 6,389	10	\$ 6,389
7/31/2015	Pump Compressor	\$ 764	10	\$ 764
7/31/2015	Recliner	\$ 852	10	\$ 852
7/31/2015	Replace Tower Motor	\$ 6,640	10	\$ 6,640

7/31/2015	Sales Tax on Delatbush	\$ 383	10	\$ 383
7/31/2015	Gear Box	\$ 1,539	10	\$ 1,539
7/31/2015	Freight on 1538.81	\$ 42	10	\$ 42
7/31/2015	Wheelchair	\$ 952	5	\$ 952
7/31/2015	Pulse Oximeter	\$ 1,054	5	\$ 1,054
7/31/2015	Air Kit	\$ 928	5	\$ 928
7/31/2015	Refrigerated Air Dryer	\$ 962	5	\$ 962
7/31/2015	Convection Base Heater	\$ 3,839	5	\$ 3,839
7/31/2015	Tax on Direct Supply Invoices	\$ 461	5	\$ 461
7/31/2015	S/T Bal. YE 9/04 Lincoln	\$ 36	5	\$ 36
7/31/2015	Computers	\$ 555	5	\$ 555
7/31/2015	Gear Box	\$ 2,071	5	\$ 2,071
7/31/2015	Computer	\$ 729	5	\$ 729
7/31/2015	Shower Commode	\$ 676	5	\$ 676
7/31/2015	Paper Shredder	\$ 1,033	5	\$ 1,033
7/31/2015	Computers	\$ 570	5	\$ 570
7/31/2015	4 Televisions	\$ 465	5	\$ 465
7/31/2015	New Compressors	\$ 9,990	5	\$ 9,990
7/31/2015	Informer;bed sensor pad	\$ 2,411	5	\$ 2,411
7/31/2015	Commercial Disposal 2 HP	\$ 1,126	5	\$ 1,126
7/31/2015	Beds,boxes	\$ 1,000	5	\$ 1,000
7/31/2015	Tuffsat Pulse Oximeter w/Sens	\$ 1,068	5	\$ 1,068
7/31/2015	Plexiglass Sign	\$ 660	5	\$ 660
7/31/2015	OutdoorFurniture-chairs,tables	\$ 1,593	5	\$ 1,593
7/31/2015	Sales tax - Tower 950	\$ 57	5	\$ 57
7/31/2015	Sales tax - Direct Supply	\$ 68	5	\$ 68
7/31/2015	Sales tax - Tower 500	\$ 30	5	\$ 30
7/31/2015	Sales tax - Tower 1000.00	\$ 60	5	\$ 60
7/31/2015	Sales tax - Fiveboro	\$ 40	5	\$ 40
7/31/2015	MOVEABLE EQUIPMENT - 1996	\$ 66,023	10	\$ 66,023
7/31/2015	MOVEABLE EQUIPMENT - 1997	\$ 154,657	10	\$ 154,657
7/31/2015	MOVEABLE EQUIPMENT - 1998	\$ 97,132	10	\$ 97,132
7/31/2015	MOVEABLE EQUIPMENT - 1998	\$ 1,537	5	\$ 1,537
7/31/2015	MOVEABLE EQUIPMENT - 1999	\$ 44,238	10	\$ 44,238
7/31/2015	Meal plan module-license fee	\$ 3,594	5	\$ 3,594
7/31/2015	Wet Only Vac	\$ 803	5	\$ 803
7/31/2015	Truck tilt, Trolley	\$ 929	5	\$ 929
7/31/2015	Medium institutional	\$ 633	5	\$ 633
7/31/2015	Meat chopper, bench type	\$ 2,571	5	\$ 2,571
7/31/2015	42 in. plasma EDTV	\$ 2,237	5	\$ 2,237
7/31/2015	Furniture - Passport unit	\$ 2,445	5	\$ 2,445
7/31/2015	Furniture - Passport unit	\$ 3,968	5	\$ 3,968
7/31/2015	Minitower Pentium computer	\$ 974	5	\$ 974
7/31/2015	Sales tax - CBord Group	\$ 22	5	\$ 22
7/31/2015	Furniture - Passport unit	\$ 2,104	5	\$ 2,104
7/31/2015	HP4250 printer	\$ 885	5	\$ 885
7/31/2015	3 pentium 4 computers	\$ 2,873	5	\$ 2,873
7/31/2015	Sales tax- Budget Business	\$ 53	5	\$ 53
7/31/2015	Ped alert, dual sensor	\$ 654	5	\$ 654
7/31/2015	1 table, 3 chairs	\$ 1,180	5	\$ 1,180
7/31/2015	Quietpro backpack vac	\$ 483	5	\$ 483
7/31/2015	HP3800N color printer	\$ 890	5	\$ 890
7/31/2015	2 defibrillators	\$ 3,790	5	\$ 3,790
7/31/2015	Pentium 4 computer	\$ 1,001	5	\$ 1,001
7/31/2015	Motor, conveyor drive	\$ 1,526	5	\$ 1,526
7/31/2015	Lumex wide recliner	\$ 802	5	\$ 802
7/31/2015	2 pulse oximeters	\$ 1,618	5	\$ 1,618
7/31/2015	Sales tax- #375, 377	\$ 124	5	\$ 124
7/31/2015	Healthcare communication sys.	\$ 29,468	5	\$ 29,468
7/31/2015	Pentium D computer	\$ 986	5	\$ 986
7/31/2015	3 pentium D computers	\$ 2,933	5	\$ 2,933
7/31/2015	4 pentium D computers	\$ 3,908	5	\$ 3,908
7/31/2015	Food processor	\$ 2,283	5	\$ 2,283
7/31/2015	Low air loss mattress	\$ 1,605	5	\$ 1,605
7/31/2015	Sales tax, #404, #405	\$ 438	5	\$ 438
7/31/2015	Gear Reducer	\$ 2,548	5	\$ 2,548
7/31/2015	Pentium dual core computer	\$ 924	5	\$ 924
7/31/2015	Versamatic Plus	\$ 834	5	\$ 834

7/31/2015	Blender	\$ 975	5	\$ 975
7/31/2015	LAL Mattress	\$ 2,645	5	\$ 2,645
7/31/2015	LAL Mattress	\$ 2,645	5	\$ 2,645
7/31/2015	LAL Mattress	\$ 2,645	5	\$ 2,645
7/31/2015	Snow Thrower	\$ 1,382	5	\$ 1,382
7/31/2015	7 computers	\$ 7,922	5	\$ 7,922
7/31/2015	PVC Shower gurney	\$ 689	5	\$ 689
7/31/2015	Endorphin hand cycle table	\$ 1,614	5	\$ 1,614
7/31/2015	Sales tax on #447	\$ 29	5	\$ 29
7/31/2015	Upright vacuum	\$ 769	5	\$ 769
7/31/2015	26 wheelchair with ELR"	\$ 873	5	\$ 873
7/31/2015	PK14-0001 AirClutch - Laundry	\$ 1,241	5	\$ 1,241
7/31/2015	PK140001 Air Clutch - Laundry	\$ 1,231	5	\$ 1,231
7/31/2015	26 wheelchair with ELR"	\$ 883	5	\$ 883
7/31/2015	HP Fax	\$ 599	5	\$ 599
7/31/2015	Sales tax on 463	\$ 36	5	\$ 36
7/31/2015	Scan enabler	\$ 954	5	\$ 954
7/31/2015	3 refrigerators	\$ 1,558	5	\$ 1,558
7/31/2015	4 O2 Concentrators w/sensors	\$ 1,825	5	\$ 1,825
7/31/2015	Carpetkeeper vacuum	\$ 1,865	5	\$ 1,865
7/31/2015	Pump, compressor	\$ 995	5	\$ 995
7/31/2015	Power wheel chair	\$ 899	5	\$ 899
7/31/2015	42 bed frame Mattress	\$ 1,776	5	\$ 1,776
7/31/2015	3 n.o. valve"	\$ 630	5	\$ 630
7/31/2015	One gallon 3 speed blender	\$ 1,189	5	\$ 1,189
7/31/2015	Shredder, strip-cut 3500S	\$ 794	5	\$ 794
7/31/2015	Vostro 1510 computer	\$ 783	5	\$ 783
7/31/2015	Phone system battery backup	\$ 3,143	5	\$ 3,143
7/31/2015	Security DVR	\$ 894	5	\$ 894
7/31/2015	Replace tower motor, fan blade	\$ 10,728	5	\$ 10,728
7/31/2015	Washer replacement parts	\$ 2,704	5	\$ 2,704
7/31/2015	Washer repair	\$ 1,513	5	\$ 1,513
7/31/2015	Inline circulator pump	\$ 621	5	\$ 621
7/31/2015	New fan motor	\$ 2,621	5	\$ 2,621
7/31/2015	Parts for compressor	\$ 3,922	5	\$ 3,922
7/31/2015	26 wheelchair with elr"	\$ 938	5	\$ 938
7/31/2015	Parts for washing machine	\$ 2,562	5	\$ 2,562
7/31/2015	Compressor for heat pump	\$ 1,400	5	\$ 1,400
7/31/2015	450 lb. pvc shower gurney	\$ 672	5	\$ 672
7/31/2015	50 chairs for recreation room	\$ 8,949	5	\$ 8,949
7/31/2015	Pump, compressor, 5 HP	\$ 1,115	5	\$ 1,115
7/31/2015	Sales tax on # 589	\$ 536	5	\$ 536
7/31/2015	Upright true hepa vac	\$ 520	5	\$ 520
7/31/2015	HP P3015N printer	\$ 594	5	\$ 594
7/31/2015	HP P3015N printer	\$ 594	5	\$ 594
7/31/2015	Pulse oximeter w/finger probe	\$ 619	5	\$ 619
7/31/2015	Sales tax on #610	\$ 47	5	\$ 47
7/31/2015	Sales tax on #611	\$ 43	5	\$ 43
<b>Total deletions for Movable Equipment</b>		<b>\$ 770,439</b>		<b>\$770,439</b> **

\*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
<b>Additions:</b>				
12/31/2014	Heat Pump	\$4,239	10	\$212
12/31/2014	Compressor	\$1,975	12	\$82
1/31/2015	Oak Door	\$1,590	15	\$53
1/31/2015	Sills in Corian Aurora	\$2,366	10	\$118
2/28/2015	Module control for RTU#3	\$4,283	10	\$214
2/28/2015	Door Replacement	\$5,796	15	\$193
3/31/2015	Patient Rm flooring	\$1,109	10	\$55
3/31/2015	5/8' Sheetrock"	\$1,171	20	\$29
3/31/2015	Electromagnetic door lock	\$2,177	15	\$73
3/31/2015	Electronic Lock	\$802	15	\$27
4/30/2015	Electronic Lock	\$733	10	\$37
4/30/2015	Pipes	\$6,150	15	\$205

6/3/2015	Secure Wiring	\$2,315	5	\$232
7/31/2015	4100 power supply 120v	\$1,854	10	\$93
<b>Total additions for Leasehold Improvement</b>		\$ 36,560		\$ 1,623 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				2,312,107	1,379,492	SL		139,198	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				36,560		SL		1,623	
C-4. Subtotal									140,821
<b>D. Total Amortization</b>									140,821

\* 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 Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input 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					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase	09/08/80				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	345				
6. Square Footage	144,794				
7. Acquisition Cost					
a. Land	365,846				
b. Building	19,933,873				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	04/30/03				
c. Interest Rate for the Cost Year	6.00%				
d. Term of Mortgage (number of years)	34 years, 6 mo				
e. Amount of Principal Borrowed	18,891,400				
f. Principal balance outstanding as of 9/30/15	16,104,600				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Riverside Health Care Center, Inc.		1000c	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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c		Report for Year Ended 9/30/2015		Page 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) \$				10,962	10,962		
Interst - Admin \$10,056; Property \$906							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D) \$				10,962	10,962		
14. Insurance							
a. Insurance on Property (buildings only) \$				26,689	26,689		
b. Insurance on Automobiles \$				7,367	7,367		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$				43,680	43,680		
2. Fire and Extended Coverage \$							
3. Other (Specify) \$				185,553	185,553		
Liability Ins. \$103,792; Mortgage Ins. \$81,761							
14d. <b>Total Insurance Expenditures</b> (14a + b + c) \$				263,289	263,289		
15. <b>Total All Expenditures</b> (A-13 thru C-14) \$				32,337,647	32,337,647		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.				1000c	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12M	Salaries not related to Resident Care	\$ 13,203	13,203		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 143,635	143,635		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 741,534	741,534		
7.			Other - See attached Schedule	\$ 108,540	108,540		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 67,921	67,921		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,338	2,338		
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 *	\$ 43,331	43,331		
19.	15	1j	Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 600	600		
21.	16	M12	Unallowable Management Fees	\$ 386,369	386,369		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 139,023	139,023		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 1,646,494	1,646,494		

\* 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)
10	A12i4	Respiratory Therapy	\$ 143,635		
<b>Total Other Salaries Adjustment</b>			\$ 143,635	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8e	Psychiatrist	\$ 6,700		
13	B12	Consulting Fees - Nursing	\$ 34,222		
13	B12	Consulting Fees - Rehabilitation, Therapy and Ancillary	\$ 24,179		
13	B2	Dentist	\$ 8,071		
13	B8a	Medical Director (over the limit)	\$ 35,368		
<b>Total Other Fees Adjustments</b>			\$ 108,540	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a	Benefits on Salaries Not Related to Resident Care - Social Services	\$ 3,354		
16	M13	Penalties - Administration	\$ 2,416		
16	M13	Bank Charges - Administration	\$ 34,561		
16	M13	Miscellaneous Expense - Administration	\$ 28,274		
16	M13	Crime Insurance - Administration	\$ 10,957		
16	I3	Gifts	\$ 19,478		
15	1a	Benefits on Disallowed Respiratory Therapy Salaries	\$ 36,493		
16	M8a	Dues (Chamber of Commerce)	\$ 725		
16	M9	Subscriptions - Newspapers	\$ 1,015		
16	M8	Mark Badalato - disallowed dues	\$ 1,700		
16	M8	Michael Bernardi - disallowed dues	\$ 50		
<b>Total Other A&amp;G Adjustments</b>			\$ 139,023	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Riverside Health Care Center, Inc.			1000c	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,646,494	1,646,494		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 787,180	787,180		
28.	20	5f	Ambulance/Limousine	\$ 31,554	31,554		
29.	20	5h	X-rays, etc	\$ 38,315	38,315		
30.	20	5c	Laboratory	\$ 47,817	47,817		
31.	20	5c	Medical Supplies	\$ 12,087	12,087		
32.	20	5j	Oxygen (non emergency)	\$ 48,237	48,237		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 153,162	153,162		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 9,395	9,395		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 1,282	1,282		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 14,038	14,038		
<b>Page 27 - Insurance</b>							
40.	27	14c3	Mortgage Insurance	\$ 81,761	81,761		
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
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	\$ 19,228	19,228		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 2,890,550	2,890,550		

\*\*\* 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.

Riverside Health Care Center, Inc.  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 12,323		
20	5j	Equipment Rental - Nursing	\$ 66,856		
20	5j	Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 27,728		
20 / 13	5a2 / B3	Disallowance on Procure Price Markups	\$ 2,422		
20	5j	Flu Vaccine - Medical Services	\$ 16,543		
20	5j	Purchased Services - Nursing	\$ 225		
20	5i	Cable TV Expense - Resident Rooms	\$ 27,065		
<b>Total Other Ancillary Costs</b>			\$ 153,162	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6d	Kore Balance System and Other Rehab Equip.	\$ 5,286		
22	6d	DVR Depreciation	\$ 167		
22	6d	Dyno Relief Mattresses Depreciation	\$ 3,942		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 9,395	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Auto Lease Expense	\$ 3,879		
27	14b	Auto Insurance	\$ 4,912		
16	L6	Disallowed Auto Expense	\$ 5,247		
<b>Total Other Property Adjustments</b>			\$ 14,038	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV5	Interest Income	\$ 1,352		
30	IV8	Miscellaneous Other Income (SCA/McKesson Diaper Rebate \$7,536; Other Miscellaneous Income \$284)	\$ 7,820		
27	12d	Interest - Admin	\$ 10,056		
<b>Total Other Adjustments</b>			\$ 19,228	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 37,002,359	37,002,359				
b. Medicaid Room and Board Contractual Allowance **	\$ (14,449,962)	(14,449,962)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 5,601,381	5,601,381				
b. Medicare Room and Board Contractual Allowance **	\$ 1,098,734	1,098,734				
4. a. Private-Pay Residents and Other	\$ 4,151,888	4,151,888				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,036,591)	(1,036,591)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 366,825	366,825				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (366,825)	(366,825)				
c. Prescription Drugs - Non-Medicare	\$ 404,786	404,786				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (399,579)	(399,579)				
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	\$ 749,126	749,126				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (626,225)	(626,225)				
c. Physical Therapy - Non-Medicare	\$ 347,100	347,100				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (341,035)	(341,035)				
4. a. Speech Therapy - Medicare	\$ 249,467	249,467				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (154,502)	(154,502)				
c. Speech Therapy - Non-Medicare	\$ 118,729	118,729				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (110,673)	(110,673)				
5. a. Occupational Therapy - Medicare	\$ 911,258	911,258				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (706,702)	(706,702)				
c. Occupational Therapy - Non-Medicare	\$ 438,478	438,478				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (430,887)	(430,887)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 43,794	43,794				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 10,670	10,670				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 32,871,614	32,871,614				
<b>IV. Other Revenue*</b>						
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> )	\$ 1,352	1,352				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 103,964	103,964				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 105,316	105,316				
<b>VI. Total All Revenue</b> (III +V)	\$ 32,976,930	32,976,930				

\* 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, line II6a	Medicare Part A Lab	\$ 93,316		
30, line II6a	Medicare Part A X-Ray	\$ 22,537		
30, line II6a	Medicare Part B Prior Period	\$ (3,880)		
30, line II6a	Medicare Pt A Contra Other	\$ (69,057)		
30, line II6a	Medicare Pt A Ambulance-	\$ 1,271		
30, line II6a	Medicare Pt B Contra Other-	\$ (393)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 43,794	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6b	Medicaid Contra Other	\$ (1,517)		
30, line II6b	Medicaid IV Therapy	\$ 386		
30, line II6b	Medicaid Lab	\$ 1,131		
30, line II6b	Private Contra Other	\$ (11,664)		
30, line II6b	Comm Insurance Contra Other	\$ (61,855)		
30, line II6b	Comm Insurance IV Therapy	\$ 26,855		
30, line II6b	Comm Insurance Lab	\$ 27,935		
30, line II6b	Comm Insurance Speciality Beds	\$ 14,644		
30, line II6b	Comm Insurance X-Ray	\$ 13,267		
30, line II6b	Comm Ins Ambulance-	\$ 1,488		
<b>Total Other Resident Revenue</b>		\$ 10,670	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, line IV5	Interest Income		\$ 1,352		
<b>Total Interest Income</b>			\$ 1,352	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Miscellaneous Other Income (UHC Dividends \$77,791; SCA/McKesson Diaper Rebate \$7,536; Other Miscellaneous Income \$284)	\$ 85,611		
30, line IV8	Sales Tax - Property	\$ (48)		
30, line IV8	Prior Period Other	\$ 18,401		
<b>Total Other Revenue</b>		\$ 103,964	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	827,018
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	4,485,131
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	61,505
5. Prepaid Expenses			\$	722,522
a. Insurance	71,227			
b. Taxes (personal property, real estate, corp.)	460,796			
c. Management Fees	139,039			
d. Other Prepaid Expenses	51,460			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	567,777
Patient Funds	122,697			
Escrow Deposits	445,080			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	6,663,953
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,348,667</u>		\$	828,354
	Accum. Depreciation <u>1,520,313</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,551,755</u>		\$	636,001
	Accum. Depreciation <u>915,754</u>	Net		
7. Motor Vehicles	*Historical Cost <u>106,951</u>		\$	6,699
	Accum. Depreciation <u>100,252</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	301,943
Construction in Progress	301,943			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,772,997

\* 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
Riverside Health Care Center, Inc.	1000c	9/30/2015	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	8,436,950
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	20,614,833		
	Accum. Depreciation	_____	Net	\$ 20,614,833
4. Non-Movable Equipment				
	*Historical Cost	1,048,608		
	Accum. Depreciation	_____	Net	\$ 1,048,608
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	21,663,441
<b>D. Investment and Other Assets</b>				
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> )			\$	155,555
Name and Address	Amount	Loan Date		
Harbor Hill Care Center Inc.	155,555	9/30/07		
7. Other Assets ( <i>itemize</i> )			\$	415,475
	Security Deposits	36,805		
	Replacement Reserve	378,670		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	571,030
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	30,671,421

\* 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 Riverside Health Care Center, Inc.		License No. 1000c	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,861,934
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	1,400,725
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,759,860
Accrued Pension		63,649	Due to Realty	179,201	
Accrued Accounting Fees		27,800	Due to Related Party	917,835	
Accrued Revenue Assessment		413,573	Patient Personal Funds	122,697	
Accrued Expenses		35,105			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>7,022,519</b>

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

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

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				7,022,519
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 7,022,519

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

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	20,614,833
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	1,048,608
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			\$	21,663,441
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,341,178
6. Gain or Loss for Period			\$	639,283
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	1,985,461
<b>C. Total Reserves and Net Worth</b>			\$	23,648,902
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	30,671,421

### H. Changes in Total Net Worth

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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			\$	2,011,744
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	32,976,930
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	32,337,647
D. Net Income or Deficit			\$	639,283
E. Balance			\$	2,651,027
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
Tax Refund	7,434			
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	7,434
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	640,000
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount		
Partner Drawings		640,000		
2. Other Withdrawings ( <i>Specify</i> )			\$	38,000
Purpose	Amount			
Taxes	38,000			
3. Total Deductions			\$	678,000
H. <b>Balance at End of Period</b>			\$	1,980,461
				09/30/15

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

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c	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)	
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro &amp; Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/5/16</i>	
Printed Name of Preparer  Blum Shapiro & Co					
Address Address  29 South Main Street, West Hartford, CT 06127				Phone Number  860-561-4000	