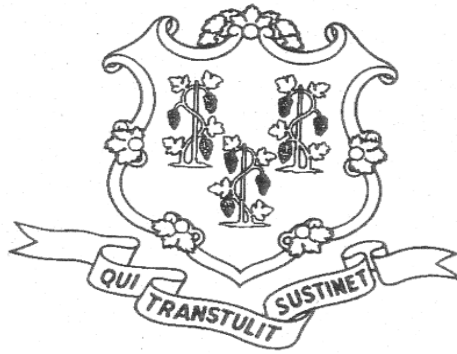


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Wilton Meadows Health Care Center	
Address (No. & Street, City, State, Zip Code) 439 Danbury Road, Wilton, CT 06897	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2032C	RHNS	(Specify)	Medicare Provider 07-5317
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Medicaid Provider Numbers:	CCNH	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) Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	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 Wilton Meadows Health Care Center [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Ellen Casey			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Wilton Meadows Health Care Center		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 439 Danbury Road, Wilton, CT 06897				
Report Prepared By Blum Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/1/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-834-0199		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Wilton Meadows Health Care Center		Address (No. & Street, City, State, Zip) 439 Danbury Road, Wilton, CT 06897		
License Numbers:	CCNH 2032C	RHNS (Specify)	Medicare Provider No. 07-5317	
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 checked="" type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Ellen Casey		Nursing Home Administrator's License No.:	001858	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2017	Page 3	of 37
Legal Name of Partnership/LLC Wilton Meadows Limited Partnership		Business Address 439 Danbury Road, Wilton, CT 06897		State(s) and/or Town(s) in Which Registered	
Name of Partners/Members	Business Address	Title		% Owned	
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	Limited partner		70.12%	
Wilton Meadows Health Care C	25250 Rockside Road, Bedford Heights, OH 44146	General partner		2.08%	
Fred Rzepka	3330 Warrensville Center Road #808, Shaker Heights, OH 44122	Limited partner		16.3%	
Peter Rzepka	3330 Warrensville Center Road #804, Shaker Heights, OH 44122	Limited partner		11.5%	

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2017	3B	37

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

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2017		Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No					If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No					If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			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	%**				
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee	See Attached	183,155	183,155
Wilton Meadows Home Office	439 Danbury Road, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Accounting Services, Dietary	See attached	3,310	3,310
TBI Profit Sharing Plan	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Pension	pg 15 line 1a7	35,100	35,100
Greens at Cannondale	435 Danbury Road, Wilton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Maint., Admin. Services, Insurance	See attached	39,437	39,437
Danbury Commons		<input type="radio"/>	<input checked="" type="radio"/>		Administrative Services	See attached	(67)	(67)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Interest Income / Loan Funds	pg 30 line IV 5	150,838	150,838
Greens at Greenwich	King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Maint., Admin. Services, Insurance	See attached	(19,216)	(19,216)
TransCon Builders, Inc.	25250 Rockside Road, Bedford Heights, OH 44146	<input type="radio"/>	<input checked="" type="radio"/>		Insurance Policies	See attached	419,191	419,191
See attached for additional		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire
Related Parties (cont'd)

Name of Facility Wilton Meadows Health Care Center		License No. 2032C		Report for Year Ended 9/30/2017		Page 4a	of 37	
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	%**				
Greens at Greenwich	King Street, Greenwich, CT 06831		No		Loan receivable	32 Line D6	5,760	N/A
TransCon Builders, Inc	25250 Rockside Road, Bedford Heights, OH 44146		No		Loan receivable	32 Line D6	4,525,011	N/A
Greens at Cannondale	435 Danbury Road, Wilton, CT		No		Loan payable	34 Line B3	(21,838)	N/A

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

General Information and Questionnaire
Related Parties*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 09/30/2017	Page 4b	of 37
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Description	A/C #	Amount		
TransCon Builders, Inc.				
Telephone	75500	534	15	1h1
Travel	75510	13,196	16	L4
Travel - Meals	75520	87	16	L4
Management Fees	75530	121,239	16	m12
Wages-Finance Other	75115	42,546	10	A4
Finance Other PRT	75215	2,897	15	1a4
Finance Other Benefits	75315	2,656	15	1a5
		<u>183,155</u>		
Property Insurance	73530.BSC	17,772	27	14A
Worker's Comp Insurance	73250	355,838	15	1A1
General Liability Insurance	73530	35,103	16	M13
Excess Liability Insurance	73530	10,478	16	M13
		<u>419,191</u>		
Interest Income on Intercompany Loans	59513	150,838	30	IV 5
Loan Receivable	16100	4,525,011	32	D6
Greens at Cannondale				
Maintenance Services from WM To GC	72106/72155	(10,298)	10	A7A/A7B
Administration Svc from WM To GC	73110	(25,739)	10	A4
Other Administration Services from GC to WM	73110	61,630	10	A4
		<u>25,593</u>		
Loan Payable	25500	(21,838)	34	B3
Greens at Greenwich				
Maintenance Services from WM To GG	72106/72155	(14,953)	10	A7A/A7B
Administration Svc from WM To GG	73156	(7,024)	10	A4
		<u>(21,977)</u>		
Loan Receivable	16700	5,760	32	D6
Danbury Commons				
Administration Svc from WM To DC	73156	(67)	10	A4
Wilton Meadows (Home Office)				
Accounting Services	73440	7,496	15	1ad
Dietary Allocation to Greens at Cannondale	69103	(4,186)	10	A5a
		<u>3,310</u>		
TBI Profit Sharing Plan				
401K Plan - Other Participants				
Hamden				
Greens at Greenwich				
Greens at Cannondale				
Greenwich Woods				
Candlewood				
Owners Management Co				
TransCon				
Danbury Commons				
		<u>35,100</u>	15	1a7
Crime, EPL, Cyber Insurance Policies - Wilton Meadows Held				
Greens at Cannondale	73530	13,844	16	M13
Greens at Greenwich	73530	2,761	16	M13
		<u>16,605</u>		

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center			2032C	9/30/2017			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						
Ricoh	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/23/14	5 years	7,071	7,071	
De Lage	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/17	5 years	1,882	1,882	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							8,953	

* 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.

LESSEE	Full Legal Name Wilton Meadows Limited Partnership			Phone Number	
	Billing Address 439 Danbury Road		City Wilton	State Ct	Zip 06897
Send Email Invoice To:				Attention to:	
Purchase Order Requisition Number					

Make	Model Number	Serial Number	Quantity	Description (Attach Separate Schedule A if Necessary)
See Attached				

PAYMENT INFORMATION	Number of Lease Payments	Lease Payment*	Plus Applicable Taxes		Term of Lease in Months	Payment Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	60	\$590.00	Plus Applicable Taxes		60	End of Lease Option: <input checked="" type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1 <input type="checkbox"/> Other
Lease Payment <input type="checkbox"/> includes / <input checked="" type="checkbox"/> does NOT include maintenance/service/supplies [check one]			Plus Applicable Taxes		End of Lease Purchase Option shall be FMV unless another option is selected.	
* Lease payment may be adjusted for up front sales tax.			Security Deposit	(PLUS) First Period Payment	(PLUS) Other (EQUALS)	Total Payment Enclosed
			\$0.00	\$0.00	\$0.00	\$0.00

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or items differs from the supplier's estimate. You agree to pay us a fee of \$75.00 to reimburse our expense for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. We may increase the Lease Payment on an annual basis, in an amount not to exceed ten percent (10%) of the Lease Payment in effect at the end of the prior annual period. Security deposits are non-interest bearing. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 5% of the payment or \$10.00, whichever is greater. YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY LEASE TERM OR PROVISION.

2. Terms: This Lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your obligations are absolute, unconditional, and are not subject to cancellation, reduction, setoff or counterclaim.

3. Title: Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the Lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the Equipment.

4. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. The Lease Payments set forth above do not include the cost of maintenance, service, and/or supplies ("Service"), unless indicated in the above "Payment Information" box. Notwithstanding anything to the contrary, however, you agree that we are not responsible for providing such Service for the Equipment and you will make all claims related to Service to the Service Provider ("Provider"). No Provider may alter the terms of this Lease or make any promises or arrangements that alter our rights or your obligations under this Lease. You agree that you are expressly assuming any risks arising from such Provider's inability to deliver such Service, under any circumstances, including, without limitation, such Provider's financial condition or its inability to repair or service the Equipment. You agree that any claims related to Service will not impact your obligation to pay all Lease payments when due.

5. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

6. Risk of Loss and Insurance: You are responsible for risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain insurance against theft and physical damage, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

7. Taxes: You agree to pay when due, either directly or as a reimbursement to us, all taxes (including, without limit, sales, use, and personal property) and charges in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss or unavailability of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions. This indemnity will continue even after the termination of this Lease.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future lease payments and the Residual charged to the date of default at 1% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; (iv) charge you a return-check or non-sufficient funds charge ("NSF Charge") of \$25.00 for a check that is returned; and (v) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

9. End of Lease, Return, Purchase Option, and Renewal: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods. If the Equipment is returned to us, you shall remove all confidential information from the Equipment prior to return. If any Software license ("License") included hereunder passes title to you, such title shall automatically vest and remain in us. If such vesting requires a written conveyance, you hereby convey to us any title you have or hereafter acquire in the Software and relinquish any subsequent title in the Software. If licensor's consent is required, you shall assist us in obtaining consent.

10. Miscellaneous: You agree that the Lease is a Finance Lease as defined in Article 2A of the Uniform Commercial Code ("UCC"). You acknowledge that we have given you the Equipment supplier's name. We hereby notify you that you may have rights under the supplier's contract and may contact the supplier for a description of those rights. You agree that we are authorized, without notice to you, to supply missing information or correct obvious errors in the Lease. This Lease was made in Pennsylvania ("PA") and is deemed to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to the non-exclusive jurisdiction, personal or otherwise, in any state or federal court in PA, and waive trial by jury. You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder.

11. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future lease payments and the Residual charged to the date of default at 1% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; (iv) charge you a return-check or non-sufficient funds charge ("NSF Charge") of \$25.00 for a check that is returned; and (v) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

12. End of Lease, Return, Purchase Option, and Renewal: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods. If the Equipment is returned to us, you shall remove all confidential information from the Equipment prior to return. If any Software license ("License") included hereunder passes title to you, such title shall automatically vest and remain in us. If such vesting requires a written conveyance, you hereby convey to us any title you have or hereafter acquire in the Software and relinquish any subsequent title in the Software. If licensor's consent is required, you shall assist us in obtaining consent.

13. Miscellaneous: You agree that the Lease is a Finance Lease as defined in Article 2A of the Uniform Commercial Code ("UCC"). You acknowledge that we have given you the Equipment supplier's name. We hereby notify you that you may have rights under the supplier's contract and may contact the supplier for a description of those rights. You agree that we are authorized, without notice to you, to supply missing information or correct obvious errors in the Lease. This Lease was made in Pennsylvania ("PA") and is deemed to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to the non-exclusive jurisdiction, personal or otherwise, in any state or federal court in PA, and waive trial by jury. You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder.

LESSEE SIGNATURE	You agree that this is a non-cancelable lease. The Equipment is: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	
	Signature	Date
	<i>[Signature]</i>	6/13/17
Title	Print Name	
CFO	Brian Ullman	
Legal Name of Corporation Wilton Meadows Limited Partnership		

LESSOR	De Lage Londen Financial Services, Inc.	
	Lease Processing Center, 1111 Old Eagle School Road, Wayne, PA 19087	
	PHONE: (800) 735-3273 • FAX: (800) 776-2329	
Commencement Date	Lease Number	
Accepted By:		

ACCEPTANCE	The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable.			
	Signature	Date	Print Name	Title
<i>[Signature]</i>	6/19/17	Vicente More	IT	

GUARANTEE	I unconditionally guaranty prompt payment of all the Lessee's obligations under the Lease. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and construed in accordance with the laws of the Commonwealth of PA and I consent to non-exclusive jurisdiction of any state or federal court in PA and waive trial by jury.		
	Signature	Print Name	Date

General Information and Questionnaire
Accounting Basis

Name of Facility Wilton Meadows Health Care Cent	License No. 2032C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (<i>describe fully</i>)	
1 See attached	\$ 28,594
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 28,594

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 See attached	
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (<i>describe fully</i>)	
1 See attached	\$ 139,642
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 139,642

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

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	09/30/2017	7a	37

<u>Ref</u>	<u>InterfaceName</u>	<u>Amount</u>	<u>Vendor Total</u>
Blum, Shapiro & Co., P.C.	Over accrual of 9/30/16 Finance Statements	48	
Blum, Shapiro & Co., P.C.	Over accrual of 9/30/16 Medicaid Cost Report	300	
Blum, Shapiro & Co., P.C.	DSS Audit Support conf calls	600	
Blum, Shapiro & Co., P.C.	Prep 9/30/17 Financial Statements	8,600	
Blum, Shapiro & Co., P.C.	Prep 9/30/17 Medicaid Cost Report	8,600	<u>18,148</u>
Howard, Wershbale & Co.	Reversal of 9/30/16 Medicare Cost Report	(1,050)	
Howard, Wershbale & Co.	Prep 9/30/17 Medicare Cost Report	3,950	<u>2,900</u>
RSM US LLP	Prep Of 2017 Income Tax Returns	850	
RSM US LLP	Reversal of 2016 Income Tax Returns	(800)	<u>50</u>
Wilton Meadows	Bookkeeping - Oct 2016	2,005	
Wilton Meadows	Bookkeeping - Nov 2016	2,818	
Wilton Meadows	Bookkeeping - Dec 2016	2,672	<u>7,496</u>
Total Accounting Expense			<u>28,594</u>

General Information and Questionnaire
Accounting Basis

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 7b	of 37
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Ref	Interface Name	Transaction Date	Amount	Disallow
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2016	2,666	2,666
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2016	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	11/1/2016	780	780
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2016	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2016	60	60
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2016	1,005	1,005
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	12/1/2016	17,070	17,070
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2017	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2017	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2017	34,817	34,817
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2017	630	630
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/1/2017	500	500
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2017	22,896	22,896
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2017	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2017	240	240
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2017	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2017	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	1/27/2017	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2017	3,611	3,611
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2017	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2017	5,069	5,069
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2017	8	8
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2017	180	180
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	4/1/2017	659	659
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2017	8,668	8,668
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2017	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	5/1/2017	228	228
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/1/2017	13,552	13,552
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/1/2017	413	413
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/1/2017	210	210
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/1/2017	120	120
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/28/2017	3,018	3,018
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/28/2017	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	6/28/2017	102	102
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2017	5,223	5,223
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2017	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2017	571	571
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/1/2017	30	30
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/29/2017	683	683
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/30/2017	3,958	3,958
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	8/30/2017	510	510
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2017	130	130
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2017	38	38
Goldman Gruder & Woods, LLC	Legal Services Re WM (vs)	9/30/2017	180	180
Murtha Cullina LLP	Legal Services Re: General Matters	10/12/2016	630	
Murtha Cullina LLP	Prof Services Thru 10/31/16 Re: Gen Matters	11/18/2016	390	
Murtha Cullina LLP	Prof Services Thru 11/30/16 Re: Gen Matters	12/15/2016	675	
Murtha Cullina LLP	Prof Services Thru 12/31/16 Re: Gen Matters	1/18/2017	450	
Murtha Cullina LLP	Prof Services Thru 1/31/17 Re: Gen Matters	2/14/2017	92	
Murtha Cullina LLP	Prof Services Thru 2/28/17	3/20/2017	1,173	
Murtha Cullina LLP	Prof Services Thru 3/31/2017	4/11/2017	476	
Murtha Cullina LLP	Prof Services Thru 9/30/17	9/30/2017	2,397	600
Winget, Spadafora & Schwartzberg, LLP	Services/Disbursements Thru 11/30/16 Re WM (vs)	1/3/2017	1,352	1,352
Winget, Spadafora & Schwartzberg, LLP	Services/Disbursements Thru 12/31/16 Re WM (vs)	2/2/2017	1,593	1,593
Winget, Spadafora & Schwartzberg, LLP	Prof Serv Thru 2/28/17 Re WM (vs)	3/29/2017	1,515	1,515
139,642			133,959	
Total Legal Expense			Total Disallowed	

Schedule of Resident Statistics

Name of Facility Wilton Meadows Health Care Center			License No. 2032C		Report for Year Ended 9/30/2017				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	148	148			148	148			148	148		
B. On last day of THIS report period	148	148			148	148			148	148		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	138	138			138	138			136	136		
B. As of midnight of THIS report period	136	136			136	136			136	136		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,466	6,466			4,509	4,509			1,957	1,957		
B. Medicaid (Conn.)	33,674	33,674			24,890	24,890			8,784	8,784		
C. Medicaid (other states)												
D. Private Pay	6,776	6,776			5,110	5,110			1,666	1,666		
E. State SSI for RCH												
F. Other (Specify) Hospice/Managed Care/Evercare	1,499	1,499			1,212	1,212			287	287		
G. Total Care Days During Period (3A thru F)	48,415	48,415			35,721	35,721			12,694	12,694		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	67	67			16	16			51	51		
5. Total Resident Days (3G + 4A + 4B)	48,482	48,482			35,737	35,737			12,745	12,745		

Schedule of Resident Statistics (Cont'd)

Name of Facility Wilton Meadows Health Care Center			License No. 2032C			Report for Year Ended 9/30/2017			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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	20	90		26									
Per Diem Rate													
a. One bed rm.	PPS	219.69		570.00									
b. Two bed rms.	N/A	N/A		N/A									
c. Three or more bed rms.	PPS	219.69		525.00									
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,233	4,233			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									421	421			
2. Restorative Treatments													
C. Other									21,656	21,656			
D. Total Physical Therapy Treatments									26,310	26,310			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									460	460			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									95	95			
2. Restorative Treatments													
C. Other									567	567			
D. Total Speech Therapy Treatments									1,122	1,122			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,294	3,294			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									239	239			
2. Restorative Treatments													
C. Other									19,865	19,865			
D. Total Occupational Therapy Treatments									23,398	23,398			

Report of Expenditures - Salaries & Wages

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	159,461	2,737				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	35,984	1,040				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	460,758	15,636				
5. Dietary Service						
a. Head Dietitian	70,473	1,748				
b. Food Service Supervisor	53,901	2,112				
c. Dietary Workers	597,422	33,501				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,172	1,576				
b. Other Maintenance Workers	73,610	4,010				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	215,703	12,580				
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	196,509	4,283				
b. RN						
1. Direct Care	1,111,537	28,916				
2. Administrative**	433,766	10,746				
c. LPN						
1. Direct Care	1,456,058	49,308				
2. Administrative**	72,301	2,366				
d. Aides and Attendants	2,597,194	155,700				
e. Physical Therapists	45,213	2,026				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	312,260	15,813				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	219,276	8,555				
n. Marketing	5,769	213				
o. Other (Specify)						
See Attached Schedule	167,849	8,378				
<i>A-13. Total Salary Expenditures</i>	8,352,216	361,244				

* 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
Wilton Meadows Health Care Center				2032C	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Wilton Meadows Health Care Center				2032C	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Mary Tobin, 40 Dean Road, New Milford, CT 06776 (October 2016 - April 2017)	69,313			Non-preferential	Administrator	1,177	A2			
Ellen Casey, 147 Cook Hill Road, Wallingford, CT 06492 (June 2017 - September 2017)	40,000			Non-preferential	Administrator	640	A2			
Andrew Krochko, 1355 Main Street, Stratford, CT 06615 (May 2017 - September 2017)	50,148			Non-preferential	Administrator	920	A2			
Section IV - Assistant Administrators										
Ruchi Patel	35,984			Non-preferential	Assistant Administrator	1,040	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		
Wilton Meadows Health Care Center	2032C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	1,935	43				
2. Dentist	16,073	30				
3. Pharmacist	14,254	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	452,375	6,174				
b. Other						
6. Social Worker						
7. Recreation Worker	9,720	60				
8. Physicians						
a. Medical Director (entire facility)	46,800	543				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Psychiatrist	13,200	Disallowed				
9. Speech Therapist						
a. Resident Care	58,068	554				
b. Other						
10. Occupational Therapist						
a. Resident Care	409,493	5,574				
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	38,904	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	1,060,822	13,170				

* 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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 14a	of 37
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A/C #	Category	Consultant	Total Paid	Total Hours
69155	Dietician	Laura Svenson	<u>1,935</u>	<u>43</u>
87110	Dentist	Healthdrive Dental	<u>16,073</u>	<u>30</u>
85050	Pharmacist	Value Health Care Services	<u>14,254</u>	<u>192</u> Two 8 hr. visits per month
80950 80980 80990	Physical Therapy	Preferred Therapy	437,836	5,963
80960	PT Outpatient	Preferred Therapy	14,539	211
			<u>452,375</u>	<u>6,174</u>
61660	Entertainment	Various	<u>9,720</u>	<u>60</u> 80 Performances @ 45 min per
87100	Medical Director	Alan Radin, MD	<u>46,800</u>	<u>543</u>
87115	Psychiatrist	Geriatric & Adult Psychiatry LLC	<u>13,200</u>	Disallow
82950 82980 82990	Speech Therapy	Preferred Therapy	57,963	552
82960	ST Outpatient	Preferred Therapy	105	2
			<u>58,068</u>	<u>554</u>
81950 81980 81990	Occupational Therapy	Preferred Therapy	405,711	5,537
81960	OT Outpatient	Preferred Therapy	3,782	37
			<u>409,493</u>	<u>5,574</u>
67850	Purchased Services	Value Health Care Service	10,825	Disallow
		Technical Gas Products, Inc.	29	Disallow - Med A
		Preferred Therapy Solutions	27,319	Disallow - Med A
		US Laboratories	731	Disallow - Med A
			<u>38,904</u>	
Total Fees in Lieu of Salaries			1,060,822	13,170

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 14b	of 37
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Entertainer Name	Description	Amount
Alfred Leone	Entertainment 12/21/16	150
Alfred Leone	Entertainment 5/17/17	150
Alfred Leone	Entertainment 7/5/17	150
Bennett A. Mazzola	Entertainment 10/15/16	75
Bennett A. Mazzola	Entertainment 11/27/16	75
Bennett A. Mazzola	Entertainment 5/15/17	75
Bennett A. Mazzola	Entertainment 8/26/17	75
Bennett A. Mazzola	Entertainment 9/30/17	75
Billy Michael	Entertainment 11/16/16	100
Billy Michael	Entertainment 1/11/17	100
Billy Michael	Entertainment 5/31/17	100
Billy Michael	Entertainment 8/16/17	100
Chris Merwin	Entertainment 3/22/17	125
Chris Merwin	Entertainment 8/9/17	125
Dancing Goat Productions, LLC.	St. Patrick's Day Performance 3/12/17	75
Darby Cartun	Reflections On Art 10/12, 10/26/16	100
Darby Cartun	Reflection On Art 11/19/16	100
Darby Cartun	Reflection On Art 12/7 - 12/21/16	100
Darby Cartun	Reflection On Art 1/4/17 - 1/18/17	100
Darby Cartun	Art Lecture 2/1/17 - 2/15/17	100
Darby Cartun	Reflection On Art 3/15/17 - 3/29/17	100
Darby Cartun	Reflections On Art 4/5, 4/19/17	100
Darby Cartun	Reflections On Art 5/10/17-5/24/17	100
Darby Cartun	Reflections On Art 6/7-6/21	100
Darby Cartun	Reflections On Art 7/5-7/19/17	100
Darby Cartun	Reflections On Art 8/2-8/16/17	100
Darby Cartun	Reflections On Art 9/27/17	50
David Devonshuk	Entertainment 5/19/17	200
Farm on Wheels	Entertainment - Petting zoo 4/8	285
Gary Kahn	Entertainment 10/26/16	85
Gary Kahn	Entertainment 12/17/16	85
Gary Kahn	Entertainment 2/1/17	100
Gary Kahn	Entertainment	100
Gary Kahn	Entertainment 6/21/17	100
Gary Kahn	Entertainment 8/2/17	100
Jane Marino	Entertainment 3/29/17	125
Jean Claude Louisgene	Entertainment 3/1/17	100
Jean Claude Louisgene	Entertainment 5/3/17	100
Jean Claude Louisgene	Entertainment 8/23	100
John B. Gould	Entertainment 10/31/16	150
John B. Gould	Entertainment - Xmas Party 12/22/16	150
John B. Gould	Entertainment 1/4/17	150
John B. Gould	Entertainment 4/19/17	150
John B. Gould	Entertainment	150
Jokesercise Events	Entertainment 5/18/17	130
Kayte Devlin	Entertainment 12/28/16	125
Kayte Devlin	Entertainment 3/8/17	125
Kayte Devlin	Entertainment 6/14/17	125
Kayte Devlin	Entertainment	125
Larry Batter	Entertainment 10/19/16	145
Larry Batter	Entertainment 12/14/16	145
Larry Batter	Entertainment 1/25/17	145
Larry Batter	Entertainment 3/9/17	145
Larry Batter	Entertainment 4/12/17	145
Larry Batter	Entertainment 7/12/17	145
Louis P. Mytych	Entertainment 11/9/16	125
Louis P. Mytych	Entertainment 2/8/17	125
Louis P. Mytych	Entertainment 5/24/17	125
Louis P. Mytych	Entertainment 9/27/17	125
Nancy Wildman	Entertainment 10/12/16	115
Ray Williams	Entertainment 6/18	250
Rita K. Wagner	Africa Show 2/18/17	135
Salvador Salgado	Entertainment 10/2/16	135
Salvador Salgado	Entertainment	135
Shalynn M. Sedgwick	Entertainment 12/31/16	150
Shalynn M. Sedgwick	Entertainment	125
Shalynn M. Sedgwick	Entertainment 7/22/17	150
Shawn Taylor	Entertainment	125
Thomas Sansone	Entertainment 11/30/16	150
Thomas Sansone	Entertainment 1/18/17	150
Thomas Sansone	Entertainment 3/15/17	150
Thomas Sansone	Entertainment 5/10/17	150
Thomas Sansone	Entertainment 7/19/17	150
Tom Nelson	Entertainment - Mother's Day	200
Willie Nininger	Entertainment 12/7/16	130
Willie Nininger	Entertainment 2/22/17	130
Willie Nininger	Entertainment 4/5/17	130
Willie Nininger	Entertainment 7/26/17	130

Total Entertainment 9,720

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 355,838	355,838		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 75,256	75,256		
4. Social Security (F.I.C.A.)	\$ 627,536	627,536		
5. Health Insurance	\$ 895,547	895,547		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 35,100	35,100		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,605	4,605		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 28,594	28,594		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 139,642	139,642		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 36,666	36,666		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 51,553	51,553		
2. Cellular Phones	\$ 7,095	7,095		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
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	\$ 971,179	971,179		
Subtotal	\$ 3,228,861	3,228,861		

* 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
Wilton Meadows Health Care Center	2032C	9/30/2017		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,228,861	3,228,861		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	786	786		
2. Holiday Parties for Staff	\$	1,437	1,437		
3. Gifts to Staff and Residents	\$	4,383	4,383		
4. Employee Travel	\$	22,537	22,537		
5. Education Expenses Related to Seminars and Conventions	\$	12,300	12,300		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	4,233	4,233		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	5,507	5,507		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	996	996		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	49,980	49,980		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	11,484	11,484		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	14,172	14,172		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	467	467		
9. Subscriptions	\$	5,154	5,154		
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**	\$	121,239	121,239		
13. Other (<i>Specify</i>) See Attached Schedule	\$	353,170	353,170		
C-14 Total Administrative & General Expenditures		\$ 3,837,306	3,837,306		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotions	\$ 6,836		
Business Promotions	\$ 43,144		
Total Other Advertising	\$ 49,980	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues - See page 16b	\$ 14,172		
Total Dues	\$ 14,172	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 600		
Total Contributions	\$ 600	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 3,966		
Consulting Fees	\$ 79,737		
Recruiting Expense	\$ 44,233		
Data Processing Fees	\$ 22,844		
Software Maintenance	\$ 41,414		
Professional Liability & Employee Dishonesty/Crime Insurance	\$ 61,521		
Facility Licenses	\$ 4,813		
Employee Licenses	\$ 4,091		
Bank Charges	\$ 9,463		
Late Charges	\$ 874		
Miscellaneous Administrative Expenses	\$ 2,427		
Medical Records Supplies	\$ 12,443		
Penalties	\$ 13,967		
Purchased Services - Temporary Help	\$ 51,377		
Total Other Administrative and General	\$ 353,170	\$ -	\$ -

Detail of Dues and Subscriptions

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 16b	of 37
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Ref	Amount	Dues	Subscriptions	Chamber of Commerce	InterfaceName
ACHCA Membership	310	310			Membership - Mary Tobin
ACHCA Membership	235	235			Membership - Ruchi Patel
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	837				Monthly Membership Dues
CAHCF	321				Annual Dues Mutual Aid Program: 9/16 - 8/17
CAHCF	350				Annual Dues Mutual Aid Program: 5/1/17 - 5/1/18
CAHCF	<u>837</u>	11,549			Monthly Membership Dues
CT Secretary of State	20	20			Annual Dues
CuraSpan Health Group, Inc.	650				Subscription
CuraSpan Health Group, Inc.	1,217				Subscription
CuraSpan Health Group, Inc.	<u>913</u>		2,780		Subscription
Fairfield County ICNC	40				Membership Dues
Fairfield County ICNC	<u>40</u>	80			Membership Dues - Peggie Adams
Hersam Acorn	33		33		Subscription To Wilton Bulletin
HRdirect	75	75			Poster Guard 1 Year
Kiwanis Club Of Wilton	160				1st Qtr Dues
Kiwanis Club Of Wilton	160				2nd Qtr Dues
Kiwanis Club Of Wilton	160				3rd Qtr Dues
Kiwanis Club Of Wilton	<u>160</u>	640			4th Qtr Dues
PNC Bank	52	52			CGS Membership 17-18
PNC Bank	144		144		Nutrition Care Web Manual Subscription
Silver Source	30	30			Membership Sept 16 - May 17
Society For Human Resource Mgmt	199	199			Membership - Maira Loglisci
The Hour	2,197		2,197		Subscription
Wilton Chamber Of Commerce	292				Membership Renewal Aug 16 - July 2017
Wilton Chamber Of Commerce	175			467	Membership Renewal Aug 17 - July 2018
Wilton Meadows Petty Cash	55	55			Costco membership 2017
Wilton Meadows Petty Cash	52	52			CGS membership
Wilton Meadows Petty Cash	62	62			Costco membership 2016
Wilton WPCA	750	750			FOG Program Renewal Registration FY2016-17
Wilton WPCA	63	63			FOG Retesting Charge 7/17 - 6/18
	<u>19,793</u>	<u>14,172</u>	<u>5,154</u>	<u>467</u>	

Schedule C-1 - Management Services*

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
TransCon Builders, Inc.	121,239	See page 4	Page 16 Line M12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center		2032C	9/30/2017		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 424,318	424,318			
2.	Non-Food Supplies	\$ 45,922	45,922			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 2,418	2,418			
c. Management Services**		\$				
d. Other (Specify) _____ Chemicals/Cleaning Supplies		\$ 4,135	4,135			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 476,793	476,793			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*					
H.	Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	
L.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	\$945
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					30 IV1
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Wilton Meadows Health Care Center		2032C	9/30/2017		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	24,087	24,087		
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 (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Management Services**		\$				
d. Other (<i>Specify</i>) Chemicals/Detergents \$8,152; Supplies \$1,007		\$	9,159	9,159		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	33,246	33,246		
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
Wilton Meadows Health Care Center		2032C	9/30/2017		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.	\$ 31,156	31,156		
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.	\$ 377,804	377,804		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 408,960	408,960		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from		\$ 332,446	332,446		
	Medicare \$258,468, Medicaid \$4,107, Medicare OTC \$1,435, Managed Care \$36,662, Ever Care \$274, Facility \$31,500					
b.	Medicine Cabinet Drugs		\$ 19,200	19,200		
c.	Medical and Therapeutic Supplies		\$ 15,120	15,120		
d.	Ambulance/Limousine***		\$ 910	910		
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 20,195	20,195		
f.	X-rays and Related Radiological Procedures***		\$ 14,456	14,456		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 27,069	27,069		
i.	Recreation		\$ 9,357	9,357		
j.	Other (Specify)**** See Attached Schedule		\$ 407,337	407,337		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 846,090	846,090		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Medical Equipment Rental	\$ 7,287		
Basic Mattresses	\$ 2,065		
Specialty Mattresses	\$ 4,427		
Small Equipment Purchase	\$ 287		
Cable TV	\$ 16,558		
Equipment Rental	\$ 16,596		
Supplies	\$ 4,916		
Nursing Supplies	\$ 139,861		
Glucose Testing Supplies	\$ 7,040		
Incontinent Care	\$ 67,574		
Gloves	\$ 24,934		
Wound Care Supplies	\$ 47,707		
Nutritional Suppliments	\$ 29,663		
Syringes	\$ 1,969		
Tube Feeding - Medicare	\$ 16,113		
Medical Supplies - Medicare	\$ 10,439		
Medical Supply Rental Medicare	\$ 9,816		
Beauty Shop Expense	\$ 85		
Total Other Resident Care	\$ 407,337	\$ -	\$ -

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

Name of Facility Wilton Meadows Health Care Center			License No. 2032C		Report for Year Ended 9/30/2017				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
Stericycle	80 Industrial Park Road, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	29,650			22	6f
Winters Brothers Waste Systems of CT	304 White Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	28,276			22	6f
SMS Cleaning & Housekeeping		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	375,721			20 / 22	4b/6a
Shamrock Land Management		<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance, Snow Plow, Landscaping	36,041			22	6f
Daniels Equipment	445 Priscilla Lane, Auburn, NH 03032	<input type="radio"/>	<input checked="" type="radio"/>		Ozone Rental	18,658			22	6f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center	2032C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 44,137	44,137				
b. Heat	\$ 71,722	71,722				
c. Light & Power	\$ 143,509	143,509				
d. Water	\$ 47,296	47,296				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,953	8,953				
f. Other (<i>itemize</i>)	\$ 228,658	228,658				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 544,275	544,275				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,507	1,507				
b. Building & Building Improvements	\$ 226,234	226,234				
c. Non-Movable Equipment	\$ 10,741	10,741				
d. Movable Equipment	\$ 62,950	62,950				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 301,432	301,432				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 201,340	201,340				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 12,311	12,311				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 515,083	515,083				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Small Equipment Purchase	\$ 16,237		
Equipment Rental	\$ 19,045		
Trash Removal	\$ 59,589		
Service Contracts	\$ 41,474		
Supplies	\$ 48,731		
Grounds Maintenance	\$ 33,423		
Grounds Landscaping	\$ 4,620		
Purchased Services	\$ 300		
Minor Decorating	\$ 4,138		
Copy Charges	\$ 1,101		
Total Other Repairs and Maintenance	\$ 228,658	\$ -	\$ -

Depreciation Schedule

Name of Facility Wilton Meadows Health Care Center			License No. 2032C			Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			209,287		209,287	205,443	Tax	Various	1,507				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										1,507			
B. Building and Building Improvements													
1. Acquired prior to this report period			11,238,507		11,238,507	9,806,279	Tax	Various	223,256				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			27,682		27,682		Tax	Various	2,978				
B-4. Subtotal										226,234			
C. Non-Movable Equipment													
1. Acquired prior to this report period			174,222		174,222	130,686	Tax	Various	9,190				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			13,060				Tax	Various	1,551				
C-4. Subtotal										10,741			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 1998 Ford		Yes		5	2001	10,866		10,866	10,866	Tax	5		
b. 2012 Jeep Patriot		Yes		4	2015	9,532		9,532	4,194	Tax	5	2,135	
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,079,372		941,242	909,881	Tax	Various	56,678	
b. Disposals (attach schedule)												(944)	
c. Acquired during this report period (attach schedule)						37,495		37,495		Tax	Various	5,081	
D-3. Subtotal													62,950
E. Total Depreciation													301,432

Wilton Meadows Health Care Center
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/8/2016	Adhesive for Birchwood floor	\$ 146	5	\$ 60
11/11/2016	Floor tile for new Birchwood Dining & Recreation room	\$ 2,596	5	\$ 1,146
7/31/2017	V905A Boiler	\$ 13,175	10	\$ 988
7/31/2017	Finance office renovation	\$ 11,765	10	\$ 784
Total additions for Building Improvements		\$ 27,682		\$ 2,978 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2016	Compressor RTU2R	\$ 4,525	10	\$ 1,063
6/13/2017	Compressor RTU3	\$ 8,535	10	\$ 488
Total additions for Non-Movable Equipment		\$ 13,060		\$ 1,551 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-23 Rev. 10/2006

Fixed Asset Rollforward

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2017	23b	37

	Land Improvements	Building & Improvements	Non-movable Equipment	Movable Equipment	Motor Vehicles	
2016 Book Value per CR	209,287	11,238,507	174,222	1,079,372	20,398	
2017 Additions	-	27,682	13,060	37,495	-	
2017 Disposals	-	-	-	-	-	
2017 Book Value CR	<u>209,287</u>	<u>11,266,189</u>	<u>187,282</u>	<u>1,116,867</u>	<u>20,398</u>	<u>\$ 12,800,023</u>
Balance per books-page 31	<u>213,166</u>	<u>11,266,488</u>	<u>187,886</u>	<u>1,125,457</u>	<u>20,398</u>	
Prior year variance	(3,879)	(299)	(604)	(8,590)	-	
<hr/>						
2016 Accumulated Depreciation	205,443	9,806,279	130,686	909,881	15,060	
2017 Depreciation	1,507	226,234	10,741	61,759	2,135	
2017 Disposals	-	-	-	(944)	-	
2017 Accumulated Depreciation	<u>206,950</u>	<u>10,032,513</u>	<u>141,427</u>	<u>970,696</u>	<u>17,195</u>	
Balance per books-page 31	<u>206,950</u>	<u>10,032,513</u>	<u>141,456</u>	<u>984,346</u>	<u>17,195</u>	<u>\$ 11,382,460</u>
Prior year variance	-	-	(29)	(13,650)	-	

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Wilton Meadows Health Care Center			2032C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		03/01/88		
2. Date Structure Completed		03/01/88		
3. If NOT Original Owner, Date of Purchase		N/A		
4. Date of Initial Licensure		03/01/88		
5. Total Licensed Bed Capacity		148		
6. Square Footage		75,000		
7. Acquisition Cost				
a. Land		69,000		
b. Building		5,740,000		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2017				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center		2032C	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Wilton Meadows Health Care Cente		2032C		9/30/2017		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) Interest Expense				\$	5,308	5,308	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	5,308	5,308	
14. Insurance							
a. Insurance on Property (buildings only)				\$	17,772	17,772	
b. Insurance on Automobiles				\$	5,205	5,205	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	22,977	22,977	
15. Total All Expenditures (A-13 thru C-14)				\$	16,103,076	16,103,076	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 63,117	63,117		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10	Occupational Therapy	\$ 409,493	409,493		
7.			Other - See attached Schedule	\$ 68,177	68,177		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 133,959	133,959		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 5,655	5,655		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	15		Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 2,825	2,825		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L4	Automobile Expense (e.g. personal use)	\$ 3,694	3,694		
18.	16	m2/m	Unallowable Advertising *	\$ 50,976	50,976		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 250	250		
20.	30	IV8	Fund Raising / Contributions	\$ 600	600		
21.	16	m12	Unallowable Management Fees	\$ 121,239	121,239		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 58,605	58,605		
Page 18 - Dietary Expenditures							
24.	30	iv1	Meals to employees, guests and others who are not residents	\$ 945	945		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 919,535	919,535		

* 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	a12n	Marketing	\$ 5,769		
10	a2	Administrator Salary over Allowable Amount	\$ 57,348		
Total Other Salaries Adjustment			\$ 63,117	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 16,073		
13	b12	Purchased Services-Med A Services	\$ 38,904		
13	b8e	Psychiatrist	\$ 13,200		
Total Other Fees Adjustments			\$ 68,177	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees	\$ 874		
16	m13	Bank Charges	\$ 9,463		
16	m13	Penalties	\$ 13,967		
16	m13	Miscellaneous Administrative Expenses	\$ 2,427		
16	m8a	Chamber of Commerce Dues	\$ 467		
16	m13	Crime Insurance Policy	\$ 3,390		
16	m8a	Newspapers	\$ 2,198		
15	1a	Benefits and Taxes on Disallowed Marketing & Recruiting Salary Noted Above	\$ 1,154		
15	1a	Benefits on Disallowed Administrator Salary Noted Above	\$ 11,470		
16	L4	Condo Rent	\$ 13,196		
Total Other A&G Adjustments			\$ 58,605	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center				2032C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 919,535	919,535		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 332,446	332,446		
28.	20	5d	Ambulance/Limousine	\$ 910	910		
29.	20	5f	X-rays, etc	\$ 14,456	14,456		
30.	20	5h	Laboratory	\$ 27,069	27,069		
31.	20	5c	Medical Supplies	\$ 15,120	15,120		
32.	20	5e2	Oxygen (non emergency)	\$ 20,195	20,195		
33.	20	5j	Occupational Therapy	\$ 4,916	4,916		
34.			Other - See Attached Schedule	\$ 75,871	75,871		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 5,560	5,560		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 19,811	19,811		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 38,491	38,491		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,474,380	1,474,380		

*** 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.

Wilton Meadows Health Care Center
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5c	Nursing Supplies	\$ 11,108		
20	5j	Medical Supplies - Medicare	\$ 10,439		
20	5j	Medical Equipment Rental	\$ 7,287		
20	5j	PT Equipment Rental	\$ 16,596		
20	5j	Tube Feeding - Medicare	\$ 16,113		
20	5j	Specialty Mattresses	\$ 4,427		
20	5j	Medical Supply Rental Medicare	\$ 9,816		
20	5j	Beauty Shop Expense	\$ 85		
Total Other Ancillary Costs			\$ 75,871	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	d2	Excess Movable Equipment Depreciation	\$ 5,560		
Total Excess Movable Equipment Depreciation			\$ 5,560	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV	\$ 16,558		
22	6f	TV for Resident Rooms	\$ 3,253		
Total Other Property Adjustments			\$ 19,811	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense	\$ 5,308		
18	2a	Meals on Wheels Disallowance	\$ 12,533		
27	14a	Westfield Bank Interest	\$ 1,078		
		Outpatient Utility	\$ 689		
30	IV 8	Other Misc. Income	\$ 14,340		
		Barber and Beauty Shop Allocation Disallowance	\$ 4,543		
Total Other Adjustments			\$ 38,491	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Wilton Meadows Health Care Center	2032C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 18,590,855	18,590,855				
b. Medicaid Room and Board Contractual Allowance **	\$ (10,761,220)	(10,761,220)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,371,360	3,371,360				
b. Medicare Room and Board Contractual Allowance **	\$ 917,935	917,935				
4. a. Private-Pay Residents and Other	\$ 2,483,953	2,483,953				
b. Private-Pay Room and Board Contractual Allowance **	\$ (677,949)	(677,949)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 218,080	218,080				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (218,080)	(218,080)				
c. Prescription Drugs - Non-Medicare	\$ 77,860	77,860				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (71,579)	(71,579)				
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	\$ 785,538	785,538				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (658,060)	(658,060)				
c. Physical Therapy - Non-Medicare	\$ 117,165	117,165				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (98,102)	(98,102)				
4. a. Speech Therapy - Medicare	\$ 91,187	91,187				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (55,342)	(55,342)				
c. Speech Therapy - Non-Medicare	\$ 22,798	22,798				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (19,674)	(19,674)				
5. a. Occupational Therapy - Medicare	\$ 782,268	782,268				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (676,286)	(676,286)				
c. Occupational Therapy - Non-Medicare	\$ 79,634	79,634				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (72,425)	(72,425)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 1,243	1,243				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,231,159	14,231,159				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 945	945				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 151,041	151,041				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 14,340	14,340				
V. Total Other Revenue (1 thru 8)	\$ 166,326	166,326				
VI. Total All Revenue (III +V)	\$ 14,397,485	14,397,485				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 5,295		
	Lab	\$ 24,272		
	Oxygen	\$ 8,517		
	Contractual Adjustment - X-Ray and Lab	\$ (29,567)		
	Contractual Adjustment - Oxygen	\$ (8,517)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray	\$ 991		
	Lab	\$ 5,739		
	Oxygen	\$ 11,312		
	Contractual Adjustment - X-Ray and Lab	\$ (5,769)		
	Contractual Adjustment - Oxygen	\$ (11,030)		
Total Other Resident Revenue		\$ 1,243	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 203		
	Interest Income - Intercompany		\$ 150,838		
Total Interest Income			\$ 151,041	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Income	\$ 14,340		
	Equipment Rental	\$ -		
Total Other Revenue		\$ 14,340	\$ -	\$ -

F. Statement of Revenue

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 30b	of 37
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A/C 59511	Operating Interest	Savings Interest	Security Dep Interest	Medicare/Blue Cross/ABC	Misc.	Total	General Ledger	Difference
Asset	Cash	Cash	Cash	A/R Resident A/R				
Location on Balance Sheet	Cash	Cash	Cash					
Oct-16			5			5	5	-
Nov-16			115			115	115	-
Dec-16			72			72	72	-
Jan-17			72			72	72	-
Feb-17			66			66	66	-
Mar-17			(129)			(129)	(129)	-
Apr-17			(11)			(11)	(11)	-
May-17			(4)			(4)	(4)	-
Jun-17			4			4	4	-
Jul-17			5			5	5	-
Aug-17			5			5	5	-
Sep-17			4			4	4	-
Totals	-	203	-	-	-	203	203	-

The associate expense relates to Other Interest Expense on Page 27, Line 12D

A/C # 59513
Interest Income - Intercompany Loans

Asset	L/R TransCon	L/R Candlewood	L/R Greenwich Woods	L/R Hamden	Total	General Ledger	Difference	
Location on Balance Sheet	Loans to Owners or Related Parties	Loans to Owners or Related Parties	Loans to Owners or Related Parties	Loans to Owners or Related Parties				
Oct-16	12,973				12,973	12,973	-	
Nov-16	12,590				12,590	12,590	-	
Dec-16	13,044				13,044	13,044	-	
Jan-17	13,073				13,073	13,073	-	
Feb-17	11,849				11,849	11,849	-	
Mar-17	13,155				13,155	13,155	-	
Apr-17	12,773				12,773	12,773	-	
May-17	13,267				13,267	13,267	-	
Jun-17	12,873				12,873	12,873	-	
Jul-17	12,266				12,266	12,266	-	
Aug-17	11,661				11,661	11,661	-	
Sep-17	11,314				11,314	11,314	-	
Totals	150,838	-	-	-	150,838	150,838	-	
					Total Interest	151,041	151,041	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	279,511
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,479,765
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	175,872
a. Prepaid Expenses	108,416			
b. Prepaid Insurance	67,456			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	2,935,148
B. Fixed Assets				
1. Land			\$	542,222
2. Land Improvements	*Historical Cost	213,166	\$	6,216
	Accum. Depreciation	206,950		Net
3. Buildings	*Historical Cost	11,266,488	\$	1,233,975
	Accum. Depreciation	10,032,513		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	187,886	\$	46,430
	Accum. Depreciation	141,456		Net
6. Movable Equipment	*Historical Cost	1,125,457	\$	141,111
	Accum. Depreciation	984,346		Net
7. Motor Vehicles	*Historical Cost	20,398	\$	3,203
	Accum. Depreciation	17,195		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,973,157

* 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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,908,305
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	4,530,771
Name and Address	Amount	Loan Date		
See attached	4,530,771	Various		
7. Other Assets (<i>itemize</i>)			\$	4,941
Deposits				
		4,941		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	4,535,712
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,444,017

* 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 Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 32a	of 37
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6. Loans to Owners or Related Parties (*itemize*)

<u>Name</u>	<u>Amount</u>	<u>Loan Date</u>
Greenwich Retirement Housing, LLC	5,760	Various
TransCon Builders, Inc.	<u>4,525,011</u>	Various
Total	\$ 4,530,771	Pg. 32 D6

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center		2032C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,007,333
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>)				\$	666,272
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	10,097
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>)				\$	932,638
Current Portion Capital Lease/Notes		7,168	Provider User Fee	224,157	
Property, Real Estate & Sales Taxes		108,507			
Accrued 401k Employer Liability		21,629			
Operating Expenses		571,177			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,616,340

* 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 Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,616,340	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender		Purpose	Amount	Date Due	
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$ 21,838					
Name and Address of Lender		Amount	Loan Date		
Wilton Retirement Housing, LLC		21,838	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)					
Long Term Portion of Capital Leases			23,108	\$ 23,108	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 44,946	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,661,286	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Wilton Meadows Health Care Center	2032C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	8,488,322
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(1,705,591)
10/1/2016 thru 9/30/2017				
7. Total Net Worth			\$	6,782,731
C. Total Reserves and Net Worth			\$	6,782,731
D. Total Liabilities, Reserves, and Net Worth			\$	9,444,017

H. Changes in Total Net Worth

Name of Facility Wilton Meadows Health Care Center	License No. 2032C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	8,761,938
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,397,485
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,103,076
D. Net Income or Deficit			\$	(1,705,591)
E. Balance			\$	7,056,347
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	7,056,347

I. Preparer's/Reviewer's Certification

Name of Facility Wilton Meadows Health Care Center		License No. 2032C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/6/18</i>	
Printed Name of Preparer Blum Shapiro & Company, P.C.					
Address 2 Enterprise Drive, Suite 302, Shelton CT, 06484				Phone Number 203-944-2100	